



STUDENT REGISTRATION

Please write legibly with black or blue ink

Revised – 05/31/2016

STUDENT PRIMARY HOUSEHOLD INFORMATION

Home/Primary Phone Number: () - _____

**I understand that text messaging fees may apply. If I choose text messages I agree to any costs incurred.
Mark the types of messages you wish to receive on the home/primary phone (See Appendix A)*

	Emergency	High Priority	Attendance	Behavior	General	Private
Voice Messages						
Text Messages*						

Home Address: _____ Apt. _____ City: _____ State: _____ Zip: _____ Homeless? []	Mailing Address: _____ Apt. _____ City: _____ State: _____ Zip: _____
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**Proof of residency is required at registration to determine the appropriate school for your child. Acceptable documents are listed in Appendix A*

Household Size:	Income Range 1	X	Income Range 2	X	Income Range 3	X	Instructions
1	\$0 to \$15,444		\$15,445 to \$21,978		More than \$21,978		Place a mark next to the Income range that matches your household size and income level.
2	\$0 to \$20,826		\$20,827 to \$29,637		More than \$29,637		
3	\$0 to \$26,208		\$26,209 to \$37,296		More than \$37,296		
4	\$0 to \$31,590		\$31,591 to \$44,955		More than \$44,955		
5	\$0 to \$36,972		\$36,973 to \$52,614		More than \$52,614		
6	\$0 to \$42,354		\$42,355 to \$60,273		More than \$60,273		
7	\$0 to \$47,749		\$47,750 to \$67,951		More than \$67,951		
8	\$0 to \$53,157		\$53,158 to \$75,647		More than \$75,647		

More than 8 Please enter your actual annual income: _____

FEE WAIVER - I agree that information gathered regarding household income or eligibility for free meals may be used to determine if my child qualifies for a fee waiver. Yes ___ No ___

By signing my name below, I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review. The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27.

SIGNATURE: _____ Date: _____

PARENT GUARDIAN INFORMATION

Enter the parent/guardian information. Make sure to enter ALL parent/guardians even if they are in a different household.

Parent/Guardian 1

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Have they ever attended DMPS? Yes ___ No ___

Legal name at the time of the attendance: First name: _____ Last Name: _____

Cell Phone: _____ Work Phone: _____ Email address: _____

Does this person live at the primary address listed above? Yes ___ No ___ Is this a step-Parent? Yes ___ No ___

Is this parent a migrant worker? Yes ___ No ___

If not, what is their current address and phone?	Home Address: _____ Apt. _____ Phone: () _____ City: _____ State: _____ Zip: _____ Contact Language _____
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PARENT GUARDIAN INFORMATION

Enter the parent/guardian information. Make sure to enter ALL parent/guardians even if they are in a different household.

Parent/Guardian 2

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Have they ever attended DMPS? Yes _____ No _____

Legal name at the time of the attendance: First name: _____ Last Name: _____

Cell Phone: _____ Work Phone: _____ Email address: _____

Does this person live at the primary address listed above? Yes _____ No _____ Is this a step-Parent? Yes _____ No _____

Is this parent a migrant worker? Yes _____ No _____

If not, what is their current address and phone?

Home Address: _____ Apt. _____ Phone: () _____

City: _____ State: _____ Zip: _____ **Contact Language** _____

Military Status:	Neither Parent/Guardian serving in the military	Parent/Guardian in Reserves and is deployed
	Parent/Guardian in National Guard but not deployed	Parent/Guardian in military, active duty but not deployed
	Parent/Guardian in Reserves but not deployed	Parent/Guardian in military, active duty and is deployed
	Parent/Guardian in National Guard and is deployed	Parent/Guardian in died while active duty within the last year

