



NEW STUDENT REGISTRATION

Thank you for printing legibly with dark ink.

Student ID: _____

Revision Date: 5/13/2014

<hr/>	<hr/>	<hr/>	<input type="checkbox"/> M <input type="checkbox"/> F	<hr/>
Child's Legal Last Name	Legal First Name	Middle Name	Suffix (Jr., III)	Gender
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Birth Date	Birth Place (City, State, Country)	Date entered US if not born in US		
<hr/>	<hr/>	<hr/>		
Current Street Address - Please include full address				Building/Apartment No.
<hr/>	<hr/>	<hr/>	<hr/>	
City	State	Zip	Primary Phone (xxx) xxx-xxxx	
Student's current grade in school _____				
Is this student Hispanic/Latino? (Includes Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin) <input type="checkbox"/> YES <input type="checkbox"/> NO				
Student Race (Check all that apply)				
<input type="checkbox"/> 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.)				
<input type="checkbox"/> 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.)				
<input type="checkbox"/> Black or African American (Origins in any of the black racial groups of Africa.)				
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)				
<input type="checkbox"/> White (Origins in any of the original peoples of Europe, the Middle East, or North Africa.)				
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Birth Mother's Full Name	Mother's Maiden Name	Birth Date	Birth Father	Birth Date
Background Information				
Has this child previously enrolled in the Des Moines Schools? YES or NO				
Did this child receive special services? YES or NO				
Is this child a kindergartner? YES or NO Home Primary Language _____				
If yes, did this child attend preschool? YES or NO Preschool Location: _____				
Has either parent ever been enrolled in the Des Moines Schools? YES or NO				
If yes, please list parent's LEGAL NAME when attending the Des Moines Schools: _____				

Primary Household Information

Parent/Guardian residing with student:

<hr/>	<hr/>	<hr/>	<input type="checkbox"/> M <input type="checkbox"/> F	<hr/>
LEGAL Last Name	LEGAL First Name	Middle Name	Gender	Date of Birth
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Relationship to Student	Work Phone <input type="checkbox"/> Private	Cell Phone <input type="checkbox"/> Private	Email <input type="checkbox"/> Private	
Spouse of Parent/Guardian listed above and residing with student:		Access to: <input type="checkbox"/> Mailing <input type="checkbox"/> Messenger <input type="checkbox"/> Portal		
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> M <input type="checkbox"/> F	<hr/>
LEGAL Last Name	LEGAL First Name	Middle Name	Gender	Date of Birth
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Relationship to Student	Work Phone <input type="checkbox"/> Private	Cell Phone <input type="checkbox"/> Private	Email <input type="checkbox"/> Private	

Parent/Guardian NOT Residing with Student (Non-Custodial Parent, etc.)

Street Address - Please include full address				Building/Apartment No.	
City	State	Zip	Primary Phone (xxx) xxx-xxxx		
LEGAL Last Name	LEGAL First Name	Middle Name	<input type="checkbox"/> M <input type="checkbox"/> F Gender	Date of Birth	
Relationship to Student	Work Phone <input type="checkbox"/> Private	Cell Phone <input type="checkbox"/> Private	Email <input type="checkbox"/> Private		
Spouse of Parent/Guardian listed above:		Access to: <input type="checkbox"/> Mailing <input type="checkbox"/> Messenger <input type="checkbox"/> Portal			
LEGAL Last Name	LEGAL First Name	Middle Name	<input type="checkbox"/> M <input type="checkbox"/> F Gender	Date of Birth	
Relationship to Student	Work Phone <input type="checkbox"/> Private	Cell Phone <input type="checkbox"/> Private	Email <input type="checkbox"/> Private		

Siblings (Please list siblings living in household)

LEGAL Last Name	LEGAL First Name	Middle Name	<input type="checkbox"/> M <input type="checkbox"/> F Gender	Date of Birth	
LEGAL Last Name	LEGAL First Name	Middle Name	<input type="checkbox"/> M <input type="checkbox"/> F Gender	Date of Birth	

Parent Military Status: (please circle the one that applies)

- | | |
|---|--|
| 0: Neither Parent/Guardian serving in military | 5: Parent/Guardian in military, active duty but not deployed |
| 1: Parent/Guardian in National Guard but not deployed | 6: Parent/Guardian in military, active duty and is deployed |
| 2: Parent/Guardian in Reserves but not deployed | 7: Parent/Guardian died while active duty in the last year |
| 3: Parent/Guardian in National Guard and is deployed | |
| 4: Parent/Guardian in Reserves and is deployed | |

Des Moines Public Schools

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	
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Des Moines Public Schools

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: _____