

Linn-Mar Proof of Residency

All new students entering the district must provide proper documentation establishing residency. All documents must state the student's physical address, and residency at that address is required. Post office boxes do not qualify.

If you **own your home**, proof of residency can be verified by the Iowa Assessor's Web page. If home ownership is too recent to be reflected on that Web site, please provide ONE of the following:

- Purchase contract with possession date or closing date
- Most recent property tax bill
- Recent mortgage statement
- Utility bill (gas or electric ONLY) for the last or current month, mailed to your Linn-Mar residence

If you **rent**, please provide ONE of the following:

- A current, signed lease agreement/rental agreement with the term listed. The agreement MUST contain property owner's name, address and signature; and name and signature of parent/guardian,
- Utility bill (gas or electric ONLY) for the last or current month, mailed to your Linn-Mar residence
- A pay stub from your employer, for the last or current month, showing district address
- A NOTARIZED letter from the landlord

If you **live with a family already in the district**, please bring ALL of the following:

- Completed and NOTARIZED Co-Resident Form
- Proof of your residence at that address. (ie: bank statement, insurance statement, current utility bill or any other bill, pay stub from your employer, etc. with your name and address clearly listed and from the last or current month)
- Verification of residency for the family with whom you are living such as their tax bill, mortgage statement, current lease agreement or current gas or electric bill
- If the family with whom you are living is renting, current lease agreement with your family members names added on the lease

If you recently **made an offer on a home**, please bring the following:

- A completed Permission to Enroll form
- Upon closing you will need to provide a copy of the settlement statement or a warranty deed

If **none of the above** types of residency describe your current situation, please contact the District Office.

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment, being held liable to pay tuition for the time in attendance as a non-resident student, and filing a complaint with the appropriate law enforcement agency for criminal prosecution against all parties involved.



2999 N 10th St
Marion, IA 52302
(319) 730-3663
www.linnmar.k12.ia.us

Student Housing Questionnaire

Please use one form per family. Return to school registration office. If you require additional copies, please contact your school.

NAME OF STUDENT: _____
FIRST MIDDLE LAST

NAME OF SCHOOL: _____ GRADE: _____ BIRTH DATE: _____ / _____ / _____ AGE: _____
MONTH DAY YEAR

OTHER CHILDREN LIVING IN THE HOME:

Name: _____ School: _____
Name: _____ School: _____
Name: _____ School: _____

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

1. Is this student's home address a temporary living arrangement, other than rental? Yes ☐ No ☐
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? Yes ☐ No ☐
3. Is this student in a temporary foster care placement or awaiting foster care? Yes ☐ No ☐
4. As a student, are you living with someone other than your parent or legal guardian? Yes ☐ No ☐

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (check box)

- ☐ In a motel
☐ In a shelter
☐ With more than one family in a house or apartment
☐ Moving from place to place
☐ In a location not designed for sleeping accommodations such as a car, park or campsite
☐ Transitional housing (through community agency)
☐ "Awaiting" Foster Care

ADDRESS OF CURRENT RESIDENCE: _____
(OR)

NAME OF MOTEL /SHELTER OF CURRENT RESIDENCE: _____
(OR)

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardians(s): _____
(Or unaccompanied youth)

Signature of parent/legal guardian: _____ DATE: _____
(Or unaccompanied youth)

For School Staff Only: Forward questionnaire to Kristi Hicks, Homeless Support Coordinator, or fax to (319) 377-9252



STUDENT INFORMATION - Please print clearly! School Year 20 -20

PLEASE CONTACT THE SCHOOL OFFICE IMMEDIATELY WHEN THERE ARE CHANGES IN THE INFORMATION YOU HAVE PROVIDED.

Student's **LEGAL** Name _____
Preferred Name or nickname _____
Student's Birth Date _____ / _____ / _____
Student's Phone (____) _____ - _____
Student's Home Address _____
Student's Mailing Address _____
Student's Gender (circle) M or F
Student's Grade (circle) LL ECBP K 1 2 3 4 5 6 7 8 9 10 11 12
Homeroom: _____
for office use only

DEMOGRAPHICS

The district is required to provide information for state and federal reports regarding the racial/ethnic composition of the student population. Please check the racial or ethnic background of your child.

