For Residents New to Clinton:\nWhat brought you to Clinton? \nEmployment \nRelatives \nOther - please list

Emergency Contact #3 Phone (1) ________________________________
Emergency Contact #2 Phone (2) ________________________________
Emergency Contact #1 Child Care Phone __________________________

Child Care Information (please list LOCAL contacts):

Student Lives With: Parent(s) Caretaker Legal Guardian \nParent Home \nRelative/Friends Home \nHotel \nOther \n
In Band Y/N \nIn Special Education Y/N \nOpen Enrolled Y/N

Family Information:

Spouse of Parent/Guardian with Student
Spouse of Parent/Guardian NOT Living
AND

Parent/Guardian living with
Parent/Guardian living with

Y/N with Student

Has Contract

Email Phone
Work Phone
Employer

Home Phone
Call Phone
Email Phone

Address
City/State/Zip
Date of Birth
Student Gender Male/Female

Clinton Community School District
This form will be added to the students health file and shared with appropriate school staff.

1. Does your child have health insurance? Yes/No

2. Do you have any concerns about your child's general health? (eating, sleeping, weight, etc.)

3. Does your child have any chronic illnesses or medical conditions (e.g., diabetes, asthma, heart condition, ADHD, etc.)?

4. Has your child had any serious accidents (e.g., broken bones, etc.)?

5. Does your child have any problems with:

   a. Speech
   b. Hearing
   c. Vision
   d. Physical Disabilities

6. Does your child wear glasses?

Yes/No

Please list a local provider that you prefer in the case of an emergency.

School Medical Registration Form - Health History
Clarinda School District
Home Language Survey

Date__________________ School ____________________ Grade __________________

Student Name: ________________________________
(last) (first) (middle)

*Place of Birth: ________________________________________________________________

Father/Guardian Name: ________________________________________________________

*Employment: ________________________________________________________________

Mother/Guardian Name: ________________________________________________________

*Employment: ________________________________________________________________

Address: ________________________________________________________________

Phone Number: ____________________ (home) ____________________ (work)

1. Was English the first language your son/daughter learned to speak? ______Yes ______No

2. What language do you speak to your son/daughter?  
   (father) ________________________________
   (mother) ________________________________

3. What language does your son/daughter speak to you? ________________________________

4. What language does your son/daughter speak to other relatives? ________________________________

5. What language does your son/daughter speak to friends? ________________________________

6. In what language would you prefer to receive communication from the school? ________________________________

I understand my son/daughter, ____________________________________________, will receive English language proficient testing. I will be notified if my son/daughter qualifies for English Language Learner (ELL) program services. I understand that at the time I have the right to refuse ELL services for my child. However, I can request services at a later date.

_____________________________ ________________________________
(Parent/Guardian Signature) (Date)

OFFICE USE ONLY: Refer for:
Initial ELL Identification: ______________ Initial Migrant Identification: ______________
State law requires that the school report specific data to the Department of Education. Please indicate whether or not your child attended preschool prior to attending Kindergarten.

Yes, my child attended preschool. If yes, please list preschool name: 

No, my child did not attend preschool.

Childs Name: ___________________________ Parent Signature: ____________________

Student Name: ___________________________ Date: __________________________

Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate student race.

What is the student’s race? (Choose one or more)

☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

☐ Black or African American (A person having origins in any of the black racial groups of Africa.)

☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Parent Name (print): ___________________________ Parent Signature: ____________________

*This is a requirement of the Iowa Department of Education.*
IOWA MEP PARENT FORM

School District: ___________________________ Date completed: ___________________________

The answers to this form will help determine if your child (ren) is eligible to receive supplemental services.

Name of Parent(s) or Legal Guardian(s): ________________________________________________

Current Street Address: ___________________________ Apt #: ___________________________

City: State: ___________ Zip Code: ___________ Phone Number: __________________________

Best Time to be Contacted: __________________________________________________________

1. Have both parents lived in this town continuously for the past 3 years or more?
   YES _____ NO _____

2. If YES you may stop filling out the form, if NO please continue to question 3.

3. Please select any of the following jobs that the family have done in the last 3 years?

   ____ Tyson, JBS, Monsanto, Smithfield, Seaboard, Pineridge farm, Loffredo
   ____ Feeding, Taking care of Cows, Goats (Dairy Farm), Milking
   ____ Planting/ Detasseling- Corn, Soybeans (Monsanto, Syngenta, Stine)
   ____ Pork, Chicken, Egg, Turkey Farms (Daybreak, Rembrand)
   ____ Preparing farm fields
   ____ Other agricultural work activity/Company _________________________________

4. Name of student(s) Name of School Grade

   ___________________________ /
   ___________________________ /
   ___________________________ /
   ___________________________ /

Disclaimer at bottom of the form-
Please return this form to the school. Note for the school/district: When both "No" to #1 and one or more of the boxes from #3 is/are checked, please give this form to the migrant liaison to scan and email to alex.johnson@iowa.gov. Please file original in student's records. For additional questions regarding this form, please contact Geri McMahon at 515-2813944 (geri.mcmahon@iowa.gov)
MILITARY CONNECTED STATUS
Revised 10/24/13

STUDENT NAME:

CHECK ONE

○ Neither Parent or Guardian is serving in any military service

○ A Parent or Guardian is serving in the National Guard but is not deployed

○ A Parent or Guardian is serving in the Reserves but is not deployed

○ A Parent or Guardian is serving in the National Guard and is currently deployed

○ A Parent or Guardian is serving in the Reserves and is currently deployed

○ A Parent or Guardian is serving in the military on active duty but is not deployed

○ A Parent or Guardian is serving in the military on active duty and is currently deployed

○ The student’s Parent or Guardian died while on active duty within the last year

COMMENTS: _______________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________