

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		Suffix	
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>					

Does this student have any Native American lineage? Yes No

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 Not American Indian

Race *(check all that apply)* American Indian/Alaska Native Asian Black White Native Hawaiian/Pacific Islander

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 _____

<i>School Name</i>	<i>District #</i>	<i>Address</i>	<i>City/State/Zip</i>	<i>Phone#</i>
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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

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)

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: _____

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? Yes No Has this student been expelled? Yes No

Does this student currently have a health accommodation plan? Yes No

Is this student a military-connected youth? Yes No

Are any parents or legal guardians currently on active duty with the Army, Navy, Air Force, Marine Corps or Coast Guard? This includes training and active duty when deployed. This does not include National Guard duty. Yes No Parent Name _____

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)
Current School _____	Current Grade: _____	
Last Name _____	First Name _____	Middle _____
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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: _____	