



# Dubuque

## COMMUNITY SCHOOLS

# KINDERGARTEN

## ENROLLMENT FORM | » 2023-2024

WELCOME TO THE  
DUBUQUE COMMUNITY  
SCHOOL DISTRICT!



### HOW TO ENROLL

#### 1 Complete and return this form to your home school or the Early Childhood Office

Go to [www.dbqschools.org/find-your-school](http://www.dbqschools.org/find-your-school) to find your home school. Even if you plan to apply for in-district transfer, you must begin the process at your home school.

#### 2 Submit required information

Bring the following to the Kindergarten Welcome Event on April 13, or after that date bring in person to your home school or the Early Childhood Office.

- Proof of Age** (birth certificate preferred)
- Proof of Residency** (see list of accepted documents below; the name and address on the document must match the name and address of the parent or legal guardian of the student(s) being registered)

*Please provide one of the following:*

- » mortgage statement from last or current month
- » current rental or lease agreement
- » utility bill from last or current month
- » current property record or most recent tax receipt
- » bank statement from last or current month
- » pay stub from last or current month

#### **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:
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary		DATE OF BIRTH (mm/dd/yyyy):	
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>			
DID THE STUDENT ATTEND PRESCHOOL WITHIN THE 12 MONTHS PRIOR TO THIS ENTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAS THE STUDENT ATTENDED ANY SCHOOL IN THE STATE OF IOWA? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please complete the following for the most recent school attended in Iowa:</i>			
NAME OF SCHOOL:		CITY:	

**RACE AND ETHNICITY INFORMATION**

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.

IS THE STUDENT OF HISPANIC, LATINO OR SPANISH ETHNICITY (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)?  YES  NO  
*If yes, you may also check one or more of the following racial categories listed below. If no, please check one or more of the following racial categories.*

WHAT IS THE STUDENT'S RACE? (check all that apply)

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 / 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.)

**PRIMARY HOUSEHOLD INFORMATION (WHERE THE STUDENT RESIDES)**

PRIMARY HOUSEHOLD PHONE (home or cell):

HOME ADDRESS:	CITY:	STATE:	ZIP:
IS MAILING ADDRESS SAME AS PRIMARY HOUSEHOLD HOME ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, please complete the following:</i>			
ADDRESS:	CITY:	STATE:	ZIP:

**PARENT / GUARDIAN INFORMATION****LEGAL PARENT / GUARDIAN » PRIMARY CONTACT 1 (WITH WHOM THE STUDENT RESIDES)**

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary		DATE OF BIRTH (mm/dd/yyyy):		<i>Used only to detect duplicate accounts and for no other reason (i.e. individual already has an existing account in Infinite Campus).</i>
CELL PHONE:	WORK PHONE:	OTHER PHONE:		
EMAIL:		EMPLOYER:		

**LEGAL PARENT / GUARDIAN » PRIMARY CONTACT 2**

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary		DATE OF BIRTH (mm/dd/yyyy):		<i>Used only to detect duplicate accounts and for no other reason (i.e. individual already has an existing account in Infinite Campus).</i>
CELL PHONE:	WORK PHONE:	OTHER PHONE:		
EMAIL:		EMPLOYER:		

DOES THIS PERSON RESIDE AT THE SAME PRIMARY HOUSEHOLD HOME ADDRESS AS THE STUDENT?  YES  NO *If no, please complete the following:*

HOME ADDRESS:	CITY:	STATE:	ZIP:
MAILING ADDRESS:	CITY:	STATE:	ZIP:
DO THEY WISH TO RECEIVE SCHOOL MAILINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**HOME LANGUAGE SURVEY (HLS)**

**NOTE: If your student has attended a school in the state of Iowa, you have already completed this survey and may skip this section.**

The state of Iowa values the diversity represented throughout Iowa, home of more than 200 languages. We collect information on the home language survey from all students to make decisions to ensure *all* students receive equitable access to education. These questions have been approved by the U.S. Department of Education Office for Civil Rights (OCR) and the U.S. Department of Justice (DOJ) and are the required HLS questions for all students enrolling into Iowa’s K-12 schools beginning the 2022-23 school year.

WHAT IS THE PRIMARY LANGUAGE USED IN THE HOME, REGARDLESS OF THE LANGUAGE SPOKEN BY THE STUDENT? (check only one)

- English  Marshallese  Spanish  Bosnian  Arabic  Chinese  Filipino  Vietnamese  Pushto  Urdu
- Other *If other, please specify:*

WHAT IS THE LANGUAGE MOST OFTEN SPOKEN BY THE STUDENT? (check only one)

- English  Marshallese  Spanish  Bosnian  Arabic  Chinese  Filipino  Vietnamese  Pushto  Urdu
- Other *If other, please specify:*

WHAT IS THE LANGUAGE THAT THE STUDENT FIRST ACQUIRED? (check only one)

- English  Marshallese  Spanish  Bosnian  Arabic  Chinese  Filipino  Vietnamese  Pushto  Urdu
- Other *If other, please specify:*

**If answer to any question above is a language other than English, please complete the remaining questions.**

**ADDITIONAL REQUIRED INFORMATION »** Please answer all of the following questions. Your responses may give us information about your student’s knowledge and skills allowing us to better support your child’s educational needs. All information collected is needed for district data and funding and is completely unrelated to immigration and citizenship.

WAS THE STUDENT BORN IN THE UNITED STATES?  YES  NO *If yes, which state?* *If no, in what other country?*

HAS THE STUDENT ATTENDED ANY SCHOOL IN THE UNITED STATES FOR ANY THREE YEARS DURING THEIR LIFETIME?  YES  NO *If yes, please complete the following:*

NAME OF SCHOOL:	STATE:	DATES ATTENDED:
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**RIGHT TO TRANSLATION AND INTERPRETATION SERVICES »** Your response will help the school provide communication in a language you prefer.

IN WHICH LANGUAGE DO YOU PREFER TO RECEIVE WRITTEN INFORMATION FROM SCHOOL? (check only one)

- English  Marshallese  Spanish  Bosnian  Arabic  Chinese  Filipino  Vietnamese  Pushto  Urdu
- Other *If other, please specify:*

IN WHICH LANGUAGE DO YOU PREFER TO RECEIVE SPOKEN INFORMATION FROM SCHOOL? (check only one)

- English  Marshallese  Spanish  Bosnian  Arabic  Chinese  Filipino  Vietnamese  Pushto  Urdu
- Other *If other, please specify:*

**PLEASE SIGN BELOW**

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERPRETER NAME (if applicable)

**» PLEASE RETURN COMPLETED FORM TO** your school office or by mail to:

Dubuque Community School District, Early Childhood Office, 2300 Chaney Road, Dubuque, Iowa 52001

*Within a few days of returning this form and submitting required information to your home school, you will be sent login information for Infinite Campus, the district’s student information system.*