EMERGENCY CONTACT INFORMATION - (DO NOT INCLUDE PARENTS IN THIS SECTION)**Emergency Contact 1**

First Name: _____ Middle Name: _____ Last Name: _____

Gender: _____ Email Address: _____ Do they speak English? Yes _____ No _____

Date of Birth: _____ Cell Phone: _____ Work Phone: _____ Home Phone: _____

Home address: _____ Apt. _____ City: _____ State: _____ Zip: _____

Emergency Contact 2

First Name: _____ Middle Name: _____ Last Name: _____

Gender: _____ Email Address: _____ Do they speak English? Yes _____ No _____

Date of Birth: _____ Cell Phone: _____ Work Phone: _____ Home Phone: _____

Home address: _____ Apt. _____ City: _____ State: _____ Zip: _____

Emergency Contact 3

First Name: _____ Middle Name: _____ Last Name: _____

Gender: _____ Email Address: _____ Do they speak English? Yes _____ No _____

Date of Birth: _____ Cell Phone: _____ Work Phone: _____ Home Phone: _____

Home Address: _____ Apt. _____ City: _____ State: _____ Zip: _____

OTHER HOUSEHOLD MEMBERS (NOT STUDENTS)

Other Household Member 1

First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Gender: _____

Other Household Member 2

First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Gender: _____

Other Household Member 3

First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Gender: _____

Other Household Member 4

First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Gender: _____

Other Household Member 5

First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Gender: _____

Other Household Member 6

First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Gender: _____



STUDENT REGISTRATION
Please write legibly with black or blue ink

Revised – 06/10/2016

STUDENT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Nickname: _____ Student Cell #: (____) _____ Student Email: _____

Gender: _____ Birthdate: _____ Date entered U.S.: _____ Birth Country: _____

Is this student a foreign exchange student? [] Yes [] No Registration Grade: _____ Registration Year: _____

If this child is a kindergartner, did the attend preschool? [] Yes [] No Preschool Location: _____

Has your child lived outside the US in the past year? [] Yes [] No If yes, name of country: _____

Is this student a foster child? Yes _____ No _____ If in grade 6-12, Will this student participate in athletics? Yes _____ No _____

Is your child Hispanic/Latino? [] Yes [] No

American Indian or Alaska Native

Asian Black or African American

Native Hawaiian or Other Pacific Islander

White

Please check all that apply. At least one is required.

What language is spoken by you and your family most of the time at home? _____

Does your student have a current IEP? [] Yes [] No Does your student have a current 504 plan? [] Yes [] No

Has your student previously received gifted/talented services? [] Yes [] No

Previous School(s)

Last Year		2 Years Ago	
School	_____	School	_____
City	_____	City	_____
State	_____	State	_____
Country	_____	Country	_____

Is your student currently suspended or expelled from another school? [] Yes [] No

Relationship to Parent/guardians listed above *(See appendix A for list and descriptions of items listed below)*

	Parent/Guardian Name	Relationship to Student	Contact Sequence	Contact Preferences			
				Guardian	Mailing	Portal	Messenger
Parent/Guardian 1	_____	_____	_____				
Parent/Guardian 2	_____	_____	_____				
Parent/Guardian 3	_____	_____	_____				

Relationship to Emergency Contacts

	Emergency Contact Name	Relationship to Student	Contact Sequence (call order)
Emergency Contact	_____	_____	_____
Emergency Contact	_____	_____	_____
Emergency Contact	_____	_____	_____

Relationship to Other Household Members

	Name	Relationship
Household Member 1	_____	_____
Household Member 2	_____	_____
Household Member 3	_____	_____
Household Member 4	_____	_____

HEALTH INFORMATION

Hospital Preference: _____

Please note this information will only be used in the event of a medical emergency where the student would need transportation to a hospital.

Insurance Information: Please mark all that apply

Private Insurance Medicaid/ Hawk-I No Insurance

Medical or Mental Health Conditions : Please mark all that apply

<input type="checkbox"/> ADHD	<input type="checkbox"/> Bladder Problem	<input type="checkbox"/> Depression	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Thyroid Condition
<input type="checkbox"/> Allergies	<input type="checkbox"/> Bowel Problem	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Seizure	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Celiac Disease	<input type="checkbox"/> Dizziness/Fainting	<input type="checkbox"/> Kidney Condition	<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Wears glasses
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Downs Syndrome	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Skin Condition	and/or contacts
<input type="checkbox"/> Autism	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Orthopedic Condition	<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Other

If you marked allergy please list the type of allergy (i.e. – food, latex, environmental, etc.): _____

