



NEW STUDENT REGISTRATION

Student ID: _____

Thank you for printing legibly with dark ink.

_____ 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**

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 **Gender** ____/____/_____
Date of Birth

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 **Gender** ____/____/_____
Date of Birth

Relationship to Student **Work Phone** Private **Cell Phone** Private **Email** Private

Emergency Contacts other than parent/guardian

Emergency Contact 1:

LEGAL Last Name LEGAL First Name Middle Name M F ____/____/____
Gender Date of Birth

Home Phone Cell Phone Work Phone

Emergency Contact 2:

LEGAL Last Name LEGAL First Name Middle Name M F ____/____/____
Gender Date of Birth

Home Phone Cell Phone Work Phone

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 M F ____/____/____
Gender Date of Birth

Relationship to Student Work Phone Private Cell Phone Private Email Private

Spouse of Parent/Guardian listed above: Access to: Mailing Messeng Portal

LEGAL Last Name LEGAL First Name Middle Name M F ____/____/____
Gender Date of Birth

Relationship to Student Work Phone Private Cell Phone Private Email Private

Siblings (Please list siblings living in household)

LEGAL Last Name LEGAL First Name Middle Name M F ____/____/____
Gender Date of Birth

LEGAL Last Name LEGAL First Name Middle Name M F ____/____/____
Gender Date of Birth

LEGAL Last Name LEGAL First Name Middle Name M F ____/____/____
Gender Date of Birth

LEGAL Last Name LEGAL First Name Middle Name M F ____/____/____
Gender Date of Birth

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	

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: _____