



Off- Campus Permission Form

Your student is registered for either an online college course, on-campus college course, or internship this semester, and therefore will be off campus during the designated time in your child's schedule. Please complete the following permission form to allow him/her to be off campus during those times.

Course Billing Information

- If pertaining to your child's specific course, a bill for your student's college course will be added to your family's online Holy Family eFunds account near mid-semester (3 credit courses are estimated at around \$325). Parents will receive an email when the course fee has been added to their family's eFunds account.
- Parents are to pay for this course through their eFunds platform only and **must not** pay NICC directly.

It is required for this completed form to be returned to Wahlert's Counseling Office (or emailed to dlensen@holyfamilydbq.org) PRIOR TO your student's first day of their college course. Please return this completed form to the Counseling Office as soon as possible.

Reminder – students taking internships, or in person college courses on a specific campus, will be off Wahlert campus for a full block as designated in their schedule (for example: 1st/2nd period, or 3rd/4th period, or 5th/6th period, or 7th/8th period). On the days your child does not attend class or their internship, this completed form allows them to be off campus at that time.

Permission to Leave Campus | 2022-2023

Student Name: _____

My student is taking an: Online College Course | On-Campus College Course | Internship

(please circle all that apply.)

"In signing this form, I am giving my child permission to be off campus during the time of their college course and/or internship this semester."

Parent Signature: _____

Date: _____

If you have any questions regarding this form, or your student's college courses or internship this semester, please contact Mrs. Katie Lenart with Wahlert Catholic High School's Counseling Office at (563) 583-9771 or klenart@holyfamilydbq.org.



PLACEMENT IN COLLEGE CREDIT (PICC) HIGH SCHOOL REGISTRATION FORM

FOR: FALL WINTER SPRING**STUDENT INFORMATION**

TODAY'S DATE: _____

LEGAL NAME » LAST:		FIRST:	MIDDLE:
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	DATE OF BIRTH (mm/dd/yyyy):	CURRENT GRADE LEVEL: <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	
GRADUATION YEAR:	SCHOOL ATTENDING: <input type="checkbox"/> Hempstead <input type="checkbox"/> Senior	HIGH SCHOOL USE ONLY: <input type="checkbox"/> DUAL ENROLLED	
CELL PHONE:	DISTRICT EMAIL:	PERSONAL EMAIL:	
WOULD YOU LIKE TO REQUEST NICC ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		WOULD YOU LIKE TO RECEIVE TEXT MESSAGES FROM NICC? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PRIMARY HOUSEHOLD INFORMATION (WHERE THE STUDENT RESIDES)

PRIMARY HOUSEHOLD PHONE (home or cell): _____

HOME ADDRESS:	CITY:	ZIP:
IS MAILING ADDRESS SAME AS PRIMARY HOUSEHOLD HOME ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, please complete the following:</i>		
ADDRESS:	CITY:	ZIP:

PARENT / GUARDIAN INFORMATION

NAME » FIRST:	LAST:	RELATIONSHIP TO STUDENT:
DOES THIS PERSON RESIDE AT THE SAME PRIMARY HOUSEHOLD HOME ADDRESS AS THE STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, please complete the following:</i>		
HOME ADDRESS:	CITY:	STATE: ZIP:
MAILING ADDRESS:	CITY:	STATE: ZIP:

PLEASE SIGN BELOW

Read the following statements carefully:

- Senior Year Plus programming (281-IA Code Chapter 22) requires students apply through the community college and the school district for enrollment in a college credit course. PICC courses must be approved by the school board or its designee. A student shall not audit a PICC course; the student must take the course for college credit. Additional information on Senior Year Plus programming may be found on the department of education website: www.educateiowa.gov or from the NICC High School Partnerships Office. I have read this information and understand the above student is enrolling in postsecondary courses subject to student policies of Northeast Iowa Community College, available in the high school guidance office and in the High School Partnerships Student Handbook at: www.nicc.edu/hspartnerships.
- I understand I am responsible for any additional costs directly related to personal supplies and lab fees. Payment is due prior to taking additional classes.**
- I hereby consent to the release of my educational records from Northeast Iowa Community College to my parents and/or legal guardians and to high school personnel at the high school I am attending.
- Prerequisite testing may be required prior to being placed in a college class. (ACT, Accuplacer Reading, Writing, ALEKS Math).
- Brightspace, the Learning Management System (LMS) Tutorial must be completed for any online or hybrid class.

