

Cedar Rapids Community School District Enrollment Form



Today's Date: _____

Student's Legal Name: _____
First
Middle
Last

Address: _____
Street
APT/Unit/PO Box #
City
State
Zip Code

Home Phone: _____

Student's Current Grade: _____ Birth Date: _____ Gender: M F
mm/dd/yyyy

Is your child Hispanic or Latino? No Yes

Ethnicity: (check all that apply) American Indian or Alaskan Native Black Asian Native Hawaiian Pacific Islander White

Does your child have an Individual Education Plan (IEP)? No Yes Does your child have a 504 Plan? No Yes

Has your child previously been in ESL or ELL? No Yes

If enrolling in kindergarten has your child attended pre-school? No Yes, name of preschool: _____

Last school attended: _____ Last district attended: _____

Address of school: _____ Street City State Zip Code School Phone: _____ School Fax: _____ Please list any other Cedar Rapids School your child has attended (Name and address) _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Is this student living:</td> <td style="text-align: center; padding: 2px;"><u>Yes</u></td> <td style="text-align: center; padding: 2px;"><u>No</u></td> </tr> <tr> <td style="padding: 2px;">In foster care?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">In transitional housing or a shelter?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">With more than one family in a house or apartment?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">In a motel, car, or campsite?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">With friends/family other than parent/guardian?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	Is this student living:	<u>Yes</u>	<u>No</u>	In foster care?	<input type="checkbox"/>	<input type="checkbox"/>	In transitional housing or a shelter?	<input type="checkbox"/>	<input type="checkbox"/>	With more than one family in a house or apartment?	<input type="checkbox"/>	<input type="checkbox"/>	In a motel, car, or campsite?	<input type="checkbox"/>	<input type="checkbox"/>	With friends/family other than parent/guardian?	<input type="checkbox"/>	<input type="checkbox"/>
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Parent/Legal Guardian (1) Name: _____ Relationship to Student: _____

Address: _____
Street
APT/Unit/PO Box #
City
State
Zip Code

Employer: _____ Work Phone: _____ Home Phone: _____

Alternate/Cell Phone: _____ E-mail Address: _____

Parent/Legal Guardian (2) Name: _____ Relationship to Student: _____

Address: _____
Street
APT/Unit/PO Box #
City
State
Zip Code

Employer: _____ Work Phone: _____ Home Phone: _____

Alternate/Cell Phone: _____ E-mail Address: _____

Emergency Contact: _____ Phone: _____ Alternate/Cell Phone: _____

Siblings Name(s)	School	Sex	Birth Date

****If student does not reside with parent or legal guardian the reverse side must also be completed****

