

ST. CLOUD AREA SCHOOLS STUDENT ENROLLMENT FORM

If you need assistance in filling out this form, please call 320-257-3811

Today's Date: _____ Grade entering: _____ School: _____

STUDENT INFORMATION

Student's Legal Last Name _____ First Name _____ Middle Name _____ Date of birth _____ Gender Male Female

Student's Address _____ Apt. # _____ Student's Home Phone (include area code) _____

City _____ State _____ Zip Code _____ County of Residence _____

Are you staying in a shelter of other temporary housing? Yes No Country of Birth _____

Are you a military family? Yes No Active Duty Reserve

Student's Ethnicity: (check one) <small>Dual reporting required by Federal Law 2008-2009 school year</small> <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)	Student's Race: 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	Student's Previous School Experience: DATE first enrolled in US school: _____ DATE first enrolled in MN school: _____
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PARENT/GUARDIAN INFORMATION

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

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

Student lives with: (Check all that apply)

Mother Mother & _____ Guardian Ward of the State Alone
 Father Father & _____ Foster Parents Spouse Other: _____

EDUCATION/SCHOOL HISTORY

School District where child received Early Childhood Screening: _____ School District of Residency _____

Does the student have any special needs? (i.e. special ed., 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 and Middle name	Birth date	Gender	School	Ethnicity (see below)	Race (see below)	Home Language	Birth Country

<p>Ethnicity: (Select only one)</p> <p>1. American Indian/Alaskan Native 4. Black (not Hispanic) 2. Asian/Pacific Islander 5. White (not Hispanic) 3. Hispanic</p>	<p>Race: (Select all that apply)</p> <p>1. Hispanic or Latino 4. Black or African American 2. American Indian or Alaskan Native 5. Native Hawaiian or Pacific Islander 3. Asian 6. White</p>
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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 _____

MEDICAL CONTACT INFORMATION

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

Parent/Legal Guardian Signature: _____ **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: 9/12/17

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 1st 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, Rubeola (hard, red) Measles, 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).

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(2) other than English <input type="checkbox"/> only English	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(2) other than English <input type="checkbox"/> only English	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(2) other than English <input type="checkbox"/> only English	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(2) other than English <input type="checkbox"/> only English	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

St. Cloud Area Schools Transportation Request and Change Form (Including Daycare Requests)

- Please complete this form:
 - if your child is a **new student** who will become an active bus rider or
 - for **changes regarding daycare use, home address or phone number**
- Any changes to your child's pick-up or drop-off location requires: **parent/guardian signature and requested started date for this action to take place.**
- Each student is allowed one bus stop for the a.m. and one stop for the p.m. **Parents are responsible for their own temporary arrangements.**
 - please allow up to three (3) business days for transportation requests to be completed

REASON FOR REQUEST

- New student Parent chooses to self-transport: a.m. p.m.
 Daycare (new or change) Change of address/phone

STUDENT INFORMATION

Student's Name (Please print): _____ ID# _____
Parent/Guardian Name: _____
Home Address: _____
Home Phone: _____ Emergency phone: _____

SCHOOL/PROGRAM

School _____ Grade _____

Immersion Programs:

- Chinese Immersion (Madison)
 Spanish Immersion (Clearview)

PICK-UP/DROP-OFF INFORMATION

Pick up student by: home address daycare address
Drop off student by: home address daycare address

DAYCARE INFORMATION

Provider's name _____ Phone number _____
Address _____

Requested start date: _____ School Year _____

SIGNATURE

Parent/Guardian signature: _____ Date _____

RETURN TO: DISTRICT TRANSPORTATION: 737 OSSEO AVE. SO., ST. CLOUD, MN 56301 or EMAIL DSB@ISD742.ORG
PHONE: 253-9370 FAX: 320-529- 4341

OFFICE USE ONLY

Completed by: _____ Date _____

RECORDS REQUEST

FROM: _____

_____, D.O.B. _____, Grade _____ has enrolled in our school.

Please send the following items as soon as possible:

