

Harris-Lake Park CSD New Student Enrollment Form

Please complete this form ONLY if your student is new to the Harris-Lake Park School District.

Date: _____ **Parent/Guardian Name** _____

Student's Legal Last Name	Legal First Name	Middle Name	Sex ___M ___F
Nickname (If different than above)		Current Grade	Social Security #
Date of Birth	City/State of Birth		
Race: White <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Ethnicity: Hispanic, Latino or Spanish yes <input type="checkbox"/> no <input type="checkbox"/>			

Student's Legal Last Name	Legal First Name	Middle Name	Sex ___M ___F
Nickname (If different than above)		Current Grade	Social Security #
Date of Birth	City/State of Birth		
Race: White <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Ethnicity: Hispanic, Latino or Spanish yes <input type="checkbox"/> no <input type="checkbox"/>			

Student's Legal Last Name	Legal First Name	Middle Name	Sex ___M ___F
Nickname (If different than above)		Current Grade	Social Security #
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Race: White <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Ethnicity: Hispanic, Latino or Spanish yes <input type="checkbox"/> no <input type="checkbox"/>			

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Race: White <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Ethnicity: Hispanic, Latino or Spanish yes <input type="checkbox"/> no <input type="checkbox"/>			

Primary Parents/Guardian with Whom Child Resides

Student Lives With: Both Parents Mother Only Father Only Other/Name _____

Name _____ (relationship to child) _____

Mailing Address _____

Street Address (if different from above) _____

City, State, Zip _____ County of Residence _____

Primary Home Phone # _____

Primary Home Email Address _____

REQUIRED ITEM - JMC PARENT PASSWORD _____

(password required to complete the online portion of registration and to update contact information and accessing your student's grades and lunch account on-line/ Username will be the parent last name)

Father's Name _____ Cell # _____ Text Alerts yes no

Address (if different than above) _____ City/State/Zip _____

Email (if different from above) _____

Employer/Workplace _____ Work # _____

Mother's Name _____ Cell # _____ Text Alerts yes no

Address (if different than above) _____ City/State/Zip _____

Email (if different from above) _____

Employer/Workplace _____ Work # _____

Stepmother _____ Cell # _____ Text Alerts yes no

Address (if different than above) _____ City/State/Zip _____

Email (if different from above) _____

Employer/Workplace _____ Work # _____

Stepfather _____ Cell # _____ Text Alerts yes no

Address (if different than above) _____ City/State/Zip _____

Email (if different from above) _____

Employer/Workplace _____ Work # _____

TRANSPORTATION INFORMATION

Bus Transportation to school from school Parent/Student Transportation to school from school

Bus Pick-up at Daycare Bus Drop-off at Daycare Other _____

Daycare Provider: _____ Address _____ Phone _____

NAME & PHOTO RELEASE

Student Birthdays: Student birthdays will again be announced on KUOO radio. **Please check below:**

Yes, I give my permission **No, I do not give my permission**

Name/Photo Release: Your child's name and/or photo may be included in district publications /website, school yearbook, social media, or in local newspapers, magazine articles or letters relating to school activities.

Please check below:

Yes, I give my permission **No, I do not give my permission**

Please print student's name/s _____

Parent's Signature _____ **Date** _____

(designated release permissions will remain in effect until the school registration office is notified otherwise)

HEALTH INFORMATION

Health/Accident Insurance Company: _____ Plan# _____

Family Health Care Provider _____ City _____ Phone # _____

Preferred Hospital _____ City _____ Phone # _____

EMERGENCY INFORMATION

Neighbors or Relatives who might, by mutual agreement, help in case of illness/accident or emergency school closure and have permission to pick my child up at school.

Name _____ Relationship to child: _____

Address/City _____ Phone _____ Work Phone _____

Name _____ Relationship to child: _____

Address/City _____ Phone _____ Work Phone _____

Name _____ Relationship to child: _____

Address/City _____ Phone _____ Work Phone _____

Name _____ Relationship to child: _____

Address/City _____ Phone _____ Work Phone _____

Is there anyone by law (or request) that may NOT pick up your child from school?

Any other helpful information: _____

PRESCHOOL SIGN-UP INFORMATION

We are excited about your child joining us for the Harris-Lake Park Preschool Program. Please fill out all the information COMPLETELY and return to school. *Signature required.*

Along with this packet please attach a photocopy of your child's: _____ Birth Certificate, _____ Social Security Card, _____ Immunization Record Card

Please turn in your child's physical, eye exam card, and dental form which are dated AFTER June 1st of the current year. Thank you for your cooperation by completing these health forms at the time required. **(registration for the 2022-2023 school year requires health forms dated AFTER June 1, 2022)**

Preschool sign-up requests for morning and afternoon classes will come on a first come-first serve basis. Please fill out if you would like morning or afternoon.

