

STUDENT INFORMATION: School district where student lives: Dallas Center-Grimes CSD Homeroom/Advisory: _____

(Office Use Only)

Student Name: _____
 (Last) (First) (Middle) Suffix (Jr, III): _____

Preferred Name: _____ Gender: _____ BirthDate: _____ Grade: _____

Race/Ethnicity: (Two Part Question)

(1) Is the student Hispanic/Latino? (Choose only one)

- No, not 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.)

(2) What is the student's race? (Choose one or more)

- American Indian or Alaskan Native

- Asian

(A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.)

(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

- Black or African American

- Native Hawaiian or other Pacific Islander

(A person having origins in any of the black racial groups of Africa.)

(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

- White

(A person having origins in any of the original peoples of Europe, the Middle East, or North America.)

Birth Country: _____ Home Primary Language: _____

HOUSEHOLD LOCATION: Where the student physically lives

Address: _____ Phone: _____ (include area code)
 City/State/Zip: _____ PO Box: _____ County: _____

HOUSEHOLD MEMBERS: Parent(s) or Guardian(s) that live in the home with the student

Father / Step-Father / Guardian

Name: _____
 (Last) (First)
 Relationship: _____ Guardian: _____
 Work Phone: _____ (include area code)
 Cell Phone: _____ (include area code)
 E-mail: _____
 Employer: _____

Mother / Step-Mother / Guardian

Name: _____
 (Last) (First)
 Relationship: _____ Guardian: _____
 Work Phone: _____ (include area code)
 Cell Phone: _____ (include area code)
 E-mail: _____
 Employer: _____

SIBLINGS: Living in the same house as the student

Last Name	First Name	Middle	Grade	Date of Birth (mm/dd/yyyy)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NON-HOUSEHOLD:

Parent not living with student

Name: _____
(Last) (First)

Address: _____

PO Box: _____

City/State/Zip: _____

Relationship: _____ Guardian: Y / N

Home Phone: _____ (include area code)

Work Phone: _____ (include area code)

Cell Phone: _____ (include area code)

E-mail: _____

Employer: _____

One Emergency contact not living with the student

Name: _____
(Last) (First)

Relationship: _____

Home Phone: _____ (include area code)

Work Phone: _____ (include area code)

Cell Phone: _____ (include area code)

E-mail: _____

Employer: _____

PRESCHOOL: Incoming Kindergarten Students Only

Attended	Was the Preschool a	Name of
Preschool?: Y / N	Certified Program?: Y / N	Preschool: _____

METHOD OF PAYMENT: Check Appropriate Method of Payment

Check Payschools Online Fee Waiver Requested

Parents Signature

Date