

Student Registration Form

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

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
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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
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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)
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