

Proud Traditions... Unlimited Possibilities

New Student Enrollment Documentation

Required Documents								
☐ Immunizations Record								
☐ Proof of Birth (Immunization records will suffice if they include the student's date of birth)								
☐ Proof of Residency (Re		•			,			
☐ Child Health Form (Req	•	,						
☐ Preschool Physical (Re		•						
Parents/Guardians will receive the			receipt of all	documents.				
Grade Specific Documents (Not			•					
☐ Kindergarten: Vision Sc	•	•						
☐ 3rd Grade: Vision Scree	<u> </u>	leckup Necolus						
	•							
☐ 9th Grade: Dental Chec	kup Records							
Grade Specific Documents must b	pe turned in to school w	within 6 months	of the 1st day	of attendand	ce.			
			Please che	ck only if any a	apply			
Student:	_,	Grade:	_ □ In Foster	☐ Open	☐ Has an			
Last Name	First Name		Care	Enrolling	IEP			
Student:		Grade:	☐ In Foster	□ Open	☐ Has an			
Last Name	First Name	<u> </u>	Care	Enrolling	IEP			
Student:		Grade:	☐ In Foster	□Open	☐ Has an			
Student: Last Name	_, First Name	Grade	_ 🗆 iii i ostei Care	Enrolling	□ Has all			
				J				
Student:	,	Grade:	_ □ In Foster		\square Has an			
Last Name	First Name		Care	Enrolling	IEP			
Student		Crada	□ In Footor	□ Open	□ Haa an			
Student: Last Name	, First Name	Grade	_ □ In Foster Care	Enrolling	☐ Has an IEP			
			_	3				
Parent/Guardian Name(s):								
Parent/Guardian Phone Number(s	s):							
Parent/Guardian Email Address/e	oe).							



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New Student Residence

Address:								
Ad	dress	ess						
Cit	y		Zip					
Effective Date:	1 1	Tempora	ary Address:	Yes	No	If Yes, please e	xplain:	
When a new stud this form and prov		·-			-	_	ds to complete	
Please chec	ck the docume	<mark>nt you have</mark>	<mark>e included wi</mark>	th this co	over :	<mark>sheet (only 1 is r</mark>	<mark>equired)</mark>	
 □ Current Mortgag □ Lease Agreeme □ Settlement State □ Purchase Contr □ Current Utility B □ Document mu 	ent with Term li ement or Warr act with Posse ill or Utility De	sted, signe anty Deed ession/Clos posit Recei	d by Landlor from New Ho ing Date sigr pt with Servi	d and Pa ome Clos ned by A ce Addre	sing II Pai ess a	rties; or		
Er	mail/Fax/Mail	or Bring Y	our Comple	te New S	Stud	ent Packet To:		
Email Address:	enrollment@	<u>)indianola.l</u>	<u><12.ia.us</u>					
Mailing Address:	Indianola Community School District // Attn. Enrollment Coordinator 601 S 15th St Indianola, IA 50125							
Fax Number: Phone Number:	515.961.950 515.961.950		06					
For Office Use Only								
Todav's Da	ate Im	mun	POR (Excer	ot PK4)		CHF (PK)	Physical (PK)	