**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)