

Howard-Winneshiek CSD Family Enrollment Form

School Year: _____

Parent/Guardian Information:

Mother/Guardian: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City, State Zip: _____

Employer: _____

Employer Phone: _____

Father/Guardian: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City, State Zip: _____

Employer: _____

Employer Phone: _____

Student(s) Information:

	Student(s) Legal Name (First Middle Last)	Grade	Ethnicity	DOB	Gender
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____

Do any of the students listed above have an IEP (special education plan)? If so, please list those names below:

Transfer Information:

Last School Attended: _____

Intended Start Date: _____

Options for returning the enrollment form:

* Mail: Howard-Winneshiek CSD
Attn: Michelle Bakken
1000 Schroder Drive
Cresco, IA 52136

* Email: mbakken@howard-winn.k12.ia.us

* Drop Off: District Office
1000 Schroder Drive
Cresco, IA 52136

If you need immediate assistance please call: 563-547-2762

Howard-Winneshiek CSD welcomes you to the district. Upon receipt of your enrollment form you will be contacted to verify your information and give you additional enrollment information.