



PRESCHOOL ONLINE ENROLLMENT GUIDE

FOR COMMUNITY PARTNER PRESCHOOLS

GET STARTED

- 1 Contact the preschool you wish to enroll your student(s) to request the link to their online enrollment application.
Unsure which preschool you wish to enroll your student?
Go to **www.dbqschools.org/preschool** for a listing of participating preschools. You'll also find participation requirements, how to enroll and register, and more!
- 2 Go to the link provided by the preschool to open the Infinite Campus Online Enrollment Application Kiosk.
- 3 Select whether you are starting a new application or returning to finish an existing application. Click the **Next** button.

QUICK and CONVENIENT

You can enroll your student(s) any time, day or night, from any computer with an internet connection.

Infinite Campus is the Dubuque Community School District's official student information system and is designed to give families online access to complete enrollment, registration and annual verification.

BEGIN ONLINE ENROLLMENT APPLICATION

- 4 Enter the **first name, last name, date of birth** and **email address** for the legal parent/guardian completing the enrollment application, then answer **whether your student attended a Dubuque Community School before**.

The enrollment application must be completed by a legal parent/guardian of the student. Please complete the information below to begin the enrollment application process.

The parent/guardian birth date is required to confirm if the individual already has an account existing in Infinite Campus. It will be used only to detect duplicate accounts and for no other reason.

The parent/guardian email address requested below will be used to send a confirmation email once the application is submitted.

School Year
2024-2025 DCSD Elementary Preschool

Legal Parent/Guardian First Name *

! This field is required

Legal Parent/Guardian Last Name *

Date of Birth (MM/DD/YYYY) *

Email Address

Has your student attended a Dubuque Community School before? *

I'm not a robot

Begin Application

When all information is entered, check the box next to I'm not a robot and, if applicable, complete the CAPTCHA test to verify you're not a robot.

Click the **Begin Application** button.

- ⑤ You will receive a confirmation number. Please write this number down in case you become disconnected. Click the **Confirm** button.

Your confirmation number is 37572. Please write this down to assure re-entry into the application system in case your system becomes disconnected.

Confirm

- ⑥ You will be prompted to review an authentication agreement. Type your first and last name in the box provided. Click the **Submit** button.

Welcome Parent Name! Please type in your first and last name in the box below.

By typing your name into the box below you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge.

Submit

- ⑦ Review the information about the application and gather the required documents. Click the **Begin** button.

You are now ready to begin a new online enrollment application or return to an existing application!

PLEASE READ THE FOLLOWING CAREFULLY BEFORE STARTING.

ABOUT THE APPLICATION:

- The enrollment application must be completed by a legal parent/guardian of the student(s).
- The application is divided into sections, each with a series of pleats designed to walk you step by step through the process.
- Once you begin an application, you may save the application at any time and return to continue the application at a later time by clicking on the Save/Continue button.
- **You must complete the entire enrollment application and submit the required documents (see below for details) in order for the application to be considered complete.**
- Be sure to click the "Submit" button at the end of the process to submit your enrollment application.
- A confirmation email will be sent to the email address, if provided, for the legal parent/guardian that completed and submitted the enrollment application.

REQUIRED DOCUMENTS:

The following documents are required for enrollment:

- **Proof of Age** (birth certificate preferred; passport or signed immunization records acceptable if needed)
- **Proof of Residence** (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 enrolled. 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

Ways to submit the required documents:

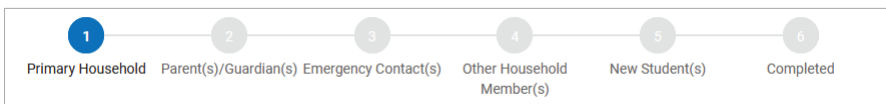
- Upload the document during the online enrollment application process
- Drop off a printed copy to the district enrollment office at 2300 Chaney Road

Enrollment applications will not be considered complete until both of these documents have been submitted.

NOTE: Additional paperwork is required to be submitted before the first day of school. This paperwork includes a physical examination and immunization certificate, which may be uploaded during the online enrollment application process, dropped off to the district enrollment office, or faxed by a healthcare provider to the district enrollment office.

Begin

The enrollment application is divided into sections, each containing a series of pleats designed to walk you step by step through the process.



