

Student Enrollment Form



Re-enrollment Pre-registration Never enrolled at CMSD

1111 Superior Ave. 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

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*
 CCDDFS*

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: _____