

WATERLOO								
	SCHOOL	UNFOLDING FUTURES	Office Use Only: Location					
Child's Legal Name								
Last	First		_MI(Nickname)					
Birthdate/ Sex: (N	<u>M)</u> (<u>F)</u> Age:	Language: English	0 Other					
Birthplace City State Country Date of entry into US								
Parental Status (Circle One) O-one parent T-Two Parents F-Foster G-Grandparent N-Not Parent								
Number of Persons: In Home In Family Number of Children: In Family under 6								
Parent/Legal Guardian/Guardian Residing with Child								
Last	First		MI Birth Date/					
Relationship to Child								
Home Address			Apt/Unit Number					
City	State	Zip Code _	County					
Phone Number	Email Ad	ldress	Language: English Other					
Additional Parent/Legal Guardian/Guardian								
Last	First	M	/II Birth Date//					
LastRelationship to Child	First	M	/II Birth Date//					
	First		/Unit Number					
Relationship to Child Home Address		Apt/						
Relationship to Child Home Address City	State	Apt/ Zip Code	/Unit Number					
Relationship to Child Home Address City	State Email Addres	Apt/ Zip Code	/Unit Number County					
Relationship to Child Home Address City	State Email Addres Othe ply American Indian	Apt/ Zip Code ss er Information	/Unit Number County Language: English Other □ Asian □ Black or African American					
Relationship to Child Home Address City Phone Number	State Email Addres Othe ply	Apt/ Zip Code ss er Information or Alaska Native or Other Pacific Island	/Unit Number County Language: English Other □ Asian □ Black or African American					
Relationship to Child Home Address City Phone Number Student Race: Check all boxes that ap	State State Email Address Othe ply	Apt/ _ Zip Code ss er Information or Alaska Native or Other Pacific Island	/Unit Number County Language: English Other □ Asian □ Black or African American					
Relationship to Child Home Address City Phone Number Student Race: Check all boxes that ap Is your child Hispanic, Latino, or Spani	State Email Addres Othe Ply	Apt/ _ Zip Code ss er Information or Alaska Native or Other Pacific Island	/Unit Number County Language: English Other □ Asian □ Black or African American					
Relationship to Child Home Address City Phone Number Student Race: Check all boxes that ap Is your child Hispanic, Latino, or Spani Does this student currently receive Spec	StateEmail Address Othe ply	Apt/Zip Code ss er Information or Alaska Native or Other Pacific Island o EP) Yes No	/Unit Number County Language: English Other					
Relationship to Child Home Address City Phone Number Student Race: Check all boxes that ap Is your child Hispanic, Latino, or Spani Does this student currently receive Special possible student have a 504 plan Yes	State Email Address Othe ply	Apt/ Zip Code er Information or Alaska Native or Other Pacific Island o EP) Yes No No If yes, where?	/Unit Number County Language: English Other					

Pre-K Enrollment 2020-2021

If there are any legal restrictions concerning the non-custodial parent, please provide a copy of legal documentation to be sent to the school. List the name(s) of other siblings who attend the Waterloo Community Schools

Name (First/Last)	School	Grade	Name (First/Last)	School	Grade			
Emergency Contacts List other designated adults who are authorized to pick up your student. (Local contacts only)								
Name	Relationship to Student		Home Phone	Cell/Work Phone	Cell/Work Phone			
	1							
D	N/A		N/A					
Doctor	N/A		N/A					
Dentist	N/A		N/A					
Connect Ed Contact System Parent/G	uardian Participati	on Refusal						
All phone numbers listed in the Prima	•		onnect Ed Emergency notification sys	stem which includes we	ather			
related announcements \[\subseteq \text{I as parent or guardian request that \frac{NO}{2} \text{phone calls, emails, or text messages be sent to me using the Connect-Ed system} \]								
Parent signature:								
Residency Documentation								
In accordance with the Waterloo Community School's policies and practices, proof of residency will be required for ALL students. By signing this document								
• I affirm that the address provided on the student enrollment form is the legal residence of the parent or guardian enrolling the student and is the residence of the student.								
• I acknowledge that residency is defined as living and sleeping under the same roof with parent/guardian. Note, falsifying this document will result in transfer of the student to his/her school of residency and may result in a tuition charge								
Signed Date:								
-	(Parent/Guardia	nn)						
Documentation provided to verify residency: Documentation provided to verify residency: Utility bill, Water bill or Cable bill which verifies occupancy Rent receipt Current lease agreement Statement letter from Department of Human Services Statement letter from Social Security office/WIC Office					d			
The following documentation is required to complete the file.								
Place			s required to complete the file. It is all documentation is rec					
Iowa Immunization Record Proof of Income (Tax Return, W2, SSI, Public Assistance)								
Current Physical Proof of Address (see above items that can be ac								
Current Dental Birth Certificate								
Does your child currently have medical Insurance? Yes No								
What school district does your family currently reside in								