- _____ Cumulative Record
- _____ Transcript of Grades and key to your grading system
- _____ **Withdrawal grades**
- _____ Attendance Records
- _____ Discipline Records
- _____ Standard Test Scores/WIDA English Proficiency Test Scores
- Health Records and Immunization Records**
- _____ Current IEP and Related Materials (if applicable)
- _____ Psychological Reports (if applicable)
- _____ MCA Testing Results
- _____ MAP/NWEA Testing Results
- _____ MARRS Number: _____

IN ACCORDANCE WITH REVISED FEDERAL AND STATE STATUTES, PERMISSION OF THE PARENT OR ADULT STUDENT IS NO LONGER REQUIRED WHEN RECORDS ARE REQUESTED BY AUTHORIZED SCHOOL PERSONAL.

Thank you for your promptness in this matter.

I hereby grant permission for _____
 (name of previous school)

to transfer the school records of _____
 (name of student)

to District 742. I understand that I have the right to see the records and receive an interpretation of their meeting.

Date _____ Signature of Parent of Legal Guardian/Adult Student _____

ANNUAL STUDENT HEALTH INFORMATION
PLEASE PROVIDE A COMPLETE LIST OF STUDENT'S IMMUNIZATIONS UPON ENTRANCE TO
KINDERGARTEN AND GRADE 7, AND STUDENTS NEW TO THE DISTRICT.

Student Name: _____

Birthdate: _____

School Year: _____

Gender: _____

School: _____

Grade: _____

Other ID: _____

Home Room: _____

HEALTH CARE

Primary Care Provider/Clinic Name _____

Health Care Specialists (neurology, behavioral, orthopedic, etc.)/Clinic Name _____

Has your child had a physical examination within the past year: **Y** or **N** Date ____/____/____

1. Check any current health condition listed below about which the school should be aware:

<input type="checkbox"/> ADHD	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> History of Chicken pox: Y or N If yes, Month/Year ____/____
<input type="checkbox"/> Allergies:			<input type="checkbox"/> Diabetes: Insulin Pump ____ Pen ____
<input type="checkbox"/> Food _____ Symptoms _____			<input type="checkbox"/> Seizures/Epilepsy
<input type="checkbox"/> Bee Sting _____ Symptoms _____			<input type="checkbox"/> Headaches
<input type="checkbox"/> Environmental _____ Symptoms _____			<input type="checkbox"/> Hearing: Aids _____ Tubes _____
<input type="checkbox"/> Latex _____ Symptoms _____			<input type="checkbox"/> Vision: Glasses ____ Contacts ____
<input type="checkbox"/> Medication _____ Symptoms _____			<input type="checkbox"/> Scoliosis
My Child has an EpiPen Y or N			<input type="checkbox"/> Other Health Conditions (kidney, heart, lung) _____
Is this a medical emergency? Y or N			
<input type="checkbox"/> Asthma: Inhaler Y or N Type _____			
<input type="checkbox"/> Autism/Aspergers			

2. Does your child have any disabilities, physical limitations or developmental delays: Y or N If YES, please explain:

3. List any serious illness or injury that occurred in the past year: _____

4. MEDICATIONS	DOSAGE	TIMES PER DAY	REASON FOR MED	TAKEN AT HOME	TAKEN AT SCHOOL

5. Has your child had any immunizations this past year? Include mm/dd/yy

Tdap ____/____/____ DPT ____/____/____ Polio ____/____/____ MMR ____/____/____ Td booster ____/____/____
 Varicella (chicken pox) ____/____/____ Menactra (Meningitis) ____/____/____
 Hep B ____/____/____ Hep A ____/____/____
 Gardisil (HPV) ____/____/____

Please remember to inform your child's bus driver if your child has a condition that may lead to an emergency situation on the bus. NO medications, prescription or over the counter, are given to a student unless prescribed by the child's physician and provided by the parent. Annual written consent to dispense medication is required from the parent and the physician. Medication to be dispensed must be brought to school by the parent in a pharmacy labeled bottle. The above information may be shared with staff.

Parent/Guardian Signature _____ **Date** _____