- » **Once you begin an application**, you may save the application at any time and return to continue the application at a later time by clicking on the Save/Continue button.
- » **To advance through the sections**, you must complete every pleat in each section and click on the Save/Continue button to move to the next step.

PRIMARY HOUSEHOLD

8 The primary household is the household where the student resides.

This section includes:

- » **Phone Number** (home or cell)
- » **Home Address**
- » **Mailing Address** (if different from home address)
- » **Proof of Residence** (see accepted documents)

Ways to submit proof of residence:

- » **Upload the document** during the online enrollment application process
- » **Drop off a printed copy** to the district enrollment office at 2300 Chaney Road

ACCEPTED DOCUMENTS for PROOF OF RESIDENCE:

The name and address on the document must match the name and address of the parent or legal guardian of the student(s) being enrolled.

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

PARENT(S)/GUARDIAN(S)

9 You will begin by completing information for the legal parent/guardian entered on the previous screen.

This section includes:

- » **Demographics: Name, Date of Birth, Gender, Employer, Address** (if different from primary household address)
- » **Contact Information: Phone Numbers** (cell, work and other), **Email**

All additional parent(s)/guardian(s), whether or not they reside with the student, should be entered once the legal parent(s)/guardian(s) are complete.

Parent(s)/Guardian(s)

Please enter legal parents/guardians first. All additional parents/guardians, whether or not they reside with the student, should be entered once the legal parents/guardians are complete.

FIRST NAME	LAST NAME	GENDER	COMPLETED
Parent	Name	F	COMPLETED >

←

To add a parent/guardian, click the **Add New Parent/Guardian** button.

EMERGENCY CONTACT(S)

10 Emergency contact(s) will be contacted if the parent(s)/guardian(s) cannot be reached in an emergency. Please enter each contact individually even if they share contact information.

Emergency Contact(s)

This section is for emergency contact(s) who will be contacted if the parent(s)/guardian(s) cannot be reached in an emergency. **Please enter each contact individually even if they share contact information.**

FIRST NAME	LAST NAME	GENDER	COMPLETED
No records available.			

←

The maximum number of Emergency Contacts is 5

To add an emergency contact, click the **Add New Emergency Contact** button.

This section includes:

- » **Demographics: Name, Gender**
- » **Contact Information: Phone Numbers** (home, cell, and work), **Email**
- » **Address Verification: Does this contact live at the primary household home address?**

OTHER HOUSEHOLD MEMBER(S)

11 Enter all children who reside in the household that are not enrolled in the Dubuque Community School District and/or FREE four-year-old voluntary preschool program.

Other Household Member(s)

This section is for all children who reside in the household that are not enrolled in the Dubuque Community School District and/or FREE four-year-old voluntary preschool program.

Please enter:

- Children ages 0-4 or in grades K-12 who are not attending or planning to attend a Dubuque Community School.
- Children who are attending a preschool that does not participate in the FREE four-year-old voluntary preschool program.

Please do not enter:

- Siblings that are included in this enrollment application.
- Students currently enrolled in a Dubuque Community School.
- Students who have graduated high school.

FIRST NAME	LAST NAME	GENDER	COMPLETED
No records available.			

To add a household member, click the **Add New Household Member** button.

This section includes:

» **Demographics:** Name, Date of Birth, Gender

NEW STUDENT(S)

12 Enter the student(s) you wish to enroll in the Dubuque Community School District and/or FREE four-year-old voluntary preschool program. There will be a few steps for each student you enter.

New Student(s)

This section is for the student(s) you wish to enroll in the Dubuque Community School District and/or FREE four-year-old voluntary preschool program.

FIRST NAME	LAST NAME	GENDER	SCHOOL	COMPLETED
No records available.				

To add a new student, click the **Add New Student** button.

This section includes:

» **Demographics:**

Name, Gender, Date of Birth

Proof of Age

Ways to submit proof of age:

- » **Upload the document** during the online enrollment application process
- » **Drop off a printed copy** to the district enrollment office at 2300 Chaney Road

In which school district does the student reside?

Is your student receiving special education services? If yes, type of service.

Is your student in foster care?

» **Race and Ethnicity:**

Is the student of Hispanic, Latino or Spanish ethnicity (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)? If yes, you may also check one or more racial categories.

