

# Student Enrollment Form



CLEVELAND  
METROPOLITAN  
SCHOOL DISTRICT

Re-Enrollment     Pre-Registration     Never enrolled at CMSD

1111 Superior Avenue E, Suite 1800, Cleveland, OH 44114 • 216.838.0000

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

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

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

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): \_\_\_\_\_

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\*  
 CCDDFS\*

Court Journal Entry: \_\_\_\_\_  
 Probate Court     Juvenile Court

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

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

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

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

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

Native Language: \_\_\_\_\_

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

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

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

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

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

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

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

## FOR OFFICE USE ONLY

### REQUIRED DOCUMENTS (check all):

Birth Certificate/Passport     Parent Photo I.D.  
 Immunization Record

### Proof of Residency (check one):

Lease     Home Ownership     Utility Bill  
 Other: \_\_\_\_\_

### Proof of Custody/Guardianship (check one):

Divorce Decree/Shared Parenting Plan  
 Certified Copy of Journal Entry  
 Other (legal, certified copy): \_\_\_\_\_

Information verified by: \_\_\_\_\_ 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

Preferred means of communication:  
 E-mail \_\_\_\_\_     Work Phone \_\_\_\_\_     Opt out for not receiving text messages  
 Home Phone \_\_\_\_\_     Cellular 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

Preferred means of communication:  
 E-mail \_\_\_\_\_     Work Phone \_\_\_\_\_     Opt out for not receiving text messages  
 Home Phone \_\_\_\_\_     Cellular 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

Preferred means of communication:  
 E-mail \_\_\_\_\_     Work Phone \_\_\_\_\_     Opt out for not receiving text messages  
 Home Phone \_\_\_\_\_     Cellular 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

*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: \_\_\_\_\_