



# 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 18-19 Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ mm/dd/yyyy Gender:  M  F

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 (English Language Learner)

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

Has your child attended Pre-school?  No  Yes Name of preschool: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Last district attended: \_\_\_\_\_

Address of school: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate/Cell Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate/Cell Phone: \_\_\_\_\_



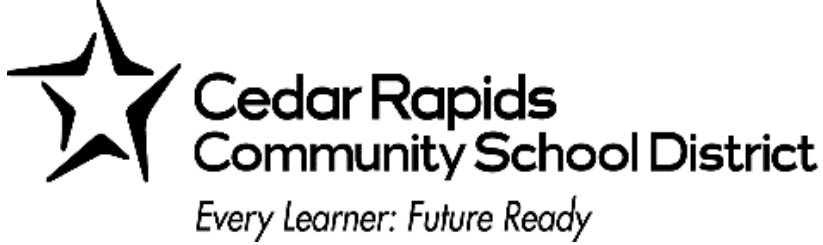
**Cedar Rapids  
Community School District**

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Is this student living in any of the situations below: Please mark yes or no

	Yes	No
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		

Siblings Name(s)	School	Gender	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\*\***

Entry Date: \_\_\_\_\_ Building: \_\_\_\_\_ Student ID: \_\_\_\_\_

Birth Certificate, Date rec'd: \_\_\_\_\_ Proof of Residence, Date rec'd: \_\_\_\_\_

Permit (approved or denied) \_\_\_\_\_ Date: \_\_\_\_\_

Open Enrollment (approved or denied): \_\_\_\_\_ Date: \_\_\_\_\_