

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 primary parent/guardian's last name): _____					Racial Codes A Asian I American Indian/ Alaskan Native B Black W White H Native Hawaiian/ Other Pacific Islander (Add all that apply to the Racial Code Section below)				
Address: _____									
City, State, Zip: _____									
Main Phone: _____									
Student Information									
Full Legal Name (Last, First, Middle)	Nickname	Gender	Birthdate	Special Ed	Preschool Experience	School Transportation (bus)	Ethnicity <i>Hispanic/Latino</i>	Racial Code(s)	Foster Care
Siblings: (School Age)									
Full Legal Name (Last, First, M.I.)		Gender	Attending Building		Grade	Does the sibling live in the same household?	If not, with whom do they live:		Foster Care
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
Second Household: Parent/Guardian(s) <u>not</u> living with student (PLEASE CHOOSE ONE) Joint Custody Non-Custodial									
Name (Last, First)	Gender	Relationship		Guardian	Address		Parent Cell Phone	Parent Email	Active Military
Local Emergency Contacts: Other than Parent(s)/Guardian(s) – Who reside in the Cedar Valley					Medical Personnel:				
Name (Last, First)	Relationship		Home/Cell Phone		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.)**

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| <ul style="list-style-type: none"> *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. | <ul style="list-style-type: none"> *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 |
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FEE WAIVER: (Applications available July 1 prior to new school year) 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 (check your specific fees below). 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**

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: _____