

Saydel Community School District New Student Registration

ONE STUDENT PER FORM * PLEASE PRINT

TODAY'S DATE: _____

STUDENT'S NAME: _____ LAST NAME _____ MI _____ FIRST NAME _____

ADDRESS: _____ STREET _____ APT _____ CITY _____ ZIP CODE _____

GRADE ENROLLING (Please circle one) PreK3 PreK4 1 2 3 4 5 6 7 8 9 10 11 12

STUDENT'S BIRTHDATE: _____ MONTH _____ / _____ DAY _____ / _____ YEAR _____ GENDER: Female Male

ETHNICITY: Is the student Hispanic or Latino? YES NO

RACE: What is the student's race? (Check all that apply.) (W) White (B) Black or African American
 (A) Asian (I) American Indian or Alaska Native (P) Native Hawaiian/other Pac Islander

MOTHER'S NAME: _____ LAST NAME _____ FIRST NAME _____ PHONE: (_____) _____

ADDRESS: _____ STREET _____ APT _____ CITY/STATE _____ ZIP CODE _____

MOTHER'S EMAIL: _____

FATHER'S NAME: _____ LAST NAME _____ FIRST NAME _____ PHONE: (_____) _____

ADDRESS: _____ STREET _____ APT _____ CITY/STATE _____ ZIP CODE _____

FATHER'S EMAIL: _____

GUARDIAN'S NAME: _____ LAST NAME _____ FIRST NAME _____ PHONE: (_____) _____

ADDRESS: _____ STREET _____ APT _____ CITY/STATE _____ ZIP CODE _____

GUARDIAN'S EMAIL: _____

EMERGENCY CONTACT NAME: _____ LAST NAME _____ FIRST NAME _____ PHONE: (_____) _____

LAST SCHOOL ATTENDED: _____

LAST SCHOOL'S ADDRESS: _____ STREET _____ CITY/STATE _____ ZIP CODE _____

LAST SCHOOL'S PHONE: (_____) _____ FAX: (_____) _____

- Does the student have special education needs? Yes No
Does the student have an Individualized Education Program (IEP)? Yes No
If the student has an IEP, what are the goals for the program? Academic Behavior
Is the student an English Language Learner (ELL)? Yes No
Does the student have a 504 Plan? Yes No
Is the student in foster care? Yes No
Is the student open enrolled? Yes No
If the student is open enrolled, what is the resident district? _____
Is the student homeless? Yes No

If the student is homeless, which best describes the living situation:

- In a shelter
- In an abandoned apartment or building
- With relatives or others
- At a train or bus station, park, or in a car
- In a motel/hotel, camping ground, or similar situation
- Temporarily housed in shelter awaiting a DCFS permanent foster care placement

I have taken my proof of residency to the Saydel District Office. Yes No

The proof of residency submitted to the Saydel District Office: Utility Bill Lease Home Visit

Date I delivered my proof of residency to the Saydel District Office: _____

For District Office use only:

_____ Issued Access ID
_____ Added to PowerSchool

For Building use only:

_____ Access Password

RETURN A COPY OF ALL FINALIZED PAPERWORK TO THE SAYDEL DISTRICT OFFICE.

Click on Registration Link.

Form Available Online at www.saydel.k12.ia.us.

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_____ Date Received in District Office
_____ Date Records Request Sent
_____ Date Received Records
_____ First Day Attending School
_____ Building Contacted
_____ Welcome Letter Sent

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