



# Dubuque

## COMMUNITY SCHOOLS

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## NEW STUDENT ENROLLMENT PACKET

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### 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

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

①

**Determine your home school**

» Go to [www.dbqschools.org/find-your-school](http://www.dbqschools.org/find-your-school) or call the district transportation office at 563/552-3275.

②

**Complete New Student Information Form and Home Language Survey**

③

**Return completed forms to your home school**

**NEW STUDENT INFORMATION FORM**

FOR 2017-2018

**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](http://www.dbqschools.org/find-your-school) or call 563/552-3275. 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 (preferably a birth certificate) must accompany this form.
- **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 register through PowerSchool, the district's online student information system. 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>   |   |   |         |  |
| CURRENT GRADE IN 2016-2017 SCHOOL YEAR:  | GRADE IN 2017-2018 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?*  YES  NO

**SCHOOL USE ONLY**

STUDENT ID NUMBER:

AREA / NEIGHBORHOOD:

## 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 |  |
|--------------|------------------|---------------|--|

## 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: \_\_\_\_\_