



Dubuque

COMMUNITY SCHOOLS

NEW STUDENT ENROLLMENT PACKET

Welcome to the Dubuque Community School District!

This packet is the first step in joining a community of over 10,500 learners who represent the future of our community, our state and our world. These students will be nurses, artists, welders, social workers, engineers, teachers...and the list goes on. Developing them into successful citizens is a role we take very seriously.

In fact, we believe that's what helps set us apart. Our staff of almost 2,000 (guided by an elected seven citizen Board of Education) is here to help unfold the potential of each and every student in our district throughout their educational journey as they discover their own passion and goals.

As you get to know us, I encourage you to play an active role in the education of your student. Get involved in our schools, seek opportunities to volunteer and know that your support makes a difference.

Together as a school community, we can ensure that our students receive the first-rate education they deserve - one that calls them to a lifetime of success.

Sincerely,
Stan Rheingans
Superintendent of Schools



START THE ENROLLMENT PROCESS BY COMPLETING THESE STEPS

①

Complete New Student Information Form and Home Language Survey

②

Return completed forms to your home school

Not sure of your home school? Find out online at www.dbqschools.org/find-your-school.

Contact your home school if you have questions or need assistance.

NEW STUDENT INFORMATION FORM

FOR 2018-2019

WELCOME TO THE DUBUQUE COMMUNITY SCHOOL DISTRICT!

To help us get your student account created, please complete the following form and return to your home school. To determine your home school, go to www.dbqschools.org/find-your-school. Even if you plan to apply for open enrollment, you must begin the process at your home school.

- **If you are entering as a kindergartner and were not enrolled in the Dubuque Free Four-Year-Old Preschool Program**, proof-of-age (birth certificate preferred) is required to enroll and may be brought to your home school.
- **If you are transferring from another school district**, you may be asked to provide proof-of-age if your records from that district do not include it.

THIS IS NOT A REGISTRATION FORM. If you are registering before the start of a new school year, you will receive a registration packet from the district in late summer with instructions on how to officially complete the district's online registration. If you are registering in the middle of a school year, your home school will provide you with the necessary registration paperwork.

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 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:
DID THE STUDENT ATTEND PRESCHOOL WITHIN THE 12 MONTHS PRIOR TO KINDERGARTEN ENTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, school:</i>				
GRADE THIS SCHOOL YEAR:	GRADE NEXT SCHOOL YEAR:			
FOR STUDENTS ENTERING GRADES 1-12 ONLY				
HAS YOUR STUDENT ATTENDED A DUBUQUE COMMUNITY SCHOOL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, school:</i>				
DATE STUDENT ENTERED UNITED STATES SCHOOLS:				
NAME OF MOST RECENT SCHOOL:		CITY:	STATE:	

PARENT / GUARDIAN INFORMATION

LEGAL PARENT / GUARDIAN » PRIMARY CONTACT 1 (with whom the student lives)				
NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:
HOME PHONE:	CELL PHONE:	WORK PHONE:		
EMAIL:		EMPLOYER:		
LEGAL PARENT / GUARDIAN » 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

SCHOOL USE ONLY

STUDENT ID NUMBER:

AREA / NEIGHBORHOOD:

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	

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: _____