Morning Class <u>Child's Name</u>	Afternoon Class <u>Child's Name</u>	<i>(office use only)</i>

PRESCHOOL STUDENT'S FAMILY HEALTH CARE PROVIDERS

(if you do not have a dentist or eye doctor please write "none" and we will contact your physician if the situation would ever arise)

Primary Physician/Nurse Practitioner

Name: _____ Office Name: _____

Address: _____ Phone: _____

Date of last Physical Exam: _____ Any other helpful information: _____

Dentist

Name: _____ Office Name: _____

Address: _____ Phone: _____

Date of last Dental Exam: _____ Any other helpful information: _____

Eye Doctor

Name: _____ Office Name: _____

Address: _____ Phone: _____

Date of last Eye Exam: _____ Any other helpful information: _____

INSURANCE (Must fill out ALL fields including policy number)

Preschool Student's Insurance: Private Insurance Medicaid Hawki None

Insurance Company Name: _____

Phone: _____ Policy Number: _____

This form allows parents and guardians to authorize the provision of emergency treatment for the named child on the form who becomes ill or injured while under program authority when parents or guardians cannot be reached. In the event reasonable attempts to contact me at the contact numbers listed have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the health care providers/facilities listed above.

PRESCHOOL PERMISSION AND CONSENT ITEMS:

If the circumstances arise, per policy, may we:

Apply PABA-free sunscreen on your child? yes no

Apply insect repellent on your child? yes no

Transport your child in a school authorized vehicle (school bus) for field trips and other ventures? yes no

Is your child allowed to participate in field trips and other off campus activities? yes no

Do you give the Harris-Lake Park preschool teachers/staff permission to photograph and videotape your child to use for documentation purposes or to share with other preschool families? *(This would include submissions to local newspapers, publicity shared on the Harris-Lake Park Webpage, H-LP Social Media, or used to promote the preschool program.)* yes no

PRESCHOOL STUDENT’S MEDICAL HISTORY AND CURRENT CONCERNS:

Has your child been tested for lead? yes no

If yes, when and where? _____

Please *mark yes or no* and then elaborate when needed in the space below.

Concern	Y/N	Concern	Y/N
Allergy (any)		Disease	
Asthma		Heart Problem	
Behavior/Emotional		Surgery	
Toileting		Limits on Activity	
Hearing		Seizures	
Vision		Physical actions/appearances	
Speech		Birth Defects	
Prematurity		Other: ____	

To the best of your knowledge, does your child have any problems that may affect his/her learning in school, cause any concern, or is important to know?

Please list your child’s medications (please note if medications need to be taken during the school day.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

PRESCHOOL CHILD AND FAMILY INFORMATION:

We would appreciate your answers to the following questions so that we may provide the best care possible for your child and family. While we feel that each question is valuable, please understand that you are not required to share any information you don’t feel comfortable about.

1. What are your needs, interests, values/beliefs and personality of your child?

2. What are your goals, concerns, and interests in learning for your child this year?

3. Does your child have any fears or dislikes? If so what are they?

4. Who lives with your child? (please include name, age and relationship to child)

CONSENT AND SIGNATURES:

I understand that the information provided in this form is confidential and only shared when necessary in the best interest of my child.

Parent/Legal Guardian Signature: _____ **Date:** _____

By signing this you are allowing all permissions and/or consents to the school, teachers and staff for the preceding pages.



Revision Date: September 8, 2023

Parent Form

School District: _____ **Date Completed:** _____

Your children may be eligible to receive supplemental services, depending on the answers to this form.

General Information

Name of Parent(s) or Guardian(s): _____

Current Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Best time to be contacted: _____

1. Have both parents lived in this town continuously for the past 3 years or longer? YES NO
If **YES**, please stop completing the form. If **NO**, please continue.
2. Please select any of the following jobs that the family has done in the last 3 years:
 - Slaughter, processing, meat locker (beef, poultry, pork) Tyson, JBS, Monsanto, Smithfield, Seaboard
 - Feeding, milking, taking care of cows or goats (dairy farms)
 - Planting or detasseling corn, soybeans, fruits, vegetables, nurseries, or greenhouses
 - Hog farms, chicken farms, eggs, or turkey farms
 - Preparing farm fields
 - Other agricultural work. What was the activity or company? _____

Children's Information

Name of Child	Name of School	Grade

Please return this form to the school.

ATTN: School district migratory liaison, please scan and email completed forms to alex.johnson@iowa.gov before filing the original copy in the student's records. Please contact Rachel Pettigrew, Migratory Education Program Consultant, with any questions regarding this form: rachel.pettigrew@iowa.gov or 515-380-5115.



REQUIRED FORM

**Harris-Lake Park CSD
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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REQUIRED FORM

Harris-Lake Park CSD

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: Harris-Lake Park CSD Phone Number: 712-832-3809

Address: 905 S. Market, PO Box 8 City: Lake Park State: IA Zip: 51347