

# New Student Registration 2019-2020 School Year

Welcome to the Urbandale Community School District! Please submit the following forms and copies of required documents to Sandy Walters via email [registration@urbandaleschools.com](mailto:registration@urbandaleschools.com) or via fax (515) 457-5018. You're also welcome to bring in your completed forms to Sandy Walters at the District Administrative Office located at 11152 Aurora Avenue, Urbandale, IA 50322. All forms are required for all families.

One request when printing/submitting forms: please print 1-sided (each form on its own sheet of paper). Also, if you bring original documents, we will copy and return the originals to you. If you have questions, please call Sandy Walters (515) 457-5011. Thank you!

- **Registration Form** (Required for all students; please complete the form included in this packet.)
- **Home Language Survey** (Required for all students; please complete the form included in this packet.)
- **Student Race and Ethnicity Survey** (Required for all students; please complete the form included in this packet.)
- **Migrant Education Parent Form** (Required for all students; please complete the form included in this packet. Your answers will help determine if your child(ren) is eligible to receive supplemental services from the Migrant Program.)
- **Transfer Eligibility Checklist** (Required for all students in grades 8 – 12.)
- **Proof of Date of Birth** (please bring a copy with you)  
Please provide a copy of one of the following: your child's State Certified Record of Birth (Birth Certificate), your child's Hospital Birth Certificate, your child's I-94, or your child's visa/ passport.
- **Proof of Residency** (please bring a copy with you)  
Please provide a copy of one of these documents as proof of residency: a copy of a settlement agreement (with all signatures), purchase agreement (including date of occupancy and all signatures), mortgage statement, MidAmerican power bill, water bill, lease agreement (if renting), or United States Postal Service Verification of Address (paper copy).





# Urbandale Community School District Registration

Parent/Guardian: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Type: Cell \_\_\_ Home \_\_\_ Work \_\_\_

**NEW STUDENT INFORMATION**

Student Full Legal Name	Date of Birth	Grade	Gender	Hispanic	Race
			Female Male	Yes No	White Black Asian Hawaiian/Pacific Islander Am. Indian/Alaska Native
			Female Male	Yes No	White Black Asian Hawaiian/Pacific Islander Am. Indian/Alaska Native
			Female Male	Yes No	White Black Asian Hawaiian/Pacific Islander Am. Indian/Alaska Native

OFFICE USE ONLY

**BUILDING**

**BUS ROUTE**

**INFOSNAP**

**EMAIL**

**LAST SCHOOL ATTENDED**

Student Name	School	City	State

**CURRENTLY ENROLLED SIBLING INFORMATION**

Student Name	Building	Grade	Student Name	Building	Grade

Do any of the students listed have an IEP? Yes  No  Please list: \_\_\_\_\_

In accordance with Urbandale Community School District policies and practices, **proof of residency will be required** for all new incoming students and changes of address made after registration.

**Verification of residency may be made with one of the following:**

- ❖ Power Bill or Water Bill which verifies occupancy
- ❖ Current property tax statement
- ❖ Current lease agreement
- ❖ Direct Certification letter from Department of Human Services
- ❖ Mortgage document or purchase agreement with signatures

By signing this document, I acknowledge awareness of the Iowa Code 282.1 which states that “‘resident’ means a child who is physically present in a district, whose residence has not been established in another district by operation of law, and who is in the district for the purpose of making a home and not solely for school purposes.”

**Documents Required for Registration:**

1. **Proof of Residency** as outlined above
2. **Certified Birth Certificate**
3. **Current Immunization Records**

Note: Falsifying a document will result in transfer of student to his/her school district of residency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*No student enrolled in the Urbandale Community School District shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in the District's programs on the basis of race, color, creed, sex, religion, marital status, ethnic background, national origin, disability, sexual orientation, gender identity, or socio-economic background. The policy of the District shall be to provide educational programs and opportunities for students as needed on the basis of individual interests, values, abilities and potential.*

# Urbandale 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. Please check if your child is:  
 A.  Native American Indian C.  Native Pacific Islander  
 B.  Alaska Native D.  Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English?  Yes  No

**If you responded "Yes" to question number 6 above, please answer the following questions:**

7. What language did your child learn when he/she first began to talk? \_\_\_\_\_

8. What language does your child most frequently speak at home? \_\_\_\_\_

9. What language do you most frequently speak to your child? (Father) \_\_\_\_\_

(Mother) \_\_\_\_\_

10. 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

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

# Urbandale 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: Urbandale Schools Phone Number: 515-457-5011

Address: 11152 Aurora Avenue City: Urbandale State: IA Zip: 50322



School District: \_\_\_\_\_ Date completed: \_\_\_\_\_

Migrant Education Parent Form

**The answers to this form will help determine if your child (ren) is eligible to receive supplemental services from the Migrant Program.**

