

Proud Traditions... Unlimited Possibilities

New Student Enrollment Documentation

□ 23-24 or □ 24-25

Required Documents					
□ Proof of Residency□ Child Health Form		ECSE students) chool students)	the student's date of birth.)		
Parents/Guardians will receiv	re the online enrollment p	ortal link via emai	i <mark>l upon receipt of <u>all</u> documen</mark>	<mark>its.</mark>	
Grade Specific Documents ☐ Kindergarten: Visio ☐ 3rd Grade: Vision S ☐ 9th Grade: Dental G Grade Specific Documents m	n Screening and Dental Screening Checkup Records	Checkup Records			
			Please check only if any apply:		
Student:Last Name	First Name	Grade:	□ In Foster □ Open Care Enrolling	☐ Has ai	
Student:Last Name	First Name	Grade:	□ In Foster □ Open Care Enrolling	☐ Has ai	
Student:Last Name	First Name	Grade:	□ In Foster □ Open Care Enrolling	☐ Has ai	
Student:Last Name	First Name	Grade:	□ In Foster □ Open Care Enrolling	☐ Has ai	
Student:Last Name	First Name	Grade:	□ In Foster □ Open Care Enrolling	□ Has aı IEP	
Parent/Guardian Name(s):					
Parent/Guardian Phone Num	ber(s):				
Parent/Guardian Email Addre	ess(es):				



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New Student Residence

Address:						
Add	Address				Apt/Lot#	
City		Zip				
Effective (Move) Da	ate: / /	Temporary Address:	Yes No	If Yes, please explain:		
	•	/ must be verified. The acy (except 4-year-old pro		•	te	
Please chec	<mark>k the document you l</mark>	<mark>nave included with this co</mark>	<mark>over sheet</mark>	(only 1 is required)		
□ Lease Agreemer□ Settlement State□ Purchase Contra□ Current Utility BilDocument mus	ement or Warranty De act with Possession/C Il or Utility Deposit Re at be complete, in th	erty Tax document gned by Landlord and Pa eed from New Home Clos Closing Date signed by A eceipt with Service Addre ne Parent or Guardian's g Your Complete New S	sing Il Parties; ess and Se <mark>name, ar</mark>	or ervice Dates shown nd show the address.		
Email Address:	enrollment@indian	ola.k12.ia.us				
Mailing Address:	Indianola Community School District // Attn. Enrollment Coordinator 1301 E 2 nd Ave Indianola, IA 50125					
Fax Number: Phone Number:	515.961.9502 515.961.9500; Ext.	1506				
For Office Use Only	re Immun	POR (Evcent PK/I)	0	(DK) Physical (D	_	