

# ST. CLOUD PUBLIC SCHOOLS STUDENT REGISTRATION FORM

If you need assistance in filling out this form, please call 320-202-6897

Today's Date: \_\_\_\_\_ Grade entering: \_\_\_\_\_ School: \_\_\_\_\_

## STUDENT INFORMATION

<b>Student's Legal Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of birth</b>	<b>Gender</b>
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Student's Address</b>	<b>Apt. #</b>		<b>Student's Home Phone</b> (include area code)	
_____	_____		_____	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>	
_____	_____	_____	_____	
<b>Country of birth</b>	<b>Graduation Year</b>		<b>Are you staying in a shelter or other temporary housing?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____	_____		_____	

<b>Student's Ethnicity:</b> (check one) Dual reporting required by Federal Law 2008-2009 school year <input type="checkbox"/> 1. American Indian/Alaskan native <input type="checkbox"/> 2. Asian/Pacific Islander <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. Black (not Hispanic origin) <input type="checkbox"/> 5. White (not Hispanic origin)	<b>Student's Race:</b> 1. Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the student's race? (check all that apply) <input type="checkbox"/> 2. American Indian or Alaskan Native <input type="checkbox"/> 3. Asian <input type="checkbox"/> 4. Black or African American <input type="checkbox"/> 5. Native Hawaiian or Pacific Islander <input type="checkbox"/> 6. White	<b>Student's Language:</b> Language student first learned to speak: _____ Language student normally uses at home: _____ Language parent most frequently uses to speak with child: _____ Language student normally uses with friends: _____
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## PARENT/GUARDIAN INFORMATION

<b>Parent/Guardian's Last Name</b>	<b>First Name</b>	<b>Relationship to student</b>	<b>Home Phone</b>	
_____	_____	_____	_____	
<b>Address</b>	<b>Apt. #</b>	<b>City</b>	<b>Cell Phone</b>	
_____	_____	_____	_____	
<b>State</b>	<b>Zip Code</b>	<b>E-mail Address</b>	<b>Work Phone</b>	<b>Ext</b>
_____	_____	_____	_____	_____
<b>Parent/Guardian's Last Name</b>	<b>First Name</b>	<b>Relationship to student</b>	<b>Home Phone</b>	
_____	_____	_____	_____	
<b>Address</b>	<b>Apt. #</b>	<b>City</b>	<b>Cell Phone</b>	
_____	_____	_____	_____	
<b>State</b>	<b>Zip Code</b>	<b>E-mail Address</b>	<b>Work Phone</b>	<b>Ext</b>
_____	_____	_____	_____	_____

**Student lives with:** (Check all that apply)

<input type="checkbox"/> Mother	<input type="checkbox"/> Mother & _____	<input type="checkbox"/> Guardian	<input type="checkbox"/> Ward of the State	<input type="checkbox"/> Alone
<input type="checkbox"/> Father	<input type="checkbox"/> Father & _____	<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other: _____

## EDUCATION/SCHOOL HISTORY

School District where child received **Early Childhood Screening:** \_\_\_\_\_ **School District of Residency:** \_\_\_\_\_

Date **first enrolled in US school:** \_\_\_\_\_ **First enrolled in MN school:** \_\_\_\_\_

Does the student have any **special needs?** (i.e. special ed., ELL, health, etc.)  YES  NO If yes, please identify: \_\_\_\_\_

Has the student ever attended a public school in St. Cloud?  YES  NO If yes, what school(s)? \_\_\_\_\_

**School most recently attended**, if other than a St. Cloud Public School: **School Name:** \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_ **Date last attended:** \_\_\_\_\_

**FAMILY INFORMATION (please list other children who live in the same household)**

Last name	First/Middle name	Birth date	Gender	School	Ethnicity (see below)	Race (see below)	Home Language	Birth Country

**Ethnicity:** (Select only one)

- 1. American Indian/Alaskan Native
- 2. Asian/Pacific Islander
- 3. Hispanic
- 4. Black (not Hispanic)
- 5. White (not Hispanic)

**Race:** (Select all that apply)

- 1. Hispanic or Latino
- 2. American Indian or Alaskan Native
- 3. Asian
- 4. Black or African American
- 5. Native Hawaiian or Pacific Islander
- 6. White

**EMERGENCY CONTACT INFORMATION**

Please provide names and telephone numbers of individuals that can be contacted locally for emergency purposes if parents can not be reached.

**Emergency Contact #1:** Name \_\_\_\_\_

Relation to student \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

**Emergency Contact #2:** Name \_\_\_\_\_

Relation to student \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

**Emergency Contact #3:** Name \_\_\_\_\_

Relation to student \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

**Physician/Medical Office:** \_\_\_\_\_ Phone \_\_\_\_\_

**Dentist:** \_\_\_\_\_ Phone \_\_\_\_\_

**Photo Release:** Occasionally various media representatives (i.e., newspaper, TV, radio, and District 742 Media Services) will cover newsworthy school events and wish to use pictures of students. Often, pictures or video will be taken and students may be identified. If you, **DO NOT** want your child photographed in an identifiable manner, please sign here: \_\_\_\_\_

**Migrant Work Information:** Has either the parent/student moved to this school district within the last 3 years to find a job in agriculture, fishing, dairy or poultry work as a temporary or seasonal worker? \_\_\_Yes \_\_\_No

**Signature of Person Registering Student:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

School Accepting Registration \_\_\_\_\_ Student's starting date \_\_\_\_\_

Legal name and birthdate verified by \_\_\_ birth certificate \_\_\_ passport \_\_\_ other \_\_\_\_\_

742 ID number assigned \_\_\_\_\_ MARSS State ID number \_\_\_\_\_

Data entered into student system \_\_\_\_\_ Revised: 12/15/10

**Please note:** Information will be used for the administration and management of this student's educational program. You are encouraged but not legally required to complete all items on this form. **Kindergarten:** Any child is eligible for kindergarten who is or will be 5 years old on or before September 1<sup>st</sup> or any child who transfers into this system during the school year who has attended a regular kindergarten class in another school district. **Birth Certificate:** A legal birth certificate, passport, I-94 or other similar identification form must be brought to the school district at the time of registration if entering Kindergarten or registering for the first time in a MN school. Such certificates will be returned to you promptly. **Immunization Certificate:** Minnesota State Law (Statute 121A.15) requires all children at the time of initial entry to public school to submit a signed statement from a physician or public immunization clinic stating that the child has been immunized against Diphtheria, Tetanus, Pertussis, Mumps, Rubella (German) Measles, Polio, Varicella and Hepatitis B. Exceptions in the law are provided for the child whose health would be endangered by such immunizations or one who is being reared as adherent of a religious denomination whose teachings are opposing such immunizations. This certificate must be on file in your child's school (in compliance with Minnesota State Law).