

**FAMILIES NEW TO THE CEDAR FALLS COMMUNITY SCHOOL DISTRICT: PLEASE PRINT** and verify the following information concerning your family.

Date: <b>Cedar Falls Community Schools (Student Demographic Information)</b>										
Household Name:					<b>Racial Codes</b> <b>A</b> Asian <span style="float: right;"><b>I</b> American Indian/ Alaskan Native</span> <b>B</b> Black <span style="float: right;"><b>W</b> White</span> <b>H</b> Native Hawaiian/ Other Pacific Islander (Add all that apply to the Racial Code Section below)					
Address:										
City, State, Zip:										
Main Phone: [ ] Unlisted										
<b>Students in Household:</b>										
Full Legal Name (Last, First, Middle)	Nickname	Gender	Birthdate	Special Ed	Grade	Ethnicity <i>Hispanic/Latino</i>	Racial Code(s)	Attending Building	Foster Care	
<b>Primary Household Members: Parent(s) or guardian(s) who live in the home with the student</b>										
Name (Last):	(First):	Gender	Relationship	Guardian	Receive mailings	Cell Phone	Email	<b>Active Military</b>		
<b>Second Household: Parent/Guardian(s) <u>not</u> living with student (PLEASE CHOOSE ONE)</b> Joint Custody <input type="checkbox"/> Non-Custodial <input type="checkbox"/>										
Name (Last, First):	Gender	Relationship	Guardian	Receive mailings	Address and Phone			Email	<b>Active Military</b>	
<b>Local Emergency Contacts: Other than Parent(s)/Guardian(s) – Who reside in the Cedar Valley</b>										
Name (Last, First):	Relationship	Cell Phone			Work Phone			Home Phone		

**PERMISSION IS GRANTED TO:** You have my permission for **all** students listed above for the following: **(If permission is not granted, please contact your student's principal.)**

Include my child's image in video recordings and/or as he/she participates in lessons taught by UNI students and/or professors.

Include my child's image in video recordings by the Cedar Falls Community School District.

Include my child's name in a district-sponsored directory/program.

Include my child's image, student work, or photo on district website or media outlet.

Include my child to participate in School and/or District sponsored field trips.

Health Screening

**FEE WAIVER:** If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is (must be specific) (e.g. book fees, band fees, and driver's education). If you sign this waiver, your child(ren) will be considered for a full or partial waiver (list your specific fees). I understand that I will be releasing information that shows I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for waiver of school fees ONLY. I am applying for the Free/Reduced program. **Registration**  **Transportation**  **Driver's Ed**

*I certify that I am the parent/guardian of the children for whom this enrollment form lists and all information is true.*

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_