

## **NEW STUDENT ENROLLMENT FORM**

FOR GRADES 1-12

>> 2023-2024

## WELCOME TO THE DUBUQUE COMMUNITY SCHOOL DISTRICT!



## **HOW TO ENROLL**

- Complete and return this form to your home school Go to 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 to your home school Bring the following when you return this form:
  - ☐ **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
- $\ensuremath{\hspace{.05em} ext{ }}$  current rental or lease agreement
- » utility bill from last or current month
- $\ensuremath{\text{\textit{\upomega}}}$  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. STEPS 1-2** must be completed before beginning ONLINE REGISTRATION.

- » 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: [ ] Female [ ] Male [ ] Non-bi	nary DATE OF BIRTH (mr	DATE OF BIRTH (mm/dd/yyyy):			2023-202	4 SCHOOL YEAR:				
IN WHICH COUNTY DOES THE STUDENT RESIDE?	/HICH COUNTY DOES THE STUDENT RESIDE?						N FOSTER CARE? [ ] YES [ ] NO			
IS THE STUDENT RECEIVING SPECIAL EDUCATION	N SERVICES? [ ] YES [ ]	NO If yes, type	of service:							
HAS THE STUDENT ATTENDED ANY SCHOOL IN T	HE STATE OF IOWA? [ ] YI	ES [ ] NO <i>If</i> y	ves, please compl	ete the followir	ng for the	most recent sci	hool attended in Iowa:			
NAME OF SCHOOL:		CITY:								
RACE AND ETHNICITY INFORMATION	I									
The U.S. Department of Education has Your answers to the following will be h	•						hnicity.			
IS THE STUDENT OF HISPANIC, LATINO OR SPANI If yes, you may also check one or more of the follow					-		origin)? [ ] YES [ ] NO			
WHAT IS THE STUDENT'S RACE? (check all that ap	oply)									
RACIAL CATEGORIES:  [ ] American Indian or Alaska Na	tiva									
(Origins in any of the original peoples of		merica who ma	intain a tribal affi	liation or comm	nunity atta	chment.)				
[ ] Asian (Origins in any of the original peoples of Philippine Islands, Thailand, and Vietna		a, or the Indian s	subcontinent for e	example Cambo	odia, China	a, India, Japan,	Korea, Malaysia, Pakistan,			
[ ] Black or African American (Origins in any of the black racial group	os of Africa.)									
[ ] Native Hawaiian / Other Pacif		D161 - 1-1	d- N							
(Origins in any of the original peoples of [ ] White (Origins in any of the original peoples of the original people or the original people			as.)							
PRIMARY HOUSEHOLD INFORMATION	N (WHERE THE STUDENT RE	SIDES)								
PRIMARY HOUSEHOLD PHONE (home or cell):										
HOME ADDRESS:	CITY:				STATE:	ZIP:				
IS MAILING ADDRESS SAME AS PRIMARY HOUSEH	HOLD HOME ADDRESS? [ ]	YES [ ] NO	If no, please com	plete the follow	ving:					
ADDRESS:		CITY:			STATE:	ZIP:				
PARENT / GUARDIAN INFORMATION										
LEGAL PARENT / GUARDIAN » PRIMARY CONTAC										
NAME » FIRST:	T: LAST:			RELATIONSHIP TO STUDENT:  Used only to detect duplicate accounts and for no other reason						
GENDER: [ ] Female [ ] Male [ ] Non-bi	nary DATE OF BIRTH (mr	n/dd/yyyy):					g account in Infinite Campus).			
CELL PHONE:	WORK PHONE:			OTHER PHONE:						
MAIL:			EMPLOYER:	EMPLOYER:						
LEGAL PARENT / GUARDIAN » PRIMARY CONTAC	T 2				ţ					
AME » FIRST: LAST:				RELATIONSHIP TO STUDENT:						
GENDER: [ ] Female [ ] Male [ ] Non-bi	nary DATE OF BIRTH (mr	TY DATE OF BIRTH (mm/dd/yyyy):			Used only to detect duplicate accounts and for no other reason (i.e. individual already has an existing account in Infinite Campus).					
CELL PHONE:	VORK PHONE:	PHONE:			OTHER PHONE:					
EMAIL:			EMPLOYER:							
DOES THIS PERSON RESIDE AT THE SAME PRIMAI	RY HOUSEHOLD HOME ADDI	RESS AS THE ST	UDENT? [ ] YE	s [ ] NO If	no, please	complete the	following:			
HOME ADDRESS:	CITY:	CITY:			STATE:	ZIP:				
MAILING ADDRESS:	CITY:	CITY:			STATE:	ZIP:				
DO THEY WISH TO RECEIVE SCHOOL MAIL	INGS? [ ]YES [ ]NO					I	1			

HOME LANGUAGE SURVEY (HLS)

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

The state of lowa values the diversity represented throughout lowa, 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 low	a's K-12 schools beginning	the 2022-23	school	year.			
WHAT IS THE PRIMARY LANGUAGE USED IN THE HOME, REGA [ ] English [ ] Marshallese [ ] Spanish [ ] B [ ] Other <i>If other, please specify:</i>			-	• •	o [ ] Urdu		
WHAT IS THE LANGUAGE MOST OFTEN SPOKEN BY THE STUDE  [ ] English [ ] Marshallese [ ] Spanish [ ] B  [ ] Other If other, please specify:	• •	hinese [ ] Fi	ilipino (	[ ] Vietnamese [ ] Pusht	o [ ] Urdu		
WHAT IS THE LANGUAGE THAT THE STUDENT FIRST ACQUIRE  [ ] English [ ] Marshallese [ ] Spanish [ ] B  [ ] Other If other, please specify:	• •	hinese [ ] Fi	ilipino [	[ ] Vietnamese [ ] Pusht	o [ ] Urdu		
If answer to any question above is a language of	other than English, please	complete th	e remai	ning questions.			
ADDITIONAL REQUIRED INFORMATION » Please answer all of better support your child's educational needs. All information of the control of the c							
WAS THE STUDENT BORN IN THE UNITED STATES? [ ] YES	NO If yes, which state?	If no, in wha	at other co	untry?			
HAS THE STUDENT ATTENDED ANY SCHOOL IN THE UNITED S	STATES FOR ANY THREE YEARS	DURING THEIR LII	FETIME?	YES [ ] NO If yes, please of	complete the following:		
NAME OF SCHOOL:				DATES ATTENDED:			
NAME OF SCHOOL:		STAT	E:	DATES ATTENDED:			
RIGHT TO TRANSLATION AND INTERPRETATION SERVICES »	Your response will help the school	ol provide commu	nication in	a language you prefer.			
IN WHICH LANGUAGE DO YOU PREFER TO RECEIVE WRITTEN [ ] English [ ] Marshallese [ ] Spanish [ ] B [ ] Other <i>If other, please specify:</i>			ilipino	[ ] Vietnamese [ ] Pusht	o [ ] Urdu		
IN WHICH LANGUAGE DO YOU PREFER TO RECEIVE SPOKEN  [ ] English [ ] Marshallese [ ] Spanish [ ] B  [ ] Other If other, please specify:		•	ilipino	[ ] Vietnamese [ ] Pusht	o []Urdu		
PLEASE SIGN BELOW							
PARENT / GUARDIAN SIGNATURE	DATE	- INTERPRETE	RPRETER NAME (if applicable)				

## $\boldsymbol{\mathsf{y}}$ PLEASE RETURN COMPLETED FORM TO your school office or by mail to:

Dubuque Community School District, 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.

