

Jesup Community School District 2021-2022 New Student Demographic Information

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

Race/Ethnicity Information

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

Primary Household Information (Primary residence of student)

Primary Student Address _____ **Home/Cell Phone Number:** () _____
 # and Street 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 Dual Enrolled Foster

Enrolled In 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: () _____
 Address: _____

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

Paul Rea
High School Principal
prea@jesup.k12.ia.us

Lisa Loecher
Middle School Principal
lloecher@jesup.k12.ia.us

Brian Pottebaum
Elementary Principal
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)

_____ Date _____
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

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	



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. Please file original in student's records. For additional questions regarding this form, please contact Geri McMahon at 515-2813944 (geri.mcmahon@iowa.gov) or Susan Selby at 515-281-4732 (susan.selby@iowa.gov).

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: _____