

# Student Registration Form

<input type="checkbox"/> OE	<input type="checkbox"/> Legal Docs
<input type="checkbox"/> IDT	<input type="checkbox"/> Res Agr

**Office Use Only:**

School \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Student ID \_\_\_\_\_ Family ID \_\_\_\_\_ State ID \_\_\_\_\_  
 Dwelling # \_\_\_\_\_ Homeroom \_\_\_\_\_ Teacher \_\_\_\_\_

**STUDENT**

Last Name <i>(Legal Name)</i>		First Name	Middle Name	Student ID
Grade		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yyyy)	
Home Address <i>(Student Resides Here)</i>			Unit#	City/State/Zip Code
Home Phone		Effective date of move <i>(If applicable)</i>		

**Race/Ethnic Background:**

Race/Ethnic data is used for the purpose of compliance with federal and state civil rights laws and statistical reports.

Hispanic/Latino *(select only one)*

- Hispanic  
 Non-Hispanic

State Ethnicity *(select only one)*

- American Indian/Alaskan  
 Asian/Pacific Islander  
 Hispanic  
 Black, not Hispanic  
 White, not Hispanic

Race *(select one or more)*

- American Indian/Alaska Native  
 Asian  
 Black  
 White  
 Native Hawaiian/Pacific Islander

Does this student have any Native American lineage?  Yes  No

Has this student ever attended Anoka-Hennepin schools?  Yes  No If yes, Year \_\_\_\_\_ School/s \_\_\_\_\_

Has this student ever attended any other Minnesota public school?  Yes  No If yes, Year \_\_\_\_\_ School/s \_\_\_\_\_

Student's last school attended \_\_\_\_\_  
School Name District # Address City/State/Zip Phone#

If Kindergarten, has this student been preschool screened?  Yes  No If yes, District \_\_\_\_\_

**GENERAL INFORMATION**

**Residency Information:**

Have you recently moved to the school district in the last 36 months for temporary or seasonal agricultural or fishing work?  Yes  No

Is your current address a temporary living arrangement?  Yes  No If yes, please continue.

Is this temporary living arrangement due to loss of housing or economic hardship?  Yes  No

Do you and your student lack a fixed, regular, adequate nighttime residence?  Yes  No

**Home Language Questionnaire:**

Which language did the student learn first?  English  Other: \_\_\_\_\_

Which language is most often spoken in your home?  English  Other: \_\_\_\_\_

Which language does the student usually speak?  English  Other: \_\_\_\_\_

Is an interpreter required to communicate with anyone in your family?  Yes  No If yes, Language: \_\_\_\_\_

Family members: \_\_\_\_\_

If yes: Would you prefer information to be sent home in a language other than English?  Yes  No

If yes: Language: \_\_\_\_\_

**Other Information:** What is the student's country of birth?  U.S.  Other: \_\_\_\_\_

If not in the U.S., when did the student enter the U.S.? \_\_\_\_\_ (mm/dd/yyyy)

Does this student have a diploma or transcript from another country?  Yes  No If yes, Country \_\_\_\_\_

Has this student received Special Educational services of any kind?  Yes  No Is there a current IEP?  Yes  No

Does this student currently have a 504 or health accommodation plan?  Yes  No Has this student been expelled?  Yes  No

Is this student a military-connected youth?  Yes  No

**STUDENT**

Last Name <i>(Legal Name)</i>	First Name	Middle Name	Student ID
-------------------------------	------------	-------------	------------

**PRIMARY LEGAL PARENT/GUARDIAN – Head of Household #1**

Last Name:	First Name:	MI	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
Home Address:			City/State/Zip Code:		
Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives With	<input type="checkbox"/> Contact Allowed		<input type="checkbox"/> Educational Rights	
Email Address:			This will be used for school communication, including school e-newsletters.		
Employer:			Work City:		
Phone Type Work:	Phone Number:	Extension:	Select One: <input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed	<input type="checkbox"/> Ok to Contact
Home:			<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed	<input type="checkbox"/> Ok to Contact
Cell:			<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed	<input type="checkbox"/> Ok to Contact

**PRIMARY LEGAL PARENT/GUARDIAN – Head of Household #2**

Last Name:	First Name:	MI	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
Home Address:			City/State/Zip Code:		
Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives With	<input type="checkbox"/> Contact Allowed		<input type="checkbox"/> Educational Rights	
Email Address:			This will be used for school communication, including school e-newsletters.		
Employer:			Work City:		
Phone Type Work:	Phone Number:	Extension:	Select One: <input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed	<input type="checkbox"/> Ok to Contact
Home:			<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed	<input type="checkbox"/> Ok to Contact
Cell:			<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed	<input type="checkbox"/> Ok to Contact

**LIST ALL OTHERS LIVING IN THE HOUSEHOLD**

Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 11. Certain information, known as "directory information", is available to the public unless the district receives a written request from a parent to withhold this information. Minnesota law requires that you provide immunization information to your student's school.

**STUDENT**

Last Name <i>(Legal Name)</i>	First Name	Middle Name	Student ID
-------------------------------	------------	-------------	------------

**LIST ALL OTHERS LIVING IN THE HOUSEHOLD – IF NEEDED**

Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
Relationship to Parent _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate ____/____/____ (mm/dd/yyyy)
Current School _____	Current Grade: _____	