PARENT / GUARDIAN SIGNATURE (if student is under 18) _____

STUDENT SIGNATURE _____

DATE _____

» PLEASE COMPLETE REVERSE SIDE TO SELECT COURSE(S)

COURSE INFORMATION

Please complete the following for one term only. A new registration form must be completed for each term.

- » Course offerings are available online at: www.nicc.edu/courses
- » Additional information may be found online at: www.nicc.edu/hspartnerships

TERM: Fall Winter Spring

			SCHOOL USE ONLY	
NICC COURSE TITLE	NICC COURSE #	DELIVERY FORMAT	DCSD COURSE #	COURSE STATUS
		<input type="checkbox"/> IN PERSON <input type="checkbox"/> ONLINE		<input type="checkbox"/> REGISTERED <input type="checkbox"/> ON WAITLIST
		<input type="checkbox"/> IN PERSON <input type="checkbox"/> ONLINE		<input type="checkbox"/> REGISTERED <input type="checkbox"/> ON WAITLIST
		<input type="checkbox"/> IN PERSON <input type="checkbox"/> ONLINE		<input type="checkbox"/> REGISTERED <input type="checkbox"/> ON WAITLIST
		<input type="checkbox"/> IN PERSON <input type="checkbox"/> ONLINE		<input type="checkbox"/> REGISTERED <input type="checkbox"/> ON WAITLIST
		<input type="checkbox"/> IN PERSON <input type="checkbox"/> ONLINE		<input type="checkbox"/> REGISTERED <input type="checkbox"/> ON WAITLIST
		<input type="checkbox"/> IN PERSON <input type="checkbox"/> ONLINE		<input type="checkbox"/> REGISTERED <input type="checkbox"/> ON WAITLIST

HIGH SCHOOL USE ONLY (to be completed by high school official)

PROFICIENCY CUT SCORES FOR IOWA ASSESSMENT VALIDATION

TEST DATE:	RAW PROFICIENCY SCORES » READING COMPREHENSION:	MATH TOTAL:	SCIENCE:
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NOTE: Alternate Assessments can be used for proficiency as defined in Appendix F, pp 74-76, of the Senior Year Plus Guide

STUDENT NOT PROFICIENT ON ISASP » OTHER DATA REVIEWED

DATA REVIEWED BY:

DATA REVIEWED: CURRENT GRADES GPA SUCCESS IN OTHER PICC/PSEO COURSES OTHER *If other, please specify:*

HIGH SCHOOL REGISTRAR SIGNATURE:

DATE:



WELCOME TO THE DUBUQUE COMMUNITY SCHOOL DISTRICT!

If you have not already done so, **STEPS 1-2** must be completed before beginning ONLINE REGISTRATION.

- 1** **Complete and return this form to your home school**
Go to www.dbqschools.org/find-your-school to find your home school. Even if you plan to apply for in-district transfer, you must begin the process at your home school.

NOTE: This is not a registration form. If you are registering before the start of a new school year, you will receive a registration packet from the district in late summer with instructions on how to officially complete the district's online registration. If you are registering in the middle of a school year, your home school will provide you with the necessary registration paperwork.

- 2** **Submit required information to your home school**
Bring the following when you return this form:

- Proof of Age** (birth certificate preferred)
- Proof of Residency** (see list of accepted documents below; the name and address on the document must match the name and address of the parent or legal guardian of the student(s) being registered)

Please provide one of the following:

- » mortgage statement from last or current month
- » current rental or lease agreement
- » utility bill from last or current month
- » current property record or most recent tax receipt
- » bank statement from last or current month
- » pay stub from last or current month

STUDENT INFORMATION

LEGAL NAME » LAST:		FIRST:	MIDDLE:
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	DATE OF BIRTH (mm/dd/yyyy):	GRADE IN 2022-2023 SCHOOL YEAR:	
IN WHICH COUNTY DOES THE STUDENT RESIDE?		IS THE STUDENT IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THE STUDENT RECEIVING SPECIAL EDUCATION SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, type of service:</i>			

RACE AND ETHNICITY INFORMATION

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.

