

PLEASE

# COMMUNITY-BASED PRESCHOOL STUDENT REGISTRATION FORM

<b>Community-Based Preschool program:</b> <input type="checkbox"/> PK 4 year old/4 day <input type="checkbox"/> PK 4 year old/3 day  <b>Community Based Attendance Center:</b> <input type="checkbox"/> Aquin <input type="checkbox"/> Seton <input type="checkbox"/> Kid Project <input type="checkbox"/> LaSalle <input type="checkbox"/> Xavier <input type="checkbox"/> NICC	Date Registering: _____   Student Start Date: _____
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## STUDENT INFORMATION

Student's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

Sex:    Male             Female            Home Phone Number: \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_            Social Security Number: \_\_\_\_\_

*Please answer both Ethnic Background and Student's Race below.*

**Ethnic Background:**    Is this student Hispanic/Latino?     Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  
 No, not Hispanic/Latino

**Student's Race:**     White                       American Indian/Alaskan Native                       Asian  
 Black or African American                       Native Hawaiian or Other Pacific Islander                       Hispanic  
 Other \_\_\_\_\_

## PRIMARY HOUSEHOLD

Father/Guardian's Full Name: \_\_\_\_\_

Mother/Guardian's Full Name: \_\_\_\_\_

Full Address (Include PO Box): \_\_\_\_\_  
(PO Box Number and Street or Rural Route) (City) (State) (Zip)

Are you a resident of the Western Dubuque district:     Yes             No             Not Sure

**HOME LANGUAGE**

Student's Birth Place: \_\_\_\_\_

If not born in the United States, date of entry into United States: \_\_\_\_/\_\_\_\_/\_\_\_\_

If student previously attended school outside of the U.S., provide date student entered a U.S. school: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous schools your child has attended in the U.S.:

Name of school	Address	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Language Spoken in the home: \_\_\_\_\_

Is your child's first-learned or home language anything other than English?  Yes  No

*If you responded "Yes" to the above question, please answer the following:*

What language did your child learn when he/she first began to talk? \_\_\_\_\_

What language does your child most frequently speak at home? \_\_\_\_\_

What language do you most frequently speak to your child? (Father) \_\_\_\_\_

(Mother) \_\_\_\_\_

Please describe the language understood by your child. (Check only one)

- Understands only the home language and no English
- Understands mostly the home language and some English
- Understands the home language and English equally
- Understands mostly English and some of the home language
- Understands only English

**TRANSPORTATION INFORMATION**

Will Student Require Bussing:  Yes  No

County of Residence:  Clayton  Delaware  Dubuque  Jackson  Jones

Child Bussed to/from:  Home  In-Town Stop (nearest your home address)  Other Location (specify below)

If other location (daycare provider, etc.) please supply the following information:

Other Location Contact Name: \_\_\_\_\_ Other Location Contact Phone: \_\_\_\_\_

Other Location Contact Address: \_\_\_\_\_

***Additional Transportation fees may apply. Please contact the Transportation office for details – (563) 744-3512 ext. 6050 or 6051***

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

*It is the policy of the Western Dubuque County Community School District not to illegally discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact the district's Equity Coordinator at 310 4th Street SW, Farley, Iowa 52046 or 563-744-3885.*