Additional Information

List any illness, operations, or accidents your child has had in the past year:

--

List any emotional, social or other conditions that might affect your child’s performance:

--

List other health concerns you would like the nurse to know about:

--

Has your student received any new immunizations? Yes _____ No _____ *Provide an up-to-date Immunization record for your student*

I give permission to the school nurse to share educationally relevant health and emergency information (to include medical diagnosis) with school staff on a need-to-know basis: Yes _____ No _____

Grades K and 3rd - I acknowledge that I have been provided information regarding the vision screen requirement. Yes _____ No _____

Grades K and 9th - I acknowledge that I have been provided information regarding the dental screen requirement. Yes _____ No _____

All Grades - I acknowledge that I have been provided information regarding the Tdap vaccine requirement. Yes _____ No _____

Grade 7 – Has the student received their required Tdap shot? Yes _____ No _____

Over the counter Medications (mark the appropriate box)

<input type="checkbox"/> The student can receive only Tylenol	<input type="checkbox"/> The student can receive either Tylenol or Ibuprofen
<input type="checkbox"/> The student can receive only Ibuprofen	<input type="checkbox"/> The student cannot have either Tylenol or Ibuprofen at school

Prescription Medications

<i>Medication Name:</i> _____	<i>Where Taken:</i> <input type="checkbox"/> Home <input type="checkbox"/> School	<i>Medication Type:</i> <input type="checkbox"/> Daily <input type="checkbox"/> Emergency <input type="checkbox"/> As Needed
<i>Comments and Instructions:</i>		
<i>Medication Name:</i> _____	<i>Where Taken:</i> <input type="checkbox"/> Home <input type="checkbox"/> School	<i>Medication Type:</i> <input type="checkbox"/> Daily <input type="checkbox"/> Emergency <input type="checkbox"/> As Needed
<i>Comments and Instructions:</i>		

OFFICE USE ONLY: Student # _____ Student Name _____

RELEASE AGREEMENTS

Military Information Opt Out *(Only answer this question if your student is in grade 9,10,11 or 12)*

Federal law requires school districts to release the names, addresses, and telephone listings of secondary school students to military recruiters upon their request unless the students or their parents request that the students' contact information not be released without prior written parental consent.

As the parent or legal guardian of this student, I am exercising my "opt-out" right to direct that the school district shall not release the student's name, address, and telephone listing to military recruiters without my prior written consent.

As a parent or legal guardian, I consent to the release of the student's name, address, and telephone listing to military recruiters without my prior written consent.

Video and Media (check all that apply)

I consent to allowing my student to be videotaped while at school to be used for district related purposes

I consent to having my child's photo taken by district employees for district related purposes.

I consent to allowing my child to be interviewed or photographed by media representatives (such as the Des Moines Register) who are not employees of the district for possible publication in the form of interviews, video, or photographs related to programs or events in which my child may be participating at school.

Discipline Code

I am aware of the Des Moines Independent Community School District's Discipline Code and Procedures

Directory Information

This question will allow student information to be included or excluded from directory inquiries. If you choose to refuse the designation, that will exclude your child's information from any directory inquiry. If you choose to accept the designation, your child's information will be included in any directory inquiry.

I **refuse** the designation and release of any or all categories of personally identifiable information as directory information.

I **accept** the designation and release of any or all categories of personally identifiable information as directory information.

Technology Agreement

I agree to the Technology acceptable use policy

Birth Certificate Information: *Please provide a copy of the student's birth certificate*

Birth Certificate Parent 1's full name: _____ Birthdate: _____

Birth Certificate Parent 1's maiden name: _____

Birth Certificate Parent 2's full name: _____ Birthdate: _____

Birth Certificate Parent 2's maiden name: _____

Student Birth City: _____ Student Birth State : _____

Fill out the following section if your student is a Preschool Student for the registration year

Does someone other than the biological parents have custody or guardianship of the child? [] Yes [] No

Do you receive Child Care Assistance? [] Yes [] No Do you receive Food Assistance? [] Yes [] No Do you receive WIC? [] Yes [] No

Is your child currently or planning to be enrolled in another preschool program? [] Headstart [] Universal PK in another district

[] Special Ed [] Private Preschool

Do you know your neighborhood school? If yes, enter it here : _____

Preferences for Enrollment 1st choice 2nd choice 3rd choice 4th choice

AM:				
PM:				
Full day (fees apply):				
1 st available				

Please place one mark in each column to indicate your 1st, 2nd, 3rd and 4th choices for enrollment.