IS THE STUDENT OF HISPANIC, LATINO OR SPANISH ETHNICITY (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)? YES NO
If yes, you may also check one or more of the following racial categories listed below. If no, please check one or more of the following racial categories.

WHAT IS THE STUDENT'S RACE? (check all that apply)

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 / 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.)

PRIMARY HOUSEHOLD INFORMATION (WHERE THE STUDENT RESIDES)

PRIMARY HOUSEHOLD PHONE (home or cell):

HOME ADDRESS:	CITY:	STATE:	ZIP:
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IS MAILING ADDRESS SAME AS PRIMARY HOUSEHOLD HOME ADDRESS? YES NO *If no, please complete the following:*

ADDRESS:	CITY:	STATE:	ZIP:
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» PLEASE COMPLETE BOTH SIDES

SCHOOL USE ONLY

STUDENT ID NUMBER:

AREA / NEIGHBORHOOD:

PARENT / GUARDIAN INFORMATION

LEGAL PARENT / GUARDIAN » PRIMARY CONTACT 1 (WITH WHOM THE STUDENT RESIDES)

NAME » FIRST:		LAST:	RELATIONSHIP TO STUDENT:
DATE OF BIRTH (mm/dd/yyyy): <i>This information is required to confirm if the individual already has an account existing in Infinite Campus. It will be used only to detect duplicate accounts and for no other reason.</i>			
CELL PHONE:	WORK PHONE:	OTHER PHONE:	
EMAIL:		EMPLOYER:	

LEGAL PARENT / GUARDIAN » PRIMARY CONTACT 2

NAME » FIRST:		LAST:	RELATIONSHIP TO STUDENT:
DATE OF BIRTH (mm/dd/yyyy): <i>This information is required to confirm if the individual already has an account existing in Infinite Campus. It will be used only to detect duplicate accounts and for no other reason.</i>			
CELL PHONE:	WORK PHONE:	OTHER PHONE:	
EMAIL:		EMPLOYER:	

DOES THIS PERSON RESIDE AT THE SAME PRIMARY HOUSEHOLD HOME ADDRESS AS THE STUDENT? YES NO *If no, please complete the following:*

HOME ADDRESS:	CITY:	STATE:	ZIP:
MAILING ADDRESS:	CITY:	STATE:	ZIP:

DO THEY WISH TO RECEIVE SCHOOL MAILINGS? YES NO

HOME LANGUAGE INFORMATION

WAS THE STUDENT BORN IN THE UNITED STATES? YES NO *If yes, which state? If no, in what other country?*

HAS THE STUDENT ATTENDED ANY SCHOOL IN THE UNITED STATES FOR ANY THREE YEARS DURING THEIR LIFETIME? YES NO *If yes, please complete the following:*

NAME OF SCHOOL:	STATE:	DATES ATTENDED:
NAME OF SCHOOL:	STATE:	DATES ATTENDED:
NAME OF SCHOOL:	STATE:	DATES ATTENDED:

WHAT LANGUAGE IS SPOKEN BY YOU AND YOUR FAMILY MOST OF THE TIME AT HOME?

IF AVAILABLE, IN WHAT LANGUAGE WOULD YOU PREFER TO RECEIVE COMMUNICATION FROM THE SCHOOL?

IS THE STUDENT'S FIRST-LEARNED OR HOME LANGUAGE ANYTHING OTHER THAN ENGLISH? YES NO *If yes, please complete the following:*

WHAT LANGUAGE DID THE STUDENT LEARN WHEN HE/SHE FIRST BEGAN TO TALK?

WHAT LANGUAGE DOES THE STUDENT MOST FREQUENTLY SPEAK AT HOME?

WHAT LANGUAGE DO THE PARENTS/GUARDIANS MOST FREQUENTLY SPEAK TO THE STUDENT?

Father/Guardian:

Mother/Guardian:

PLEASE DESCRIBE THE LANGUAGE UNDERSTOOD BY THE STUDENT. (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.

PLEASE SIGN BELOW

PARENT / GUARDIAN SIGNATURE

DATE

» PLEASE RETURN COMPLETED FORM TO your school office or by mail to:

Dubuque Community School District, 2300 Chaney Road, Dubuque, Iowa 52001

Within a few days of returning this form and submitting required information to your home school, you will be sent login information for Infinite Campus, the district's student information system.