What is the student's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino
What is the student's race? Mark one or more races to indicate what this person considers himself/herself to be:
☐ White ☐ Black or African American
☐ Asian ☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
Country of Birth: _____ Primary Language: _____

PARENT/GUARDIAN INFORMATION

CONTACT 1 _____ Relationship to student: _____
Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____
Email Address: _____
Address: _____
Employer _____
Wish to receive mailings. ☐ City, State _____ Zip _____
Custody. ☐ Living with student. ☐
CONTACT 2 _____ Relationship to student: _____
Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____
Email Address: _____
Address: _____
Employer _____
Wish to receive mailings. ☐ City, State _____ Zip _____
Custody. ☐ Living with student. ☐

EMERGENCIES

List two people who could act in your place if you could not be located in an emergency (local only, please):

Full Name	Relationship	Address	Home Phone	Work Phone	Cell Phone

Where your student will go during an early release due to inclement weather or school emergency?

Full Name	Relationship	Address	Home Phone	Work Phone	Cell Phone

SIBLING INFORMATION

Full Name	Birth Date	Gender (circle)	Grade (circle)														
		M or F	infant	toddler											preschooler		
			LL	ECBP	K	1	2	3	4	5	6	7	8	9	10	11	12
_____	__/__/__	M or F	infant	toddler											preschooler		
_____	__/__/__	M or F	LL	ECBP	K	1	2	3	4	5	6	7	8	9	10	11	12
_____	__/__/__	M or F	infant	toddler											preschooler		
			LL	ECBP	K	1	2	3	4	5	6	7	8	9	10	11	12

HEALTH

Please indicate any medical conditions with a checkmark.

Allergies: _____ Asthma: _____ Heart Condition: _____ Vision/hearing: _____
ADD/ADHD: _____ Diabetes: _____ Seizure: _____ Other: _____
No health concerns: _____

Explanation: _____
Medications: _____
Physician: _____ Physician Phone: _____ Hospital Preference: _____
Dentist: _____ Dentist Phone: _____

AUTHORIZATIONS

MEDICAL TREATMENT

In the event my child is in need of medical attention and persons authorized by me cannot be reached, I authorize school officials to administer minor first aid or take emergency action at parent/guardian expense. ☐ YES ☐ NO

FIELD TRIPS

I give this one time permission for my student to participate in all school field trips this year. ☐ YES ☐ NO

EXHIBITS

I give permission for my student's writings and artwork to be exhibited out in the community, including the school website. The student will also be identified by name. ☐ YES ☐ NO

STUDENT DIRECTORY

I give permission for information about my student to be included in the student directory. ☐ YES ☐ NO
If you checked NO, please circle all information to be excluded:

Exclude this info: Student Name Address Phone

Note: Excluding student name means your student's name will not appear in programs, on sports rosters or distributed class lists such as but not limited to classroom party lists.

NOTIFICATIONS (effective July 1, 2015):

Use of Student Photographs, Videos, & Likenesses

In the Linn-Mar Community School District, photographs, videos, or likenesses may be released without written consent unless qualified objectors comply with the following procedure. If any parent or guardian objects to the use of their student's photographs, videos, or likeness, they should contact their building principal in writing by September 15 of each school year (or within two weeks of the student's enrollment should it occur after this date).

Student Internet Access

In the Linn-Mar Community School District, students will have access to the Internet at school for educational purposes without written consent unless qualified objectors comply with the following procedure. If any parent or guardian objects to their student having access to the Internet at school for educational purposes, they should contact their building principal in writing by September 15 of each school year (or within two weeks of the student's enrollment should it occur after this date).

Student Online Accounts

In the Linn-Mar Community School District, students will be assigned a Microsoft Office 365 Student Account and/or Google Apps Education Account that includes email and other Office 365/Google services without written consent unless qualified objectors comply with the following procedure. If any parent or guardian objects to their student having access to a Microsoft Office 365 / Student Google Apps Education Edition and related accounts, they should contact their building principal in writing by September 15 of each school year (or within two weeks of the student's enrollment should it occur after this date).

Signature of Parent/Guardian _____ Date: _____



Student Pre-Enrollment Questionnaire

Student Name: _____

Student Birthdate: _____

Parent Name(s): _____

Home Address: _____

Phone Number: _____

Email Address: _____

Prior School: _____

Has your student ever had a 504 or IEP, or any other form of an educational assistance plan?

Has your student ever had ELL(English Language Learners) classes?

Was your student in an Advanced Mathematics class last year? What class?