What is the student's race? (check all that apply)

» **Housing:**

Does the student live in a temporary housing situation or do they lack a fixed, regular or adequate nighttime residence? If yes, select the option that best represents the student's current housing situation.

» **Home Language Survey (HLS):**

What is the primary language used in the home, regardless of the language spoken by the student?

What is the language most often spoken by the student?

What is the language that the student first acquired?

In which language do you prefer to receive spoken information from school?

In which language do you prefer to receive written information from school?

» **Tribal Enrollment:**

Does this student currently have an active enrollment within a United States Tribe?

» **Student Relationship to Parent(s)/Guardian(s):**

Relationship, Contact Preferences, Contact Sequence

» For sequencing, number 1 should be selected for the parent/guardian with whom the student resides, followed by additional parent(s)/guardian(s)

» **Student Relationship to Emergency Contact(s):**

Relationship, Contact Sequence

» For sequencing, numbers 1 and 2 are reserved for parent(s)/guardian(s), followed by additional parent(s)/guardian(s) and then emergency contacts

» **Student Relationship to the Other Household Members(s):**

Relationship

» **Health Services - Provider Information:**

Does your student have a primary care provider?

» If yes, provider name, phone and date of last exam.

» If no, do you need assistance finding a provider?

Does your student have a dental care provider?

» If yes, provider name, phone and date of last exam.

» If no, do you need assistance finding a provider?

Does your student have an eye care provider?

» If yes, provider name, phone and date of last exam.

» If no, do you need assistance finding a provider?

Does your student have health insurance?

» If no, do you need information about Iowa's Hawki program that offers low-cost health insurance for children?

» **Health Services - Chronic Health Conditions:**

Allergies

» If yes, indicate the type of allergy and describe the reaction.

» Does your student require an EpiPen or emergency medication at school?

Asthma

ADD/ADHD

Bone/Joint

Bowel/Bladder

» If yes, describe condition.

Degenerative Disease (Arthritis, etc.)

Diabetes

Hearing Impairment

- » If yes, which ear(s)?
- » Does your student require accommodations at school? If yes, describe accommodations.

Heart/Lung

- » If yes, describe condition.

Migraines**Seizures (Convulsions/Epilepsy)**

- » If yes, date of last seizure.
- » Does your student require emergency medication at school?

Vision Impairment

- » If yes, does your student wear corrective lenses?
- » Is your student color blind?

List any surgeries, illnesses or injuries that required medical care in the past year.» **Health Services - Medical or Mental Health Conditions:****Does this student have additional medical or mental health conditions?**

- » If yes, add condition. May enter comments and instructions.

» **Health Services - Medications:****Does your student take any medications?** (all medications taken by student, including medications required to be administered or self-administered at school)

- » If yes, add medication. Enter medication name, where taken, and medication type. May enter comments and instructions.

» **Health Services - Required Paperwork:****Physical Examination Requirement**

Ways to submit physical examination form:

- » **Upload the document** during the online enrollment application process
- » **Drop off a printed copy** to the district enrollment office at 2300 Chaney Road
- » **Request your student's healthcare provider fax a copy** to the district enrollment office
- » **Request assistance** from the district

Immunization Certificate Requirement

Ways to submit immunization certificate:

- » **Upload the document** during the online enrollment application process
- » **Drop off a printed copy** to the district enrollment office at 2300 Chaney Road
- » **Request your student's healthcare provider fax a copy** to the district enrollment office
- » **Request assistance** from the district

» **School Choice:**

School Assignment (the name of the community partner preschool)

Acknowledgment (confirm your school assignment by acknowledging you wish to enroll your student in the community partner preschool listed above)

COMPLETE and SUBMIT APPLICATION

13 Prior to submitting your application, you may verify the data you entered.

Click on a **tab at the top of the screen** to review that section.

Click on the **Application Review (PDF)** button to download a copy.

You must complete the entire enrollment application and submit the required documents in order for the application to be considered complete.

Sign your name in the box and **click the Submit button** to submit your online enrollment application.

- » Once submitted, a **Completed Application Summary (PDF)** may be downloaded for your records.
- » A confirmation email will also be sent to the email address, if provided, for the legal parent/guardian that completed and submitted the enrollment application.