Choose a location from the list provided

Preschool Location 1st Choice: _____

Preschool Location 2nd Choice: _____

If you selected partner site, have you contacted this site? [] Yes [] No

ATHLETIC INFORMATION

To Participate in a sport a student athlete MUST have the following forms on file in the ACTIVITIES OFFICE:

- A current athletic physical examination
- A code of conduct consent form, signed by both parents and the student athlete
- Concussion parent fact sheet, signed by both parents and the student athlete
- Medical release form
- Consent for Athletic Conditioning, Training, and Health Care Procedures
- The appropriate usage fee paid

Do **NOT** return the completed physical examination form to your coach.

I (we) the undersigned, feel we have adequate insurance protection for our daughter/son and will assume all responsibility for injuries incurred while practicing for, or participating in interscholastic sports.	Yes _____	No _____
I (we) do not have insurance, but will not hold the school, the coach or the Des Moines Public School District liable for injury incurred.	Yes _____	No _____
Iowa law requires a parent's or legal guardian's written consent before their son or daughter can receive emergency treatment, unless in the opinion of a physician, the treatment is necessary to prevent death or serious injury. As the parent(s) or legal guardian(s) of the child named in this application, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us). I (we) further understand that I (we) will be responsible for all the costs incurred and will not hold the school district liable.	Yes _____	No _____
I (we) give permission for medically relevant information to be given to the coach by health staff.	Yes _____	No _____
Does the student athlete have any of the following? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Dentures <input type="checkbox"/> NONE		
I am aware of the Des Moines Independent Community School District's Extracurricular/Co-Curricular Student Code of Conduct.	Yes _____	No _____
We certify that we have received the information provided on the concussion information sheet titled "HEADS UP: Concussion in High School Sports".	Yes _____	No _____
Parent Signature: _____ Student Signature: _____		
<i>In accordance with the Iowa High School Athletic Association, any student participating in activities is required to have a CURRENT sports physical. The form must be completely filled out, front and back. The form MUST be signed and dated by the parent/guardian, as well as, signed and dated by the physician performing the examination. Any forms submitted to the Activities Office incomplete will be considered invalid and returned for completion. Physical forms need to be submitted annually (forms are only valid for 13 months).</i>		
I (we) hereby give consent for my child to participate in athletic conditioning/training program and to receive any necessary health care treatment/evaluation including first aid, diagnostic procedures, and medical treatment, that may be provided by treating physicians, nurses, and other health care providers, including a contractor of athletic training services, and the contractor's facilities. Contractor has permission to release athletic injury/illness information about my child to the school, our treating physician, and/or our other healthcare providers participating in the care of the injury/illness. Contractor and/or High School may use general injury information that does not identify my child for athletic injury preventive research.	Yes _____ No _____	

I (we) hereby give my consent for my licensed child to drive to and from games/meets/practices and to take riders with them. I (we) also give consent for my child to ride with other students/parents/coaches. I (we) will not hold riders or drivers responsible for any damages. I (we) further understand that any damage or injury resulting from the student's transportation to and from these practices/games/meets or other school activities shall be the student's and/or parent/guardian's responsibility and I (we) will not hold the school district liable for any reimbursement for such damage or injury.	Yes _____ No _____
I (we) understand that accidents may occur in athletics even though normal acceptable safety precautions have been taken. My son/daughter has permission to practice and compete in the interscholastic program.	Yes _____ No _____

Parent Signature: _____ Date: _____

Please select sports from all seasons in which your student plans to participate. You may select more than one sport per season, but please note that not all sports will allow participation in multiple sports in the same season. Please contact your student's building activities director for additional information on building policy. Middle School students (Grades 6th through 8th) can participate in all activities. The fee is \$10 per sport. Please drop off cash, check, or money order. If paying with a check please make the check payable to Des Moines Public Schools and deliver it to your child's school building's front office.

