

Student Information

Student Full Legal Name: (Last, First, Middle)	Birth Date:	Gender:	Gender Identity:	Grade:

Resident District (if not Northfield Public Schools:	If not a resident of ISD #659, has an Open Enrollment or Non-Resident Agreement been completed and sent to the district office? <input type="checkbox"/> Yes
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Early Childhood Screening is required for your child's entry into public school kindergarten. Has your child completed screening (3-5 years old) with ISD #659? **Yes** **If yes, in which district was your child screened?**

Does your child have internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No	In which language do you prefer to receive written school communications? <input type="checkbox"/> English <input type="checkbox"/> Other (specify):
Does your child have a device to access eLearning? <input type="checkbox"/> Yes <input type="checkbox"/> No	In which language do you prefer to receive oral school communications? <input type="checkbox"/> English <input type="checkbox"/> Other (specify):

Additional Information

Student was born in City, State, County, Country:

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If born outside of the USA:

Date of entry to the USA:

Date of first enrollment in a USA school:

Date child entered school in Minnesota:

Has this student completed three or more years of school in the USA? **Yes** **No**

Is this student: <input type="checkbox"/> Homeless <input type="checkbox"/> Ward of the state <input type="checkbox"/> Migrant <input type="checkbox"/> Immigrant <input type="checkbox"/> Foreign Exchange <input type="checkbox"/> Military-Connected Youth (optional)	Does your child receive any services in the following areas? Check all that apply. <input type="checkbox"/> Special Education - Individual Education Plan (IEP) <input type="checkbox"/> ADA Section 504 Plan <input type="checkbox"/> Title-I <input type="checkbox"/> English Learner (EL) <input type="checkbox"/> Gifted/Talented Other:	Racial/Ethnic Background of Student: (Check ALL that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin
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Other Children in Primary Household

Sibling Last Name:	Sibling First Name:	Sibling Middle Name:	Sibling Birthdate:	Sibling Gender:	Relationship to Student:

Parent/Guardian Adult 1:

Last Name:	First Name:	Middle Name:	Gender:	Cell Phone:
				Work Phone:

Relationship to Student:	Date of Birth:	Email Address:

Parent/Guardian Adult 2:

Last Name:	First Name:	Middle Name:	Gender:	Cell Phone:
				Work Phone:

Relationship to Student:	Date of Birth:	Email Address:

Parent/Guardian Address—MUST BE COMPLETED

Date Moved In:

Address with PO and/or Apt:	City:	State:	Zip:	Home Phone:

Do parents/guardians have full legal rights?

Are there no No Contact or other Legal Orders in effect? If yes, documentation must be provided.

Additional Parent/Guardian Adult 1 (at different address):

Last Name:	First Name:	Middle Name:	Gender:	Cell Phone:
				Work Phone:

Relationship to Student:	Date of Birth:	Email Address:

Additional Parent/Guardian Adult 2 (at different address):

Last Name:	First Name:	Middle Name:	Gender:	Cell Phone:
				Work Phone:

Relationship to Student:	Date of Birth:	Email Address:

Additional Parent/Guardian Address

Date Moved In:

Address with PO and/or Apt:	City:	State:	Zip:	Home Phone:

Do parents/guardians have full legal rights?

Are there no No Contact or other Legal Orders in effect? If yes, documentation must be provided.

I hereby verify that the above information is true and correct to the best of my knowledge and belief. I understand that completing this form enrolls my student in Northfield Public Schools and grants permission to obtain all student records pertaining to my child.

Parent/Guardian Signature:**Date:**

***EXPLANATION OF PRIVATE INFORMATION REQUESTED ON THIS FORM**—In accordance with the Federal Data Privacy Act of 1974 and the State of Minnesota Privacy Law, you are not required to provide the information noted with an asterisk (*). There will be no adverse affect on you or your student if you do not choose to provide it. However, your cooperation in providing this information will ensure its accuracy and help to facilitate equitable educational opportunities for all students. Be assured that we will use the information in a manner that respects the privacy of our students and families.

Parent Education Information:	Student Full Legal Name:
Parent/Guardian Name:	Please check box of enrolling Parent/Guardian and their highest level of education. Only check one education level:
<input type="checkbox"/> 8th Grade	<input type="checkbox"/> 2 Year College
<input type="checkbox"/> 9th Grade	<input type="checkbox"/> Career/Technical Certificate
<input type="checkbox"/> 10th Grade	<input type="checkbox"/> Associates
<input type="checkbox"/> 11th Grade	<input type="checkbox"/> 4 Year College
<input type="checkbox"/> 12th Grade-Non Graduate	<input type="checkbox"/> BA/BS
<input type="checkbox"/> High School Grad	<input type="checkbox"/> MA/ED
<input type="checkbox"/> GED	<input type="checkbox"/> PhD
<input type="checkbox"/> Some College	<input type="checkbox"/> Doctorate
	<input type="checkbox"/> Other

Emergency Contacts (other than those listed as parent/guardians) At least on phone number must be provided.			
Last Name:	First Name:	Phone:	Relationship to Student:

Other Health/Medical Concerns: In case of extreme emergency we give permission to call 911. Parent will also be called.		
Doctor Name:	Phone:	Health/Medical Concerns: