KINDERGARTEN DEMOGRAPHIC INFORMATION: PLEASE PRINT and verify the following information concerning your family.

Date: **Cedar Falls Community Schools (*Student Demographic Information*)**

Household Name *(This is usually the family's last name):*	**Racial Codes**
	A Asian **I** American Indian/ Alaskan Native
Address:	**B** Black **W** White
	H Native Hawaiian/ Other Pacific Islander
Main Phone:	**(Add all that apply to the Racial Code Section below)**

Student Information

Full Legal Name *(Last, First, Middle)*	Nickname	Gender	Birthdate	Special Ed	Preschool Experience	School Transportation (bus)	Ethnicity *Hispanic/Latino*	Racial Code(s)	Foster Care
		M ☐ F ☐		IEP: Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐		Y ☐ N ☐
		M ☐ F ☐		IEP: Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐		Y ☐ N ☐

Siblings: (School Age)

Full Legal Name *(Last, First, M.I.)*	Gender	Attending Building	Grade	Does the sibling live in the same household?	If not, whom do they live with:	Foster Care
	M ☐ F ☐			Y ☐ N ☐		Y ☐ N ☐
	M ☐ F ☐			Y ☐ N ☐		Y ☐ N ☐
	M ☐ F ☐			Y ☐ N ☐		Y ☐ N ☐

Primary Household Members: *Parent(s) or guardian(s) that live in the home with the student*

Name *(Last, First)*	Gender	Relationship	Guardian	Employer	Parent Cell Phone	Parent Email	**Active Military**
	M ☐ F ☐		Y ☐ N ☐				Y ☐ N ☐
	M ☐ F ☐		Y ☐ N ☐				Y ☐ N ☐

Second Household: *Parent/Guardian(s) not living with student* **(PLEASE CHOOSE ONE)** Joint Custody ☐ Non-Custodial ☐

Name *(Last, First)*	Gender	Relationship	Guardian	Address	Parent Cell Phone	Parent Email	**Active Military**
	M ☐ F ☐		Y ☐ N ☐				Y ☐ N ☐
	M ☐ F ☐		Y ☐ N ☐				Y ☐ N ☐

Local Emergency Contacts: *Other than Parent(s)/Guardian(s) –* ***Who reside in the Cedar Valley***

Name *(Last, First)*	Relationship	Home/Cell Phone

Medical Personnel:

Doctor (Name/Phone Number)	Dentist (Name/Phone Number)

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

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: _____