

**Jesup Community School District
2024-2025 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) _____ Black or African American
_____ 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: _____ M.I. _____
Relationship to Student: _____ Email: _____
Cell Phone: () _____ Work Phone: () _____

Spouse of Parent/Guardian Residing with Student:

Legal Last Name: _____ Legal First Name: _____ M.I. _____
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: _____ M.I. _____
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



Chad Kohagen
Superintendent
ckohagen@jesup.k12.ia.us

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

Gina Feldt
Middle School Principal
gfeldt@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: Gina Feldt 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 gfeldt@jesup.k12.ia.us

Home Language Survey (2022) - IA – English+12

Date: _____

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

School: _____ Grade: _____

Note to districts:

- In accordance with federal law and required by Iowa code, districts are required to administer this HLS for all students at the time of enrollment. This form should be completed once, upon enrollment and not each year.
- **To obtain accurate information, schools should reassure parents that the HLS is used solely to offer appropriate educational services, not for determining legal status, for immigration purposes or any other purpose than best serving the student's educational needs.**
- A complete HLS, signed and dated by the parent must be appropriately filed with the other permanent student enrollment documentation.

Home Language Survey Questions for Parents

The state of Iowa values the diversity represented throughout Iowa, home of more than 200 languages. We collect information on the home language survey from *all* students to make decisions to ensure all students receive equitable access to education.

These questions have been approved by the U.S. Department of Education Office for Civil Rights (OCR) and the U.S. Department of Justice (DOJ) and are the required HLS questions for all students enrolling into Iowa's K-12 schools beginning the 2022-23 school year.

Please note: The three required, questions are translated into Iowa's top 12 languages other than English. These translations are required for Iowa's HLS.

English

1. What is the primary language used in the home, regardless of the language spoken by the student?

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Spanish

1- ¿Cuál es el idioma principal que se usa en la casa, independientemente del idioma que hable el estudiante? _____

2- ¿Cuál es el idioma que el estudiante habla con más frecuencia? _____

3- ¿Cuál es el idioma que el estudiante adquirió por primera vez? _____

Arabic

_____ 1- الطالب؟ بها يتحدث التي اللغة عن النظر بصرف ،المنزل في المُتخدمة الأساسية اللغة هي ما -1

_____ 2- الطالب؟ بواسطة تحدثًا اللغات أكثر هي ما -2

_____ 3- أولاً؟ الطالب اكتسبها التي اللغة هي ما -3

Vietnamese

1. Ngôn ngữ chính được sử dụng ở nhà, bắt kể ngôn ngữ nói của học sinh là gì? _____

2. Ngôn ngữ nói mà học sinh hay sử dụng nhất là gì? _____

3. Ngôn ngữ mà học sinh tiếp thu đầu tiên là gì? _____

Karen

1 ကိုရ်ထံးကိုရ်တံးကတိၤအီၤလၢဟံၣ် လၢတဘၣ်ထွဲကိုရ်လၢပုၤကိုဖိစံးကတိၤအီၤ
မ့ၢ်ကိုရ်မနုၤလဲၣ်_____

2 ကိုရ်လၢပုၤကိုဖိညီန့ၢ်စံးကတိၤအီၤအါကတၢ်မ့ၢ်ကိုရ်မနုၤလဲၣ်_____

3. ကိုရ်လၢပုၤကိုဖိစံးကတိၤအီၤဆိကတီၢ်မ့ၢ်ကိုရ်မနုၤလဲၣ်_____

Bosnian

1. Koji je primarni jezik koji se koristi kod kuće, bez obzira na jezik kojim govori učenik?

2. Koji je jezik koji učenik najčešće govori? _____

3. Koji je jezik koji je učenik prvo usvojio? _____

Swahili

1. Ni lugha gani ya msingi inayotumiwa nyumbani, bila kujali lugha inayozungumzwa na mwanafunzi? _____

2. Ni lugha gani inayozungumzwa mara nyingi na mwanafunzi? _____

3. Ni lugha gani ambayo mwanafunzi alijifunza kwanza? _____

Chinese (Mandarin)

1. 不考虑这名学生说的语言，在家主要使用什么语言? _____

2. 这名学生最常说的是什么语言? _____

3. 这名学生首先学会的是什么语言? _____

Burmese

1. ကျောင်းသားက မည်သည့်ဘာသာစကားကို ပြောသည်ဖြစ်စေ အိမ်တွင် မည်သည့်ဘာသာစကားကို အဓိက ပြောဆိုပါသလဲ။ _____

2. ကျောင်းသားက မည်သည့်ဘာသာစကားကို အများဆုံး အသုံးပြု ပြောဆိုပါသလဲ။ _____

3. ကျောင်းသားက မည်သည့် ဘာသာစကားကို ပထမဆုံး လေ့လာသင်ယူခဲ့ပါသလဲ။ _____

French

1. Quelle est la principale langue de communication utilisée à la maison, indépendamment de la langue parlée par l'élève ? _____

2. Quelle est la langue parlée le plus souvent par l'élève ? _____

3. Quelle langue l'élève a-t-il acquise en premier ? _____

Nepali

1. विद्यार्थीले जुन भाषा बोलेतापनि घरमा बोलिने प्राथमिक भाषा कुन हो? _____

2. विद्यार्थीले प्रायः बोल्ने भाषा कुन हो? _____

3. विद्यार्थीले सुरुमा प्राप्त गरेको भाषा कुन हो? _____

Somalian

1. Waa maxay luuqada koowaad ee guriga laga isticmaalo, iyadoon loo eegayn luuqada ay ku hadlaan ardaygu? _____

2. Waa maxay luuqada uu badanka ku hadlo ardaygu? _____

3. Waa maxay luuqada uu ardaygu ugu horayntiiba helay? _____

Marshallese

1. Ta kajin eo kein kajuon kom ej kenono ilo mweo, jekdon ta kajin eo rijikuul eo ej kenono? _____

2. Ta kajin eo elab an rijikuul eo kōjerbale? _____

3. Ta kajin eo rijikuul eo ear jelā muktata? _____

Additional Required Information

Please answer all of the following questions. Your responses may give us information about your student's knowledge and skills allowing us to better support your child's educational needs. All information collected is needed for district data and funding and is completely unrelated to immigration and citizenship.

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 _____

<p>Right to Translation and Interpretation Services</p> <p>Your response will help the school provide communication in a language you prefer.</p>	<p>In which language do you prefer to receive written information from school? _____</p> <p>In which language do you prefer to receive spoken information from school? _____</p>
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Have parent/guardian sign and date this document ensuring that the answers within are factual.

Parent Name:	
Parent Signature:	
Interpreter Name (if applicable)	

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.



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. 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).