



# Davenport Community Schools

## Pre-K Enrollment

For Office Use

Received: \_\_\_\_\_ 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

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  
 Relationship to Student: \_\_\_\_\_ 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: ( ) \_\_\_\_\_

### PARENT/LEGAL GUARDIAN

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

### SCHOOL-AGED SIBLINGS

Sibling's Name

Relationship

Age

Male/Female

School Attending

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

Pre-K Students 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: \_\_\_\_\_

### PRE-SCHOOL OR PRIOR INFORMATION

Has Child Attended Preschool in 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

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? \_\_\_\_\_

### FAMILY INFORMATION

### HOW DID YOU HEAR ABOUT US

Please share how you heard about us:  School  Current Day Care  Website

Poster  Flyer  other: \_\_\_\_\_

### PARENT/GUARDIAN PERMISSION

**Promotional Release:** May we use 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.  Yes  No

**Directory Information:** The primary purpose of Directory Information is for school/district publications and website. This information may also be disclosed to outside organizations such as yearbook publishers and other educational partners.

*"I give permission for the district to release this information."*  Yes  No

The law 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. For more information, please visit [www.davenportschools.org/enrollment-and-registration](http://www.davenportschools.org/enrollment-and-registration).

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 students is always conditional pending receipt of official school records, health and immunization records and clarification of residence.

Parent/Guardian Signature Approving Enrollment: \_\_\_\_\_ Date: \_\_\_\_\_