

FOUR-YEAR-OLD PRESCHOOL PROGRAM STUDENT REGISTRATION FORM

FOR 2018-2019

OFFICE USE ONLY: AM PM

The child must be four years old by September 15, 2018.

STUDENT INFORMATION

LEGAL NAME » LAST:		FIRST:	MIDDLE:	
DATE OF BIRTH (mm/dd/yyyy):	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	HOME PHONE:		
IN WHICH SCHOOL DISTRICT DOES THE STUDENT RESIDE? <input type="checkbox"/> Dubuque <input type="checkbox"/> Western Dubuque <input type="checkbox"/> Bellevue <input type="checkbox"/> Other <i>Please specify:</i>				
IN WHICH COUNTY DOES THE STUDENT RESIDE?		IS THE STUDENT IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IS THE STUDENT RECEIVING SPECIAL EDUCATION SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, type of service:</i>				
IS THE STUDENT HISPANIC OR LATINO (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WHAT IS THE STUDENT'S RACE? (check all that apply)				
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White				
HOME ADDRESS:		CITY:	STATE:	ZIP:
IS MAILING ADDRESS SAME AS HOME ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, please complete the following:</i>				
ADDRESS:		CITY:	STATE:	ZIP:
PRIMARY LANGUAGE:				
DID THE STUDENT ATTEND A DIFFERENT PRESCHOOL WITHIN THE 12 MONTHS PRIOR TO THIS ENTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, school:</i>				
HAS YOUR STUDENT ATTENDED A DUBUQUE COMMUNITY SCHOOL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, school:</i>				

PARENT / GUARDIAN INFORMATION

PRIMARY CONTACT 1 (with whom the student lives)

NAME » FIRST:		LAST:	RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:		
EMAIL:	EMPLOYER:			

PRIMARY CONTACT 2

NAME » FIRST:		LAST:	RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:		
ADDRESS:	CITY:	STATE:	ZIP:	
EMAIL:	EMPLOYER:			

If the student DOES NOT live with this parent / guardian, do they wish to receive school mailings? YES NO

If there are additional adults in the same household as the student (i.e. stepparent, grandparent, etc.), please see the reverse side.

» PLEASE COMPLETE BOTH SIDES

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STUDENT ID NUMBER:	ENROLLMENT DATE:	AREA / NEIGHBORHOOD:
PRESCHOOL CATEGORY:		

ADDITIONAL PARENT / GUARDIAN INFORMATION (I.E. STEPPARENT, GRANDPARENT, ETC.)

PRIMARY CONTACT 3

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:			
ADDRESS:		CITY:	STATE:	ZIP:	
EMAIL:			EMPLOYER:		

If the student DOES NOT live with this parent / guardian, do they wish to receive school mailings? [] YES [] NO

PRIMARY CONTACT 4

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:			
ADDRESS:		CITY:	STATE:	ZIP:	
EMAIL:			EMPLOYER:		

If the student DOES NOT live with this parent / guardian, do they wish to receive school mailings? [] YES [] NO

EMERGENCY CONTACT INFORMATION (CONTACTS SHOULD BE AVAILABLE TO PICK UP YOUR CHILD WITHIN 30 MINUTES)

EMERGENCY CONTACT 1

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:			

EMERGENCY CONTACT 2

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:			

EMERGENCY CONTACT 3

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:			

OTHER CHILDREN IN HOUSEHOLD

CHILD NAME:	GRADE:	SCHOOL ATTENDING:
CHILD NAME:	GRADE:	SCHOOL ATTENDING:
CHILD NAME:	GRADE:	SCHOOL ATTENDING:
CHILD NAME:	GRADE:	SCHOOL ATTENDING:

PLEASE SIGN BELOW

PARENT / GUARDIAN SIGNATURE

DATE

Be advised that at any time the Iowa State Legislature may consider proposals that could reduce or eliminate funding for some preschool programs. Proof of the child's age is required upon enrollment.



The Statewide Voluntary Preschool Program for Four-Year-Old Children is funded by the State of Iowa and facilitated locally by the Dubuque Community School District.

Dubuque Community School District

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No

If yes, in which state? _____

If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No

If yes, please provide school name(s), state, and dates attended:

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk? _____

7. What language does your child most frequently speak at home? _____

8. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

9. Please describe the language understood by your child. (Check only one)

- A. Understands only the home language and no English.
- B. Understands mostly the home language and some English.
- C. Understands the home language and English equally.
- D. Understands mostly English and some of the home language.
- E. Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	
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Dubuque Community School District Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____

Date of Birth: _____ Male Female

Person Completing This Form: Parent/Guardian Student Other: _____

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: Yes No
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

2. Racial Categories:

- American Indian or Alaska Native
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- Asian
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Black or African American
Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the entire form and return it to:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____