

Please review the following information. Indicate corrections or changes on this form and return it to the school. Changes can also be requested online via the Parent Portal. **Date:** \_\_\_\_\_  
 Please call 515-986-0105 with questions about the Portal or to obtain login information.

<b>PLEASE PRINT</b>	<b>Dallas Center-Grimes Community School District Student Registration Form</b>				<b>Race/Ethnicity</b>
<b>Student Name:</b>		<b>Preferred Name:</b>			<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
(Last)	(First)	(Full Middle Name)	<b>Suffix (Jr, III):</b>	<b>Hispanic/Latino:</b>	
<b>Gender:</b>	<b>Birth Date:</b>	<b>Grade:</b>	<b>Homeroom/Advisory:</b>		
<b>Home Language:</b>		<b>Birth Country:</b>			
<b>Attended Preschool:</b> Y / N	<b>Was the Preschool a Certified Program?</b> Y / N		<b>Name of Preschool:</b>		

<b>Household Name:</b>			<b>Children in Household: In space below, include all children in household</b>				
<b>Phone:</b>			<b>Name</b>	<b>Relationship</b>	<b>Gender</b>	<b>Grade</b>	<b>Birth Date</b>
<b>Addresses:</b>	<b>Mailing</b>	<b>Secondary</b>					

Household Members:									
Name	M/F	Relationship	Guardian	Mailing	Phone	Email	Employer	Active Military	Reserves

Non-Household Relationships and Emergency Contact(s):						
Name	Relationship	Guardian	Mailing	Phone	Email	Address (if marked to receive mailing)

**METHOD OF PAYMENT: Check Appropriate Method of Payment**

Check                     
  Online Payment                     
  Fee Waiver Requested

\_\_\_\_\_

**Parents Signature** **Date**