



SCHOOL USE ONLY

Student ID Number _____

Enter Date _____

MARSS Number _____

Student Enrollment Form

STUDENT INFORMATION

Last name _____ First name _____ Middle _____ Male Female

Grade _____ Birth date _____ Birth Place _____ Previous school _____

RACE/ETHNICITY: **Circle each YES or NO.** At least 1 must be circled YES. More than one may be circled YES.

YES NO ... Hispanic/Latino YES NO ... American Indian/Alaska Native YES NO ... Asian YES NO ... Black/African American

YES NO ... Native Hawaiian/Pacific Islander YES NO ... White **Interpreter Needed?** YES NO

Has student ever attended Dist 241 before? YES NO Has student ever attended a MN school before? YES NO If yes, where? _____

Does this student currently receive ESL or bilingual services? YES NO **Does this student currently have an IEP (Individualized Education Plan) or 504 plan?** YES NO

PRIMARY FAMILY INFORMATION (Person(s) with whom the student resides)

Parent/Guardian #1 Last name _____ First name _____ Relationship to Student _____

Home address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Home phone (_____) _____ Unlisted number? Yes No **Parent/Guardian** cell phone (_____) _____

Parent/Guardian E-mail address _____

Employer _____ Occupation _____ Work phone (_____) _____ Ext. # _____

In the event of an emergency, contact this person: 1st 2nd 3rd 4th Can this person be contacted at work? Yes No

Parent/Guardian #2 Last name _____ First name _____ Relationship to Student _____

Cell phone (_____) _____ E-mail _____

Employer _____ Occupation _____ Work phone (_____) _____ Ext. # _____

In the event of an emergency, contact this person: 1st 2nd 3rd 4th Can this person be contacted at work? Yes No

EMERGENCY INFORMATION

Emergency Contact Last name _____ First name _____ Relationship to Student _____

Home phone (_____) _____ Work phone (_____) _____ Cell phone (_____) _____

In the event of an emergency, contact this person: 1st 2nd 3rd 4th Can this person be contacted at work? Yes No

Doctor's name _____ Doctor/clinic phone number (_____) _____ Dentist _____

SECONDARY PARENT/GUARDIAN INFORMATION

This is where you may request that your child's information be sent to his/her other parent/guardian in the case of distance separation and/or divorce.

Parent/Guardian Last name _____	First name _____	Relationship to Student _____
Home address _____	City _____	State _____ Zip _____
Mailing address _____	City _____	State _____ Zip _____
Home phone (_____) _____	Unlisted number? Yes No	Parent/Guardian cell phone (_____) _____
Parent/Guardian E-mail address _____		
Employer _____	Occupation _____	Work phone (_____) _____ Ext. # _____

- Can this person have contact with student? Yes No
- Does student reside with this person part-time during the school year? Yes No If yes, please specify: _____
- Should duplicate copies of ALL confidential school mailings be sent to this person? Yes No
- OR** only those circled or checked boxes: Report cards Attendance notices Discipline reports
- Should this person be contacted if necessary? Yes No
- Does this person have custodial rights? Yes No

SIBLINGS *Please list all other children in the family, including graduates and pre-schoolers*

Last Name	First Name	M.I.	M/F	Birth date	School	Grade

MINNESOTA LANGUAGE SURVEY ATTACHED

Parent/Guardian signature _____	Date _____
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NOTE | Information on the Data Privacy Act is included in your paperwork.