Name of Parent(s) or Legal Guardian(s)		
Current Address:		
City:	State:	Zip Code:
Phone Number:		
Best Time to be Contacted:		

1. Has your family moved in order to work in another city, country, or state in the last three (3) years  
YES \_\_\_ NO \_\_\_
2. If so, what is the date your family arrived in the city/town? \_\_\_\_\_
3. Has anyone in your family been involved in one of the following jobs, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

- Agriculture; planting/picking fruits and vegetables
- Planting, Growing, Detasseling or Farm labor
- Processing/packing agricultural products
- Dairy/Poultry/Egg/Livestocks
- Meatpacking/Meat processing
- Fishing or fish farms
- Other (Please specify the job): \_\_\_\_\_

4. Name of student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Thank you!**

**Please return this form to the school.** Note for the school/district: When both "yes" to #1 and one or more of the boxes from #3 is/are checked, please give this form to the migrant liaison to scan and email to [alex.johnson@iowa.gov](mailto:alex.johnson@iowa.gov). Please file original in student's records. For additional questions regarding this form, please contact Geri McMahon at 515-2813944 ([geri.mcmahon@iowa.gov](mailto:geri.mcmahon@iowa.gov)) or Susan Selby at 515-281-4732 ([susan.selby@iowa.gov](mailto:susan.selby@iowa.gov)).



## TRANSFER ELIGIBILITY CHECKLIST

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Previous School of Attendance (school transferring from): \_\_\_\_\_

### FOR PARENT – Indicate type of transfer (check one)

\_\_\_\_\_ **General Transfer** (move into district)

A. Where does the student reside? Address: \_\_\_\_\_

B. Name of person(s) who live at address provided above: \_\_\_\_\_

C. Relationship of the person(s) residing at the above address to student: \_\_\_\_\_

D. Does the student's **ENTIRE** immediate family reside at this address? Yes \_\_\_\_\_ No \_\_\_\_\_

E. Are the parents divorced? Yes \_\_\_\_\_ No \_\_\_\_\_

F. Do the parents live separately? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ **Open Enrollment Transfer** (Please see DOE guidance on founded harassment or bullying, as defined in Iowa Code Section 280.28, while attending school in the district of residence.)

\_\_\_\_\_ **Resident of Another School District**

\_\_\_\_\_ **Intra-District Transfer (multiple high school district)**

Signature of Parent/Guardian is acknowledgement that the above information is affirmed as being accurate.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR SCHOOL ADMINISTRATOR – Check or date when verified

\_\_\_\_\_ 1. Residence verified - Address \_\_\_\_\_

\_\_\_\_\_ 2. Receipt of transcript from previous school

\_\_\_\_\_ 3. Birth date verified

\_\_\_\_\_ 4. 9<sup>th</sup> grade entry date verified

\_\_\_\_\_ 5. Academic eligibility verified

\_\_\_\_\_ 6. Good conduct eligibility verified, if applicable locally

\_\_\_\_\_ 7. Athletic physical verified

\_\_\_\_\_ 8. "Heads Up: Concussion in High School Sports" fact sheet verified

\_\_\_\_\_ 9. Other eligibility items required locally: \_\_\_\_\_

Upon verification of items 1-9, the student is eligible for non-varsity competition.

\_\_\_\_\_ **10. FOR VARSITY LEVEL ELIGIBILITY ONLY.** . . Upon completion of this checklist, the school must determine varsity-level eligibility status based on transfer rules outlined in Chapter 36 of the Iowa Administrative Code. If a student does not meet the conditions for immediate eligibility as per IAC 36.15(3) or 36.15(4), the appropriate governing body (IHSAA or IGHSAU) should be contacted. If any additional questions exist regarding eligibility status, contact the appropriate governing body **prior to** allowing participation.

All of the necessary paperwork and verifications have been completed on behalf of the above-named student to determine her/his eligibility. For varsity- level competition and based upon the information in these documents, the student is (check one of the following): \_\_\_\_\_ **ELIGIBLE** \_\_\_\_\_ **INELIGIBLE**

If ineligible, list restrictions for ineligibility: \_\_\_\_\_

School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

(Name and Title)

**\*\*Next Step—If Requested: Administrative Ruling by the IHSAA or IGHSAU**