



# NEW STUDENT REGISTRATION

Thank you for printing legibly with dark ink.

Student ID: \_\_\_\_\_

Revision Date: 5/13/2014

\_\_\_\_\_  M  F \_\_\_\_\_

Child's Legal Last Name      Legal First Name      Middle Name      Suffix (Jr., III)      Gender      Nickname

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Birth Date      Birth Place (City, State, Country)      Date entered US if not born in US

\_\_\_\_\_  
Current Street Address - Please include full address      Building/Apartment No.

\_\_\_\_\_  
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)  YES  NO

**Student Race (Check all that apply)**

- 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.)

\_\_\_\_\_  
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:

\_\_\_\_\_  
LEGAL Last Name      LEGAL First Name      Middle Name       M  F      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Relationship to Student      Work Phone  Private      Cell Phone  Private      Email  Private

Spouse of Parent/Guardian listed above and residing with student:      Access to:  Mailing       Messenger       Portal

\_\_\_\_\_  
LEGAL Last Name      LEGAL First Name      Middle Name       M  F      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Relationship to Student      Work Phone  Private      Cell Phone  Private      Email  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: \_\_\_\_\_