

WESTERN DUBUQUE SCHOOLS INFORMATION FORM

PLEASE PRINT

Office Use Only		
Building Assigned:		
<input type="radio"/> BES	<input type="radio"/> DYERS.	<input type="radio"/> EES
<input type="radio"/> CES	<input type="radio"/> DES	<input type="radio"/> EHS
<input type="radio"/> CHS	<input type="radio"/> DMS	<input type="radio"/> PES

Date Registering: _____ Start Date: _____

STUDENT INFORMATION

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

Sex: Male Female Social Security Number: _____

Student's Birth Date: _____ Home Phone Number: _____
(Month/Day/Year)

Ethnic Background: White/Non-Hispanic Black/Non-Hispanic Hispanic
 American Indian/Alaskan Asian Pacific Islander

Student's Birth Place: _____ Language Spoken in the Home: _____

Previous School of Attendance/Address: _____

Special Classes/Needs/Speech/OT: _____

Did you sign a release of records from previous school? Yes No Not Applicable

PARENT/GUARDIAN INFORMATION

Father/Guardian's Full Name (With Whom the Student Lives): _____

Mother/Guardian's Full Name (With Whom the Student Lives): _____

Address: _____
(Street, Rural Route or Box Number)

(City) (State) (Zip)

E-mail address: _____

Mother/Guardian's Workplace: _____

Phone: _____ Cell Phone: _____

Father/Guardian's Workplace: _____

Phone: _____ Cell Phone: _____

Will Student Require Bussing? Yes No County of Residence: _____

Child Bussed to/from: Home Other Location _____
(Contact Name & Phone Number)

Please list all children in your family, their age and birth date:

Name: _____ Age: _____ Birth date: _____
 (Month/Day/Year)

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Name: _____ Age: _____ Birth date: _____
 (Month/Day/Year)

MEDICAL INFORMATION

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Hospital Preference: _____

Medical Insurance: Blue Cross HMO John Deere Sisco Medicaid/Title XIX HAWK I

Other/specify: _____

Please list any conditions or health concerns that should be shared with building staff (i.e. bee sting or peanut allergy) : _____

Release of Information: The school nurse has my permission to share the above information with those who need to know. Yes No

Please list below the emergency contacts for your child if you are unavailable in the case of medical or other emergency:

Name: _____ Relationship: _____

Home#: _____ Work#: _____ Cell#: _____

Name: _____ Relationship: _____

Home#: _____ Work#: _____ Cell#: _____

Name: _____ Relationship: _____

Home#: _____ Work#: _____ Cell#: _____

Please complete for 4-5 Year Olds Only: Kindergarten Pre-Kindergarten Not Sure (request screening)

I also give my permission for my child to be transported for school field trips and events.

(Parent/Guardian Signature)

(Date)