



**Student Registration Form  
K-12**

**SCHOOL USE ONLY**

Student ID	_____
MARSS ID	_____
Birth	_____
Verification	_____
Start Date	_____
Service Type:	Primary or Part-time
Graduation Year	_____
Resident District	_____
Entry Code	_____
School	_____

**Student Information-student's full legal name as it appears on birth certificate**

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

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Nickname \_\_\_\_\_

**Racial/Ethnic Background – Please complete all questions 1-3.**

- For federal reporting purposes. **Is the student Hispanic or Latino?** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin-regardless of race.  Yes  No
- For federal reporting purposes. What is the student's race? **Choose one or more.**
  - American Indian or Alaskan Native**-a person having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition.
  - Asian**-a person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes China, India, Japan, Korea, the Philippine Islands and Samoa.
  - Black or African American**-a person having origins in any of the black racial groups of Africa.
  - Native Hawaiian or other Pacific Islander**-a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
  - White**-a person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- For state reporting purposes, **please circle one** that best describes the student's primary racial/ethnic background: **American Indian or Alaskan Native, Asian or Pacific Islander, Hispanic, Black, White**

Student's Birth Country \_\_\_\_\_

Date Student Entered United States \_\_\_\_\_

Has the student attended school in the United States for more than 3 years?  Yes  No

**Student Enrollment Information**

**Preschool Screening** –is required for your child’s entry into public school kindergarten or first grade.

Has your child received a comprehensive health & developmental screening as a preschooler?  Yes  No  
 If Yes, screening date: \_\_\_\_\_ (3-5 years old)

If Yes, check type of Provider:  Child/Teen Checkups  Head Start  Private Provider  Another District  Conscientious Objector

If Yes, Name of Provider or District : \_\_\_\_\_

**Last School Attended**

\_\_\_\_\_ (School Name) (City) (State)

1. Has your student ever attended a public school in Minnesota before?  Yes  No
2. If Yes, name of Minnesota School or District \_\_\_\_\_
3. Is this student participating in a Foreign Exchange Program?  Yes  No
4. If Yes, name of Foreign Exchange Program \_\_\_\_\_
5. Does this student currently receive Gifted and Talented services?  Yes  No
6. Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work?  Yes  No
7. Is this student currently homeless (lacks a fixed, regular and adequate nighttime residence)?  Yes  No
8. Is this student a Ward of the State (parental rights have been terminated by court order)?  Yes  No
9. Does this student currently live in District 112?  Yes  No
10. If No, what District does the student live in? \_\_\_\_\_
11. If No, has a Non-Resident Agreement been completed & sent to the Superintendent’s Office?  Yes  No
12. Does this student currently have an IEP (Individual Education Plan)?  Yes  No

**Home Primary Language**

In order to help your child learn, your child’s teachers need to determine which language your child uses most. Please respond to the questions below by checking the appropriate box.

1. Which language did your child learn first?  English  Other: \_\_\_\_\_
2. Which language is most often spoken in your home?  English  Other: \_\_\_\_\_
3. Which language does your child usually speak?  English  Other: \_\_\_\_\_
4. Has this child ever received ELL (English Language Learner) or Bilingual services?  Yes  No

PLEASE COMPLETE ALL PAGES AND RETURN TO SCHOOL.

PARENT/GUARDIANS MUST SIGN PAGE 4.

Note: Information on Data Privacy Act available on request.

SCHOOL USE ONLY: Fax all pages to: Student Accounting 556-6139.

Rev 12/11/09

**Primary Household Information**-list family members who reside at the same address with student.

Primary Resident Address of Student \_\_\_\_\_

Mailing Address of Student-If Different From Resident Address \_\_\_\_\_

Student Home Landline Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

**Student Lives With:** Both Parents  Mother  Father  Mother and Stepfather  Father and Stepmother  Foster Parents  Host Family  Other-Please Specify Relationship \_\_\_\_\_  
Please Circle:

\*\*\*\*\*

**Parent/Guardian 1 resides at the same address with student. Use full legal name as it appears on driver's license.**

1.Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Legal Guardian-circle one Y N

**The Guardian above will have rights and access to all student's educational records and will receive information in the following manner: Mailing, Portal and Email** Yes  No

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Does the student's parent/guardian need interpreter services? \_\_\_\_\_ Preferred Language \_\_\_\_\_

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**Parent/Guardian/Adult –complete only if resides at primary address listed above. Use full legal name as it appears on driver's license**

2.Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Legal Guardian-circle one Y N

**The Guardian above will have rights and access to all student's educational records and will receive information in the following manner: Mailing, Portal and Email** Yes  No

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Does the student's parent/guardian need interpreter services? \_\_\_\_\_ Preferred Language \_\_\_\_\_

<b>List Legal Names of other children, including pre-school age, who reside at the student's address.</b>						
Last Name-as appears on birth certificate	First Name	Middle Name	Gender M/F	Date of Birth	Relationship to Student	Name of School Attending

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Student Name \_\_\_\_\_

**Additional Parent/Guardian Information. PARENTS NOT LISTED ABOVE AND DO NOT LIVE AT THE PRIMARY ADDRESS. Use parent's full legal name as it appears on driver's license.** The Family Education and Privacy Rights Act provide that educational records are available to parents of a student. Legal documentation is required for custody limitations.

Does this student reside with this parent/guardian part-time during the school year? **Yes** **No**  
Secondary Non-Household

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Legal Guardian-circle one Y N

*The Guardian above will have rights and access to all student's educational records and will*  Yes  No  
*receive information in the following manner: Mailing, Portal and Email*

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Does the student's parent/guardian need interpreter services? \_\_\_\_\_ Preferred Language \_\_\_\_\_

Home Landline Phone \_\_\_\_\_

Parent/Guardian Resident Address \_\_\_\_\_

Parent/Guardian Mailing Address-If different from resident address. \_\_\_\_\_

**OPTIONAL - Emergency Contact-other than people listed above.**

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

Gender \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Landline Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**\*\*SIGNATURE REQUIRED\*\***

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

\*\* Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The data requested on the registration forms will be maintained as part of your child's educational and directory records. Some data is required (such as name, address, and birthdates). Other information requested is not required (such as emergency contacts) but will help us to serve you and your child more efficiently. The information you provide may be shared with other staff within the school district and the Minnesota Department of Education whose jobs require access or other agencies as provided by law. Student educational records are considered private under Minnesota's Data Practices Act. Student directory information is designated per the School District's Data Privacy Policy.

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