My student would like to take the following music class(must select one option, may select all 3 music classes): ☐ No Music Class ☐ Vocal ☐ Band ☐ Orchestra

8th GRADE ONLY: My student would like to take the following Foreign Language Course:
(Please see email attachment for more information on what each option means)

- ☐ Introduction to Spanish
- ☐ Spanish 1- High School Level Class
- ☐ Introduction to French
- ☐ French 1- High School Level Class
- ☐ Reading 8

All students must have a current and up to date immunization form turned into the school prior to enrollment. Please be sure to return the immunization form with your students paperwork.

Linn-Mar 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. What language is spoken by you and your family most of the time at home? _____

2. If available, in what language would you prefer to receive communication from the school? _____

3. Is your child's first-learned or home language anything other than English? ☐ Yes ☐ No

If you responded "Yes" to question number 3 above, please answer the following questions:

4. What language did your child learn when he/she first began to talk? _____

5. What language does your child most frequently speak at home? _____

6. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

Parent or Guardian's Signature

Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	



LINN-MAR
Excelsior
Middle School

John L. Christian
Principal
jchristian@linnmar.k12.ia.us

Duane Orr
Associate Principal/Athletic
Director
dorr@linnmar.k12.ia.us

Steven Starkey
Associate Principal
sstarkey@linnmar.k12.ia.us

Inspire Learning. **Unlock Potential. Empower Achievement.**

REQUEST FOR STUDENT RECORDS

The following student has enrolled in our school:

Student's Name: _____ DOB: _____ Grade: _____

Please send us the following records:

- Transcripts
- Immunizations/Health Records
- Special Education Information
- Any other appropriate information
- Test Results
- Attendance Records
- Psychological Reports

PLEASE Email CURRENT IEP/504, SCHEDULE AND TEST SCORES ASAP

Please forward the complete cumulative file to:

EXCELSIOR MIDDLE SCHOOL

Attn: Sherri Fee, Counseling Secretary

3555 N. 10TH STREET

MARION, IA 52302

Email at: sfee@linnmar.k12.ia.us or FAX: (319) 373-4930

Counseling Office phone: 319-447-3141

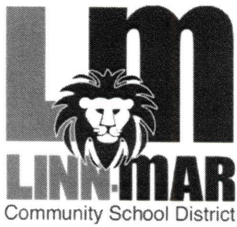
Previous school: _____

Phone: _____ Fax: _____

According to the Final Regulations – Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976. It is no longer necessary to obtain written consent to release records. When a student had indicated his/her intention to enroll, the updated regulations state that student records may be exchanged between educational institutions without written consent for such a release.

Office Use Only	Date Faxed/Emailed	Time Taxed/Emailed

Updated 2/28/19



Inspire Learning. **Unlock Potential. Empower Achievement.**

Dear Parent/Guardian,

We would like to take this opportunity to remind you of the Iowa Immunization law for the start of the 2020/2021 school year. All students entering 7th grade must have both a **Meningococcal vaccine** and a **Tdap** (Tetanus, Diphtheria, and Pertussis/whooping cough) booster (or letter of exemption) prior to the first day of school.

If your student has not received immunizations required, your incoming 7th grader will not be allowed to start on the first day of school.

The Tdap requirement has been in place for several years and requires a booster dose of Tetanus, Diphtheria and Pertussis containing vaccine for students entering 7th grade, *regardless of the interval since the last Tetanus/Diphtheria containing vaccine*. Pertussis (whooping cough) is a very contagious disease that causes violent coughing fits that make it hard to breathe.

The requirement is for a Meningococcal vaccine started in 2017. Meningococcal disease is a life threatening illness caused by bacteria that infects the brain, blood, and spinal cord. It easily spreads in crowded settings. **The vaccine will be required prior to both the 7th and 12th grades.**

All students entering 7th grade must have proof of having both the Meningococcal and the Tdap vaccines **before school starts in August**, unless the student has a Certificate of Immunization Exemption on file in our Health Office.

There will be no grace/extension period for the implementation of this requirement. Your student will not be able to attend August 24th without both of these vaccines.

Please check with your student's care provider to see if they have already received the required immunizations. If they have, please have them fax a copy of the current immunization record to our office at 319-373-4930. If they have not had the immunizations, please schedule an appointment as soon as possible. We feel by being proactive and sharing this information with you early, you will have plenty of time to meet the requirement of having your child vaccinated prior to the first day of school. If you have any questions, please call the nurses office. 319-447-3137.