6th Grade Choice: [] Intramurals

7th Grade Choices: *Fall* - [] Volleyball [] Boys Cross Country [] Girls Cross Country [] Cheerleading
Winter - [] Boys Swimming [] Wrestling [] Cheerleading
Spring - [] Girls Soccer [] Girls Track [] Boys Soccer [] Boys Track

8th - 12th Grade Choices: *Fall* - [] Volleyball [] Boys Cross Country [] Girls Cross Country [] Cheerleading
[] Boys Golf [] Girls Swimming [] Football
Winter - [] Boys Swimming [] Wrestling [] Cheerleading [] Boys Bowling [] Girls Bowling
[] Boys Basketball [] Girls Basketball
Spring - [] Girls Soccer [] Girls Track [] Boys Soccer [] Boys Track [] Girls Golf
[] Boys Tennis [] Girls Tennis
Summer - [] Baseball [] Softball
Year Long - [] Dance Team [] Drill Team

Appendix A

HOUSEHOLD:

DESCRIPTION OF CONTACT METHODS

- **Emergency** - Marking this checkbox will use this method of contact for emergency messages, such as a lockdown situation or extreme severe weather.
- **High Priority** - Marking this checkbox will use this method of contact for messages labeled as High Priority, such as urgent information from individual buildings.
- **Attendance** - Marking this checkbox will use this method of contact for attendance messages, such as those sent by the Automated Attendance System.
- **Behavior** - Marking this checkbox will use this method of contact for behavior messages, such as those sent by the building administration.
- **General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.
- **Private** - Mark if number should be listed as private

PROOF OF RESIDENCE ACCEPTABLE DOCUMENTS

The types of documentation that will be accepted for proof of residency (but not limited to) includes:

- Utility Bill or Confirmation of Services
- Lease or notarized statement from landlord
- Purchase Agreement
- Mortgage Statement
- Polk County Assessors- print copy of web page verifying property ownership
- Property tax statement
- Vehicle registration
- DHS Paperwork
- Shelter Stay Verification

If you are residing with family or friends, we will need a notarized letter from the person you are living with attesting that you and your child are currently residing at their address. In addition to the letter, we will need one form of address verification in their name, from the list above.

HOUSEHOLD ECONOMIC INFORMATION:

Des Moines Public Schools collects this information so that the district and your school have accurate information about the percent of our students who are considered to be low income. This information may help the school or district qualify for certain state and federal funds. It also provides the information needed for the district to determine eligibility for fee waivers for individual students.

Household Size: Who should I include in "Household Size"? You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do not include them.

What is included in "Annual Household Income"? Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

Appendix A

How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.
- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>

ATHLETICS:

- For access to a blank physical form go to <http://www.dmschools.org/wp-content/uploads/2011/10/physical6-12.pdf>
- Heads Up Concussion document can be accessed at http://www.iahsaa.org/wp-content/uploads/2013/08/HEADS_UP_CONCUSSION_FACT_SHEET_0530121.pdf

HEALTH:

- Dental Screening information can be accessed at <http://idph.iowa.gov/ohds/oral-health-center/school-screenings>
- Vision Screening information can be accessed at <https://idph.iowa.gov/family-health/child-health/vision-screening>
- Tdap information can be accessed at <http://idph.iowa.gov/cade/disease-information/pertussis>

HOUSEHOLD:

RELATIONSHIPS TO STUDENT

- Parent/Guardian
- Sibling
- Emergency Contact
- Step-Parent
- Foster Parent
- Other Relative

DESCRIPTIONS OF CONTACT PREFERENCES

- **Guardian** - Marking this checkbox will flag this person as legal guardian to the student.
- **Mailing** - Marking this checkbox will flag this person to receive mailings for the student.
- **Portal** - Marking this checkbox will flag this person as a portal account, and this person will be able to view student information within the portal for this student.
- **Messenger** - Marking this checkbox will flag this person to receive messages from the District's messenger system.
- **Secondary Household** - Marking this checkbox will indicate that the student has a secondary household membership with this person
- **Contact Sequence** - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify.