

2021-22***ECFE/SR ENROLLMENT***Please include \$25 Registration Fee and copy of immunizations.

CHILDS NAME _____ Date of birth _____ (Date received CE _____)

Early Childhood Screening Complete?? _____ Approximate date? _____

FAMILY INFORMATION

Student's PRIMARY Household

All information and mailings will be sent to the primary household (START DATE:)

Student lives with: Mother and Father <input type="checkbox"/> Mother (and Stepfather if applicable) <input type="checkbox"/> Father (and Stepmother if applicable) <input type="checkbox"/> Single Gender Parents <input type="checkbox"/> *Foster Family <input type="checkbox"/> *Relative/Other <input type="checkbox"/> *Provide legal custody document OR fill in legal parent/guardian info in Secondary Household section below.	Address _____ City _____ State _____ Zip _____ County _____ Home Phone _____ Is this primary residence located within the ISD 255 district boundaries: Yes No I am unsure
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Primary Household Parent/Guardian 1	Primary Household Parent/Guardian 2
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Name _____ DOB _____	Name _____ DOB _____
Work Phone () _____	Work Phone () _____
Cell Phone () _____	Cell Phone () _____
E-mail address _____	E-mail address _____
Place of Employment _____	Place of Employment _____

** Note: Please notify the school office and provide legal documentation if there is a custodial issue. **

Please list all permanent members (adults & children) in household.

Full Legal Name	Birthdate	Gender	Relationship	Age/Grade	School (if attending)

Student's SECONDARY Household (if applicable)

*All information and mailing will be sent to the secondary household.

Student lives with: Mother (and Stepfather if applicable) <input type="checkbox"/> Father (and Stepmother if applicable) <input type="checkbox"/> Single Gender Parents Other <input type="checkbox"/> *Provide legal custody document OR fill in legal parent/guardian info in Secondary Household section below.	Address _____ City _____ State _____ Zip _____ County _____ Home Phone _____
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Primary Household Parent/Guardian 1	Primary Household Parent/Guardian 2
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Name _____ DOB _____	Name _____ DOB _____
Work Phone () _____	Work Phone () _____
Cell Phone () _____	Cell Phone () _____
E-mail address _____	E-mail address _____
Place of Employment _____	Place of Employment _____

*If information and mailings should NOT be sent to the Secondary Household, please provide legal documentation.

Emergency Information

Emergency Contacts are people who can be called and will come for student in case parents/guardians cannot be reached.

Name	Relationship	Home Phone	Cell Phone



Student Information

LAST Name (Legal)	FIRST Name (Legal)	Full MIDDLE Name	Nickname or Preferred Name	Birthdate	
Grade	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Language Spoken in the home	Receiving ESL Services Yes <input type="checkbox"/> No <input type="checkbox"/>	Is English read in the home? Yes <input type="checkbox"/> No <input type="checkbox"/>	US Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>
Assistance Needed With: Math <input type="checkbox"/> Speech <input type="checkbox"/> General Learning <input type="checkbox"/> 504 Plan <input type="checkbox"/> Reading <input type="checkbox"/>		Special Education/IEP: Speech/Language <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Dev/Cognitive Disability <input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Autistic <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Tramatic Brain Injury <input type="checkbox"/> Emotional/Behavioral Disorder <input type="checkbox"/> Physically Impaired <input type="checkbox"/>			
Is this student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.) <i>This question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.</i>			What is the student's race? (Choose one or more.) <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.) <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (A person having origins of any of the original peoples of Europe, the Middle East, or North Africa.)		
Previous Enrollments					
Has student previously attended school in this district? Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____					
Has student ever registered under a different name? If so, please provide: _____					
Prior school information, most recent first					
Name of School	Year/Grade	Public/Private	City/State	Phone/Fax	
Additional Information					
Is the student homeless? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Has the student ever been enrolled in a Minnesota School: Yes <input type="checkbox"/> No <input type="checkbox"/>					

In the past 3 years have you or anyone in your family moved (city, state, or school district) so that you or a family member could seek or obtain seasonal/temporary agricultural work? Yes No

Receiving Interpreter Assistance? Yes No

Classroom Volunteer Type? Check One: Not Volunteering Classroom Volunteer or Field Trip

Parent Advisory Council Volunteer Other as District Identified

*****PLEASE ATTACH A COPY OF IMMUNIZATIONS *****

OFFICE USE ONLY:

District Number : 255 District Type: 01 School Year: 2020 Program Name: _____

Registration Date: _____ Count of Classes: _____ Fee Status: _____ Funding Source: _____

Special Needs or Delay NOT Eligible for Special Education: _____ START DATE: _____