

# Cedar Rapids Community School District Enrollment Form



Today's Date: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street APT/Unit/POBox # City State Zip Code

Student's Current Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F

Ethnic: (check only one)  American Indian or Alaskan Native  Black  Asian or Pacific Islander  Hispanic  White

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

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

Previous school attended \_\_\_\_\_ Previous district attended \_\_\_\_\_

Address of school \_\_\_\_\_  
Street City State Zip Code

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

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

Parent/Legal Guardian (1) Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_ Alternate/Cell Phone \_\_\_\_\_

Parent/Legal Guardian (2) Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_ Alternate/Cell Phone \_\_\_\_\_

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

Siblings Name(s)	School	Sex	Birth Date

**For Office Use Only**	
Building _____	<b>Enrollment Code:</b> <input type="checkbox"/> Resident <input type="checkbox"/> Open Enroll <input type="checkbox"/> Shared Time <input type="checkbox"/> Tuition In <input type="checkbox"/> HSAP <input type="checkbox"/> Dual <input type="checkbox"/> _____
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 _____	

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

**Student residing with:**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_ Alternate/Cell Phone \_\_\_\_\_

Reason student is residing with individual named above:

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**Parent or Legal Guardian Must Sign**

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