

# Student Enrollment Form



Re-enrollment  Pre-registration  Never enrolled at CMSD

1111 Superior Ave. E, Suite 1800, Cleveland, OH 44114 • 216.838.3675

Student's legal name: \_\_\_\_\_  
Last Name First Name Middle Initial Suffix

Address: \_\_\_\_\_ Apt. number: \_\_\_\_\_ Up  Down   
Number Street City Zip Code

Grade: \_\_\_\_\_ Most recent school district attended/Community school: \_\_\_\_\_

Birthday: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Month Date Year City State

Gender:  
 Male  Female

Did the child learn to speak a first language other than English?  
 Yes  No

Is student of Hispanic/Latino origin, regardless of race?  
 Yes  No

Is the language most often spoken by the child one other than English?  
 Yes  No

Race (select at least one):  
 White  Black/African-American  
 Asian  American Indian/Alaska Native  
 Hawaiian/Other Pacific Islander

Is the language most often spoken in the child's home one other than English regardless of the language spoken by the child?  
 Yes  No

Student Lives With: (check all that apply):  
 Mother  Father  Step-parent  Foster parent  
 Legal guardian  Host parents (foreign exchange student)  
 Self – Independent student  Other (explain): \_\_\_\_\_

Native language: \_\_\_\_\_

Are you or your child currently homeless, doubled-up for economic reasons (living in someone else's home), or an unaccompanied youth (student living and in the care of someone who is not the custodial adult) or student in foster care?  
 Yes  No

Is the child in gifted or advanced placement classes?  
 Yes  No If yes, describe services: \_\_\_\_\_

Legal Custody:  
 Mother and Father – Legally married  
 Mother – Never legally married to biological father  
 Father – Never legally married to mother/established paternity through courts  
 Shared parenting through divorce or legal separation  
 Parents legally married but not living together  
 Student is 18 years old and lives independently  
 Legal guardian\*  
 Grandparent Affidavit/Power of Attorney\*  
 CCDCFs\*

Does the child have a 504 Plan or medical plan?  
 Yes  No If yes, describe services: \_\_\_\_\_

Court journal entry: \_\_\_\_\_  
 Probate Court  Juvenile Court

Does the child have a current IEP (special education)?  
 Yes  No If yes, list year of most recent evaluation: \_\_\_\_\_

\*Case Number: \_\_\_\_\_

If yes, do you have a copy of the IEP and MFE?  
 Yes  No If yes, indicate program: \_\_\_\_\_

School choice(s):  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Is the child currently suspended?  
 Yes  No If yes, from what district? \_\_\_\_\_

School Choices entered in Choice Portal (ChooseCMSD.org)?  
 Yes  No

Is the child currently expelled?  
 Yes  No If yes, from what district? \_\_\_\_\_

End date: \_\_\_\_\_

**Parent(s)/Guardian Information**

Name: \_\_\_\_\_  
Last Name First Name

Single     Married     Remarried     Lives with    Relationship to child: \_\_\_\_\_  
 Divorced     Separated     Deceased     Does not live with

Address: \_\_\_\_\_  
Number Street City Zip Code

Completing this section ensures you will be notified of important information affecting your child(ren)

E-mail \_\_\_\_\_     Home Phone \_\_\_\_\_     Text message opt out  
 Cell Phone \_\_\_\_\_     Work Phone \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name

Single     Married     Remarried     Lives with    Relationship to child: \_\_\_\_\_  
 Divorced     Separated     Deceased     Does not live with

Address: \_\_\_\_\_  
Number Street City Zip Code

Completing this section ensures you will be notified of important information affecting your child(ren)

E-mail \_\_\_\_\_     Home Phone \_\_\_\_\_     Text message opt out  
 Cell Phone \_\_\_\_\_     Work Phone \_\_\_\_\_

**Emergency Contact Information (in addition to contacts listed above)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City Zip Code

Telephone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please list all other children under the age of 22 who live at the home address:**

NAME	GRADE	DATE OF BIRTH	GENDER	RELATIONSHIP TO CHILD	CURRENT SCHOOL

How did you hear about CMSD?  Mailer     Facebook     E-Newsletter  
 Radio     Flyer     Friend/colleague     Other: \_\_\_\_\_  
 Newspaper     Community event     CMSD employee    \_\_\_\_\_  
 Website     School visit     Cleveland resident    \_\_\_\_\_

Why did you choose your child's school?

Distance from home/work/childcare     Word of mouth/Recommendation  
 Programs offered at building     Other: \_\_\_\_\_  
 State rating    \_\_\_\_\_

**The Cleveland Metropolitan School District has the authority to require students to be immunized as a requirement for admission to school, except in situations of good cause such as religious convictions. I am signing that I am aware of the District's Immunization Policy. I am also signing that I hereby certify, under penalty of perjury, that all of the information that I have given is correct in all respects to the best of my knowledge.**

Parent/Legal Guardian/Independent Student: \_\_\_\_\_ Date: \_\_\_\_\_