**Iowa Falls or Alden 2016-2017 NEW STUDENT Enrollment Form**

Submit completed form to the Building Office where your child will be attending.

This form **DOES NOT** supersede the open enrollment application and consideration. Open enrollment applications, deadlines,

and information my be found at the IA Dept . of Education website.

**STUDENT AND PARENT/GUARDIAN INFORMATION**

**Student’s Full Legal Name: Last**:                           **First:**                     **Middle:**               

**Student’s Preferred Name**:                                                                                      

**Physical Address, City, State, Zip:**                                                                                 

**Student Lives with (check one)**  **Mother & Father**  **Mother**  **Father**  **Other**

**Date of Birth:**                 **Gender**:  **Male**  **Female**  **Grade Entering**:            **Start Date:**  

**Student’s Home Phone**:                           **Student’s Cell Phone**:                     

**School district or pre-school the student most recently attended (Include school name and state):**

**PARENT/GUARDIAN CONTACTS**

**Custodial Parent: NAME:** **Relationship to student:**

**Physical Address, City, State, Zip:**

**Home Phone:** **Cell Phone:** **Email:**

**Employer:** **Work Phone:**

**Non-**

**Custodial Parent: NAME:** **Relationship to student:**

**Physical Address, City, State, Zip:**

**Home Phone:                 Cell Phone:                      Email:**

**Employer:                          Work Phone:**

**Spouse of**

**Custodial Parent: NAME:** **Relationship to student:**

**Physical Address, City, State, Zip:**

**Home Phone:                 Cell Phone:                      Email:**

**Employer:                          Work Phone:**

**TRANSPORTATION: Does this student require bus transportation**  **Yes**  **No**

**RESIDENCY**

**County of Residence:****School District of Residence:** **Will student be Open Enrolled? Yes**  **No**

**If YES, indicate date approved:**

**SPECIAL EDUCATION**

**Is this student receiving special education services or have an IEP?**  **Yes**  **No First IEP Date:** **.**

**Any other accommodations?**  **ELL**  **504 Plan Other:** **.**

**ETHNICITY INFORMATION(information required by IA Dept. of Educ. as of Aug. 2009) *BOTH* questions MUST BE ANSWERED!**

**Part 1: Is this student Hispanic/Latino**  **Yes**  **No Part 2: Is this student from one or more of these races? (**✓**all that apply**)

**Am. Indian/Alaska Native** **Asian** **Black or African American**  **Native Hawaiian/Pacific Islander**  **White**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required)