



Preschool Enrollment

2020-2021

For Office Use

Rec'd: _____	Proof of Birth: _____
Entry Date: _____	Dental Exam: _____
Student I.D.: _____	Immunizations: _____
Homeroom: _____	Proof of Address: _____

YOUR CHILD'S INFORMATION

Legal Last Name: _____
 Legal First Name: _____
 Preferred First Name: _____
 Middle Name: _____
 Birth Date: ___/___/___ Male Female
 Proof of Age (office use only): _____

CHILD'S HOME ADDRESS

Street: _____ Apt/Lot#: _____
 City: _____ State: _____ Zip: _____
 County: _____
Mailing Address Same as above
 Street: _____ Apt/Lot#: _____
 City: _____ State: _____ Zip: _____

ETHNICITY AND RACE (Complete Both Parts A and B)

Part A: Ethnicity (Choose only one)

- Hispanic/Latino Not Hispanic/Latino
 Student has Active Tribal Enrollment

Part B: Race (Choose all that apply)

- American Indian or Alaska Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander

Please list all languages spoken fluently at home: _____
 Please note, all new students will be required to complete a Home Language Survey to determine eligibility for English as a Second Language (ESL) resources and services.

PARENT/LEGAL GUARDIAN

First/Last Name: _____ Lives with student
 Relationship to Student: _____
 Address Same as Student. Check and move on to Home Phone
 Street: _____ Apt/Lot#: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Unlisted
 Place of Employment: _____
 Work Phone: (____) _____ Do Not Call
 Cell Phone: (____) _____
 E-Mail: _____

PARENT/LEGAL GUARDIAN

First/Last Name: _____ Lives with student
 Relationship to Student: _____
 Address Same as Student
 Street: _____ Apt/Lot#: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Unlisted
 Place of Employment: _____
 Work Phone: (____) _____ Do Not Call
 Cell Phone: (____) _____
 E-Mail: _____

SIBLINGS

Sibling's Name	Relationship	Age	Male/Female	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child's First and Last Name: _____

EMERGENCY CONTACTS

Please include individuals who are available or can arrange for pick-up of the student in case a parent or guardian cannot be reached. In case of emergency, school personnel may call 911.

Call Sequence #1

First/Last Name: _____
Middle Name: _____
Relationship to Child: _____
Home Phone: (____) _____
Work Phone: (____) _____
Cell Phone:(____) _____
E-Mail: _____

Call Sequence #2

First/Last Name: _____
Middle Name: _____
Relationship to Child: _____
Home Phone: (____) _____
Work Phone: (____) _____
Cell Phone:(____) _____
E-Mail: _____

Child Care Provider, if any

First/Last Name: _____
Middle Name: _____
Relationship to Child: _____
Home Phone: (____) _____
Work Phone: (____) _____
Cell Phone:(____) _____
E-Mail: _____

PRESCHOOL INFORMATION

Has child attended preschool in the Past 12 Months:

- No, has not attended pre-school
 Yes, attended district pre-school or Children's Village
 Yes, but attended non-district pre-school

Name of Preschool: _____

Student has: Special Education Plan (IEP) 504 Plan

FAMILY INFORMATION

Migrant Active Military

If yes, give Branch of Service: _____

Parent/Guardian Custodial Arrangement:

Who has custody of this student? _____

This student is living with? _____

Is there a court-order? _____

PARENT/GUARDIAN PERMISSION

Promotional Release: The district reserves the right to allow media and promotional coverage at public events and activities in the school district and community. Your child's school and the school district may also want to share your child's name, image, and/or quote to celebrate the accomplishments of your student and their school in various district and partner media projects. Parents and guardians may request that your child's information not be shared for any of these promotional opportunities by notifying the school at any time during the school year. Parents must notify the school annually of their preference.

Directory Information: The law also allows for release of student information to officials with a legitimate educational interest such as contractors, consultants, volunteers, or other parties the District has contracted with to provide institutional service(s) or function(s). The District may release student information for this reason or any other reason permitted by law. Visit www.davenportschools.org/enrollment-and-registration for details. Directory Information is also shared for publications, yearbooks and websites for internal use and outside organizations or educational partners, unless expressly prohibited by you as the parent/guardian. Parents and guardians may request that your child's information not be shared for any of these opportunities by notifying the school at any time during the school year. Parents must notify the school annually of their preference.

The information contained on this form may be shared with school personnel for provisions of appropriate health and/or educational services. Release of information may be revoked at any time with a written request to the school. I agree to notify the school of any changes in the information throughout the school year. Enrollment of transfer student is always conditional pending receipt of official school records, health and immunization records and clarification of residence.

One to One Technology: The district will provide each student a device for use at school and 9-12th grade students will be provided a device for use at school and home. This equipment is, and at all times remains, the property of Davenport Community Schools and is lent to the student for educational purposes only for the Academic School year. The equipment will be returned to the school if the student moves from Davenport Community Schools or prior to the end of the school year.

SIGNATURE OF PARENT/GUARDIAN APPROVING ENROLLMENT

DATE

UPDATED BY PARENT/GUARDIAN APPROVING ENROLLMENT

UPDATED DATE