

Form A: CPI Report Required for Parent, Guardian, or Custodian of CPI student under CPI Option #1 or CPI Option #2 with dual enrollment, optional Reporting (Due September 1) or HSAP Participation (September 15)

Signature required on the back of the page. Complete and return to the district office.

Directions: All families seeking to dual-enroll students of compulsory attendance age are required to complete the following questions. Students seeking to enroll in a HSAP are required to complete the student's name, parent's name, address, days of instruction, course of study, and sign. The HSAP may require all questions to be answered.

Special Note: Students who are past compulsory education age and dual enroll for athletics must file Form A and provide documentation that they are taking courses to be considered a bona fide contestant. (Iowa Administrative Code 281-36.8(5)b).

School Year: _____

1. Student Full Name: _____
2. Student Date of Birth: _____
3. Student Address (Street, City, State, Zip): _____
4. Student Grade: _____

Person Filing CPI Report:

5. Full name (Parent, Guardian, Custodian): _____
6. Address (Street, City, State, Zip): _____
7. Phone Number (Optional): _____
8. Number of CPI Instructional Days (minimum 148 required): _____

Only families who are dual enrolling, or if required by the HSAP, are required to provide the following additional information:

9. Course of study: Complete table below or attach outline for each course listed separately which shall include subjects covered, lesson plans, and time spent on the areas of study.

Subject	Title of Text, Resource(s)	Time Spent on Subject

- ☐ **Proof of Immunization:** Attach documentation of immunization, or a waiver for exemption if filing for the first time, or the first time in the current district of residence. Attach to form and submit. Waiver Forms available on the HHS website.

10. License Information for Instructor (CPI Option #1)

Teacher Full Name: _____

Teacher Address (Street, City, State Zip): _____

BOEE Folder Number: _____

11. Do you desire dual enrollment: ☐ Yes ☐ No

What do you want to dual enroll for (check all that apply)?

☐ Academic course or courses, including concurrent enrollment

☐ Extracurricular Activities

☐ Special Education

- Is student currently identified for special education? ☐ Yes ☐ No
- Do you consent to annual re-evaluation if currently identified? ☐ Yes ☐ No
- If not currently identified, do you consent to an initial evaluation? ☐ Yes ☐ No

(If you desire an initial evaluation, please work with the district to schedule this.
Checking Yes only indicates your interest.)

12. Complete the following table indicating what you would like to dual enroll in: attach sheet if more space is needed.

First Semester	Second Semester

13. Participate in a HSAP, if offered by the district. ☐ Yes ☐ No

14. Parent, Guardian or Custodian Signature (Required)

Signature _____

Date: _____