



NEW STUDENT REGISTRATION

Thank you for printing legibly with dark ink.

Student ID: _____

_____		_____		_____		_____		_____		_____			
Child's Legal Last Name		Legal First Name		Middle Name		Suffix (Jr., III)		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Nickname			
____/____/____		_____						____/____/____		_____			
Birth Date		Birth Place (City, State, Country)						Date entered US if not born in US		_____			
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) <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.)													
_____			_____			_____			_____			_____	
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		Gender <input type="checkbox"/> M <input type="checkbox"/> F		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 and residing with student:						Access to: <input type="checkbox"/> Mailing <input type="checkbox"/> Messenger <input type="checkbox"/> Portal					
_____		_____		_____		_____		_____		_____	
LEGAL Last Name		LEGAL First Name		Middle Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth		____/____/____	
Relationship to Student			Work Phone <input type="checkbox"/> Private			Cell Phone <input type="checkbox"/> Private			Email <input type="checkbox"/> Private		

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	



March, 2014

Dear Parent/Guardian,

District policy requires parents/guardians of all current and incoming students to provide confirmation of a student's residence. Each student is to attend the neighborhood school that correlates to the address of his/her parent/guardian. The purpose of this is to manage class size at your child's school and to ensure compliance with Iowa's laws regarding enrollment.

Please provide to your student's school an official photo identification, as well as, another proof of address that confirms your student's residence. The types of documentation that will be accepted (but not limited to) include:

- Valid identification
- Utility bill
- Bank Statement
- Cell Phone bill
- Credit Card Statement
- Lease agreement or notarized letter from your landlord.

We appreciate your cooperation in this regard.

Sincerely,

Principal

Elementary School