

Request For Records

West High School
2901 Melrose Avenue
Iowa City, IA 52246
(319) 688-1053 Fax (319) 688-1058

Information To Be Supplied By Parent:

To:	Address
Name of Previous School	City,
Re:	State, Zip
Student Name	
Entering Grade	Date of Birth

I give permission to release the following to West High School for enrollment purposes.

Parent Signature Date

Information to Be Supplied by Former School (mail, fax, phone): *PLEASE SEND IMMEDIATELY*

Date of Request _____

We are requesting the following information for the student listed above so that he/she can enroll in West High School. Registration at our high school cannot take place until we receive this information.

1. Is this student in Special Education or have a 504/Assistance Plan? IEP _____ or 504 / Assistance Plan _____ No _____ Yes _____

* If yes please fax a current copy to assist with registration.

2. Please provide the following disciplinary information (required by Iowa Code section 279.9A to be sent upon request to a receiving school whenever a student transfers.)

Has this student ever been expelled from your school? No _____ Yes _____
If yes, please fax details

Has this student received an in-school or out-school suspension in the past six months? No _____ Yes _____
If yes, please fax details

3. We must also have a copy of the student's transcripts including a copy of his/her last term's grades to assist in registering the student appropriately.

Information Supplied By: _____

***NOTE:** Please send cumulative file, including complete academic, health, attendance, and discipline records to the Guidance Office at the above address.

NEW STUDENT INFORMATION

West High School
Iowa City, Iowa 52246

User ID # (office use)

Today's date _____

Student:

Student Legal Name (Last)

(Legal First)

(Legal Middle)

Address

City,

Zip

Grade

Gender

Birthdate

Home Phone

Student Cell

Parent/Guardian:

Mother/Guardian/Stepmother

Employer

Work Phone

Father/Guardian/Stepfather

Employer

Work Phone

Student Email Address

Mother's Cell

Father's Cell

Parent(s) Email address(s)

If student is not residing with a parent, do you have legal guardianship?

Yes _____ No _____

West High is required to provide information for state and federal reports regarding the ethnic and race composition of students in the district. Please check one of each of the ethnic and racial background of your child.

Ethnic: (Choose one)

____ Hispanic or Latino

____ Not Hispanic or Latino

AND

Race: (Choose one)

____ American Indian or Alaska Native

____ Native Hawaiian/Pacific Islander

____ Asian

____ White

____ Black or African American

Primary Language _____

Primary Home Language _____

Educational Data:

Name and address of the school you are coming from:

Name of sending school (List above)

Location (City, State, Zip)

Dates Attended

School phone number

School fax number

Has the student ever attended an Iowa City School?

Yes _____ No _____

If Yes, Which School(s)? _____

In What Grade(s)

Special Programs Data:

Is the student in a special program?

Yes _____ No _____

If yes, please check all that apply:

____ IEP

____ 504

____ Learning Support

____ ELL (English Language Learner)

Discipline Data:

Has this student been suspended from school in the last six months?

Yes _____ No _____ If yes, for what reason(s)? _____

Has this student ever been considered for expulsion or expelled from school?

Yes _____ No _____ If yes, for what reason(s)? _____

It is the policy of the ICCSD not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age, marital status, sexual orientation, gender identity and socioeconomic status in its educational programs, activities, or employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy, please contact Kingsley Botchway II, Director of Equity, 1725 N. Dodge St., Iowa City, IA 52245, 319-688-1000, Botchway.kingsley@iowacityschools.org.

Iowa City Community School District

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: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

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Iowa City Community School District

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

ORIG RESP ONLS

**IOWA CITY COMMUNITY SCHOOL DISTRICT
Application for Pupil Transportation
(For Students who are Homeless)**

Date transportation is to begin _____ School _____

Parent/Guardian: _____ Parent/Guardian: _____

Phone Number: (home) _____ Phone Number: (Home) _____
 (business) _____ (business) _____
 (cell) _____ (cell) _____

Address _____
 (Complete address requested for exact location of residence. **Please include zip code.**)

Homeless Criteria:

_____ Shelter _____ Doubled up _____ Unsheltered _____ Hotel/Motel _____ Transitional Housing

Support to remain in school of origin: _____ yes _____ no

Pupil(s) to be transported:

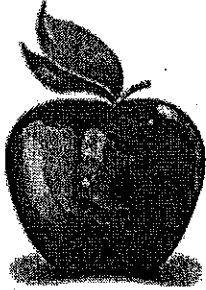
<u>Name</u>	<u>Grade</u>	(For CAO Office Use Only) <u>ID Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian: Please return this form to the school main office. Durham School Services will contact you with bus route information. Please allow 3 days from notice for bussing to begin.

Buildings: Upon receipt from parent/guardian, please email or fax to Stephanie Van Housen at 688-1166 1181

CAO Office Use Only

Liaison Approval: _____
Date Received: _____
Date Processed: _____
Bus Eligible: _____ Yes
_____ No, why _____
Referred by _____ Contact info: _____



ICCSD McKinney-Vento Program

Student Residency Questionnaire

Date: _____

All families enrolling students in the Iowa City Community School District are asked to complete this short questionnaire about their housing status. Please fill out this form to determine if you may be eligible for additional supports for your family.

Please mark "yes" or "no" to the following questions:

	Yes	No
Are you living in a shelter or transitional housing.		
Are you doubled-up? (Sharing the housing of others due to loss of housing, economic hardship or a similar reason.)		
Are you living in a car, park, campground, public space, abandoned building, or substandard housing?		
Are you temporarily living in a motel or hotel due to loss of housing or economic hardship?		
Is your nighttime residence unknown at this time?		
Are you under the age of 18 and living with an adult who is not a parent or legal guardian?		
Are you under the age of 18 and living alone without an adult caregiver?		

If you answered "yes" to any of the above, please provide additional information on the back of this form.

