

PLEASE PRINT

COMMUNITY-BASED PRE-K STUDENT REGISTRATION FORM

Community-Based PK program: PK 4 year old/4 day PK 4 year old/3 day
 PK 5 year old/4 day PK 5 year old/3 day

Date Registering: _____

Community Based Attendance Center:

Aquin Kid Project NICC St. Paul
 Hennessy LaSalle Seton Xavier

Student Start Date: _____

STUDENT INFORMATION

Student's Name: _____ / _____ / _____
(Last) (First) (Middle)

Sex: Male Female Home Phone Number: _____

Student's Birth Date: _____ Social Security Number: _____

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

PRIMARY HOUSEHOLD

Father/Guardian's Full Name: _____

Mother/Guardian's Full Name: _____

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 _____

Name of school _____ Address _____ Dates Attended _____

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)

- | | |
|--|---|
| <input type="checkbox"/> Understands only the home language and no English | <input type="checkbox"/> Understands mostly English and some of the home language |
| <input type="checkbox"/> Understands mostly the home language and some English | <input type="checkbox"/> Understands only English |
| <input type="checkbox"/> Understands the home language and English equally | |

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) 744-3885 x 6050

(Parent/Guardian Signature)

(Date)

The policies of the Western Dubuque County Community School District shall provide educational programs, activities, and employment practices which do not discriminate on the basis of age, color, creed, national origin, race, religion, marital status, gender, sexual orientation, gender identity, socioeconomic status, physical or mental ability or disability. The Western Dubuque County Community School District is an Equal Employment Opportunity/Affirmative Action employer.

Any person having inquiries about this statement, please contact Tina Brestrup, Equity Coordinator, 563-744-3885 x 6010, or tina.brestrup@w-dubuque.k12.ia.us