

**Jesup Community School District  
2020-2021 New Student Demographic Information**

**Student's Legal Name** (Last, First, Middle) \_\_\_\_\_ **Birthdate** (m/d/y) \_\_\_\_\_ **Grade** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Race/Ethnicity Information**

Hispanic/Latino:  Yes  No      Race(s): (Check one or more)  
\_\_\_\_\_ American Indian or Alaska Native      \_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American      \_\_\_\_\_ White  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

**Primary Household Information** (Primary residence of student)

**Primary Student Address** \_\_\_\_\_ **Home Phone Number:** (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ Apt/Lot # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mailing Address**  Same as Household Address or \_\_\_\_\_  
\_\_\_\_\_ PO Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**County** \_\_\_\_\_ Buchanan \_\_\_\_\_ Black Hawk \_\_\_\_\_ Other (Please write in county) \_\_\_\_\_

Lives in Jesup District       Open Enrolled In       Dual Enrolled       Foster Child

**Parent/Guardian Residing with Student:**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Gender: M F

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Spouse of Parent/Guardian Residing with Student:**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Gender: M F

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Please list the name(s) of other siblings of this student who attend school**

**Name (First/Last)** \_\_\_\_\_ **Grade** \_\_\_\_\_      **Name (First/Last)** \_\_\_\_\_ **Grade** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Secondary Household** (additional legal guardian(s) who do not live at primary household---non-custodial parent, etc.)

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Gender: M F

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Are there any legal restrictions concerning the non-custodial parent? No Yes \*\*\* If YES, please provide legal documentation on any restrictions. Without such legal documentation, we cannot restrict parental visitations, access to the student's records or receive mailings.

**Previous School Information**

**Name of Last School Attended:** \_\_\_\_\_ **School Fax Number** \_\_\_\_\_

**Address of Last School Attended:** \_\_\_\_\_



# Jesup Community Schools

531 Prospect Street  
PO Box 287  
Jesup, IA 50648  
Tel: (319) 827-1700  
Fax: (319) 827-3905



**Nathan Marting**  
Superintendent  
[nmarting@jesup.k12.ia.us](mailto:nmarting@jesup.k12.ia.us)

**Paul Rea**  
High School Principal  
[prea@jesup.k12.ia.us](mailto:prea@jesup.k12.ia.us)

**Lisa Loecher**  
Middle School Principal  
[lloecher@jesup.k12.ia.us](mailto:lloecher@jesup.k12.ia.us)

**Brian Pottebaum**  
Elementary Principal  
[bpottebaum@jesup.k12.ia.us](mailto:bpottebaum@jesup.k12.ia.us)

## JESUP COMMUNITY SCHOOL DISTRICT

### Parent Authorization for Release of School Records

I hereby authorize the release to the school named below of all records, including:  
**transcript of grades to date, testing program results, health records and immunization records, sport physical, psychological, social, educational or developmental information**  
regarding the following pupil(s):

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(student name)

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(student name)

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(student name)

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

**Please send records to:**  
**Jesup Community School District**  
**531 Prospect Street**  
**PO Box 287**  
**Jesup, Iowa 50648**

Former School Name: \_\_\_\_\_

Address: \_\_\_\_\_

**“High Expectations, High Achievement”**

*It is the policy of the Jesup Community School District not to illegally discriminate on the basis of race, color, national origin, gender, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its 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 the district's Equity Coordinator: Lisa Loecher Jesup Middle School, 531 Prospect Street P.O. Box 287, Jesup, Iowa 50648-0287 or call the Middle School Office at 319.827.1700. She may also be reached at [lloecher@jesup.k12.ia.us](mailto:lloecher@jesup.k12.ia.us)*

# Jesup 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

| OFFICE USE ONLY |                  |               |  |
|-----------------|------------------|---------------|--|
| Student ID #    | Date Distributed | Date Received |  |

# Jesup 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: \_\_\_\_\_



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:             |        |           |

- Has your family moved in order to work in another city, country, or state in the last three (3) years  
YES\_\_\_ NO\_\_\_
- If so, what is the date your family arrived in the city/town? \_\_\_\_\_
- 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)).