

## Enrollment Form - School District 318

MARSS ID #	Local ID #	Start Date	Assigned School	Grade	Intake Date			
<b>Student Information</b>								
LAST Name (Legal)	FIRST Name (Legal)	Full MIDDLE Name	Nickname or Preferred Name	Birth Date				
Gender	Birth Country:		Date student entered the United States:					
Language child first learned:	Language spoken in the home:	Language child usually	Is English read in the home?	Receiving ESL Services?				
Federal Ethnicity (please mark <u>one</u> ) Is the student's ethnicity Hispanic or Latino?  (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)		For Federal reporting purposes, please check all races that apply for student: American Indian / Alaskan Native Asian Black / African American Native Hawaiian / Pacific Islander White	Services Does student receive special education services?  Does student have a 504 Accommodation Plan?					
If child has any health concerns we should be aware of, please list:								
<b>Previous Enrollments</b>								
Has student previously attended any school in <u>this</u> district?		School			Grade			
Has student previously attended any other school district in <u>Minnesota</u> ?		District			Grade			
Has student ever registered under a different name? If so, please provide:								
<b>Prior school information, most recent first:</b>								
Name of School	Year / Grade	Public/Private	FT / PT	City and State	Phone and Fax			
	/				/			
	/				/			
	/				/			
<b>PRIMARY Residence</b>								
All information and mailings will be sent to the primary household.								
Student lives with (check all that apply)	Holds <u>legal</u> custody?	Legal Guardian?	Primary Parent/Guardian Information		Primary Parent/Guardian Information			
			Name		Name			
			Physical Address		Mailing Address			
			City / State / Zip		City / State / Zip			
			County	Resident School District	Resident District verified?			
			Home Phone	Unlisted?	E-mail			
			Cell Phone		Cell Phone			
			Place of employment		Place of employment			
			Work Phone / Pager		Work Phone / Pager			
Have you moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work?								
Have parental rights been terminated (Ward of State)? (if Yes, please provide legal documentation)								
Social Worker Name		Social Worker Phone Number						
<b>Student's SECONDARY Household</b> (if applicable, or birth parent household if primary residence is foster)								
Request school information to be sent to this household also?								
Relationship to student:	Holds <u>legal</u> custody?	Legal guardian?	Name		Name			
			Address					
			City / State / Zip		County	Resident School & District		
			Home Phone	Unlisted?	E-mail			
			Cell Phone		Cell Phone			
			Place of Employment		Place of Employment			
			Work Phone / Pager		Work Phone / Pager			
<b>** Note: Please notify the school office and provide legal documentation if there is a custodial issue. **</b>								

Name:

Name:

**Bussing Information**

Bussing Information: Walker            Bus	# of miles from school:	District providing transportation:	Bus #	Pick Up Time	Drop Off Time
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**Census**

Please list all other permanent members (adults & children) in student's household.

Full Legal Name (Last, First, Middle)	Birthdate	Gender	Relationship	Age / Grade	School
				/	
				/	
				/	
				/	
				/	
				/	
				/	
				/	
				/	

**Emergency Contacts**

Emergency Contact outside of home	Relationship	Phone Number	Cell/Pager Number

*We will try to reach a parent/legal guardian at home or work BEFORE calling the emergency contacts.*

**Daycare Contacts**

Daycare Contact Name	Relationship	Phone Number	Cell/Pager Number
Address	City	State	Zip
Daycare Schedule (which days per week)			

**Additional Information**

If the student is entering kindergarten, have they received Early Childhood Screening?

If YES, where?

Is the student homeless?

**The following questions apply to secondary school students:**

Is the student a Teen Parent?

Is the student a Displaced Homemaker?

**I certify the information provided here is true and complete to the best of my knowledge.**

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

**Tennison Warning:** You have been asked to supply private information concerning your child. Pursuant to M.S. 12.04, school districts are required to inform parent/guardians how this information will be used. All information collected will be private and confidential. This information will help us aid your child in case of an emergency or health concern. We may need to phone you or other designated people. You may refuse to supply the requested information. This may greatly hinder us in helping your child. Please note that in a crisis we might need to call 911 or law enforcement for help with your child. Information that you provide to our schools will only be available to staff who work directly with your child or to emergency response personnel. Data privacy laws protect confidentiality.

**School District 318**

Central Student Enrollment • Administrative Services • 601 SW 7th Street • Grand Rapids, MN 55744

Phone: 218-327-5707 • Fax: 218-327-5865

For District Use Only

- |   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> Birth Verification | <input type="checkbox"/> Emergency Card   | <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Psychologist  | <input type="checkbox"/> Records Requested |
| <input type="checkbox"/> Immunizations      | <input type="checkbox"/> Perm File Folder | <input type="checkbox"/> Indian Ed       | <input type="checkbox"/> Social Worker | Phone:                                     |
| <input type="checkbox"/> EC Screening       | <input type="checkbox"/> School Office    | <input type="checkbox"/> Transportation  | <input type="checkbox"/> Principal     | Fax:                                       |
|   | <input type="checkbox"/> Special Ed       | <input type="checkbox"/> MARSS           | <input type="checkbox"/> Teacher       |  |