



NEW STUDENT REGISTRATION

Thank you for printing legibly

DMPS ID # _____

School: _____

<hr/>	<hr/>	<hr/>	<input type="checkbox"/> M <input type="checkbox"/> F	<hr/>
Child's Legal Last Name	Legal First Name	Middle Name	Suffix (Jr., III)	Gender
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Birth Date	Birth Place (City, State, Country)	Date entered US if not born in US		
<hr/>	<hr/>	<hr/>		
Street Address - Please include full address			Building/Apartment No.	
<hr/>	<hr/>	<hr/>	<hr/>	
City	State	Zip	Home Phone (xxx) xxx-xxxx	
Student's current grade in school _____				
Is this student Hispanic/Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes (Spanish culture or origin, regardless of race)				
Student Race (Check all boxes that apply) <input type="checkbox"/> American Indian or Alaska Native, <input type="checkbox"/> Asian, <input type="checkbox"/> Black or African American,				
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander, <input type="checkbox"/> White				
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Birth Mother's Full Name	Mother's Maiden Name	Birth Date	Birth Father	Birth Date

Background Information

Has this child previously enrolled in the Des Moines Schools? Yes No

Did this child receive special services? Yes No

Is this child a kindergartner? Yes No Home Primary Language _____

 If yes, did this child attend preschool? Yes No Preschool Location: _____

Has either parent ever been enrolled in the Des Moines Schools? Yes No

IF yes, please list the parent's Legal Name when attending the Des Moines Schools? _____

Primary Household Information

Parent/Guardian residing with student				
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> M <input type="checkbox"/> F	<hr/>
Legal Last Name	Legal First Name	Middle Name	Gender	Birth Date
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Relationship to Student	Work Phone <input type="checkbox"/> Private	Cell Phone <input type="checkbox"/> Private	Email	
Spouse of Parent/Guardian listed above and residing with student:				
Access to: <input type="checkbox"/> Mailing <input type="checkbox"/> Messenger <input type="checkbox"/> Portal				
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> M <input type="checkbox"/> F	<hr/>
Legal Last Name	Legal First Name	Middle Name	Gender	Birth Date
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Relationship to Student	Work Phone <input type="checkbox"/> Private	Cell Phone <input type="checkbox"/> Private	Email	

Emergency Contacts other than parent/guardian

Emergency Contact 1

Legal Last Name Legal First Name Middle Name M F / / /
Gender Birth Date

Home Phone Cell Phone Work Phone

Emergency Contact 2

Legal Last Name Legal First Name Middle Name M F / / /
Gender Birth Date

Home Phone Cell Phone Work Phone

Parent/Guardian NOT Residing with Student (Non Custodial Parent, etc.)

Street Address - Please include full address Building/Apartment No.

City State Zip Home Phone (xxx) xxx-xxxx

Legal Last Name Legal First Name Middle Name M F / / /
Gender Birth Date

Work Phone Private Cell Phone Private Email

Spouse of Parent/Guardian listed above: Access to: Mailing Messenger Portal

Legal Last Name Legal First Name Middle Name M F / / /
Gender Birth Date

Relationship to Student Work Phone Private Cell Phone Private Email

Siblings (Please list siblings living in household)

Legal Last Name Legal First Name Middle Name M F / / /
Gender Birth Date

Legal Last Name Legal First Name Middle Name M F / / /
Gender Birth Date

Legal Last Name Legal First Name Middle Name M F / / /
Gender Birth Date