Cedar Rapids Community School District
Every Learner: Future Ready

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: _____ **Cell Phone:** _____

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

Are any of the student's parents or guardians on active military duty at the time of submission? ☐ No ☐ Yes

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: Would you like your child screened for Alternative Kindergarten?** This screening is only done prior to the first day of school ☐ No ☐ Yes **checking yes will show dates on line when considering**

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)

_____

Is this student living:	Yes	No
In foster care?	☐	☐
In transitional housing or a shelter?	☐	☐
With more than one family in a house or apartment?	☐	☐
In a motel, car, or campsite?	☐	☐
With friends/family other than parent/ guardian?	☐	☐

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

Complete this side *only if student does not reside* with parent or legal guardian

Student residing with:

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: (optional)** _____

Reason student is residing with individual named above:

_____

_____

Please note that the completion of this part does not change guardianship or give anyone the legal authority to make decisions for the student. Only a court may remove the rights of a parent to have legal authority and/or to grant authority to another person. This part is merely asking who has legal authority by law to make decisions for the student.

☐ I give permission to this school to release report card and conference information to:

_____

☐ Report Card and conference information are to be released to parent/legal guardian only.

_____ _____
Parent/Legal Guardian Signature **Date**

****For Office Use Only****

Building _____

Entry Date _____ / _____ / _____ **ID #** _____ **Birth Cert.** _____ **Homeroom** _____

Resident Schools: Elementary _____ **Middle** _____ **High** _____

If permit needed, approval date: _____

Notes _____

Counselor/Advisor _____ **Locker** _____

Records/Transcript Requested _____ **Records/Transcript Received** _____

Enrollment Code:
- ❑ Resident
- ❑ Open Enroll
- ❑ Shared Time
- ❑ Tuition In
- ❑ HSAP
- ❑ Dual
- ❑ _____

Preschool Funding **Preschool Standards**