

**CLEVELAND METROPOLITAN SCHOOL DISTRICT  
STUDENT ENROLLMENT FORM  
2010-2011 SCHOOL YEAR  
REQUIRED DOCUMENTS FOR REGISTRATION**

Do you have:

- **Birth Certificate**
- **Immunization Records (Baby Shots)**
- **Proof of Address (such as Mortgage Agreement, Lease Agreement, or Recent Utility Bill)**
- **Guardianship Information (if applicable)**

**WHERE CAN YOU REGISTER YOUR CHILD?**

- Does your child have a current Individual Education Plan (IEP), or a Multifactorial Evaluation (MFE)?
- If you answered YES, you must contact the Division of Special Education to enroll your child:

**Division of Special Education  
Lakeside Administration Building  
1440 Lakeside Avenue  
216-592-7391**

- Did your child learn to speak a first language other than English?
- Is the language most often spoken by your child other than English?
- Is the language most often spoken in your home other than English?
- If you answered YES to any of the above questions you must contact the Bilingual Assessment Center to enroll your child:

**Multilingual Multicultural Assessment Center  
3101 West 25th Street (Off Clark Avenue), Suite 100  
216-621-5339**

**IF YOUR CHILD DOES NOT REQUIRE ANY SPECIAL EDUCATION OR LANGUAGE SERVICES, YOU MAY GO TO ANY NEIGHBORHOOD SCHOOL TO ENROLL YOUR CHILD.**

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**Please complete this form. When you are ready to register your child, take this form and the required documents to the school or office.**

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Generation (Jr./II/III/IV)      Male/Female      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Race \_\_\_\_\_      Grade \_\_\_\_\_

**ADDRESS INFORMATION**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Listed/Unlisted

**CONTACT/GUARDIAN INFORMATION**

**MOTHER**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Guardian: YES/NO      Living With: YES/NO      Home Language \_\_\_\_\_

Phone Numbers:

Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FATHER**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Guardian: YES/NO Living With: YES/NO Home Language \_\_\_\_\_

Phone Numbers:

Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OTHER**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Guardian: YES/NO Living With: YES/NO Home Language \_\_\_\_\_

Phone Numbers:

Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Are you a Foster Parent? YES/NO** If yes, student's home district \_\_\_\_\_