

## Student Enrollment Form

Student Information					
<b>Student Legal Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>	<b>Social Security Number: (Optional)</b>
<b>Birth Certificate Received? (For Staff)</b>	<b>Birth Date:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Gender Identified As:</b>		<b>Entering Grade:</b>
<b>Student Cell Number:</b>			<b>Student Email:</b>		
<b>Resident District (if not Northfield Public Schools):</b>		<b>If not a resident of ISD #659, has an Open Enrollment or Non-Resident Agreement been completed and sent to the district office?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>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?</b>					
<input type="checkbox"/> Yes - If yes, in which district was your child screened? <input type="checkbox"/> No					
<b>Does your child have internet access?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Does your child have a device to access eLearning?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Federal Designations					
<b>Racial/Ethnic Background of Student*:</b> (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		<b>Home Primary Language**:</b> Your child's teachers need to determine which language your child uses most. Please answer the following questions. <b>Which language did your child learn first?</b> <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____  <b>Which language is most often spoken in your home?</b> <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____  <b>Which language does your child usually speak?</b> <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____  <b>In which language do you prefer to receive written school communications?</b> <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____  <b>In which language do you prefer to receive oral school communications?</b> <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____			
<b>Parent Education Levels:</b> Select the highest education level completed by parent:  <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Beyond College		<b>Student:</b> <b>City, State, County, Country of Birth:</b> _____  <b>If born outside of the USA:</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No]			
Additional Student Information					
<b>Is this student:</b> <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)		<b>Does your child receive any services in the following areas? Check all that apply.</b> <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 <input type="checkbox"/> Other _____			

<b>Primary Household</b>		<b>Date Moved In:</b>			
Address:	City:	State:	Zip:	Home Phone:	
<b>Primary Household Adult 1</b>					
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: (Cell) (Work)	
Relationship to Student:		Date of Birth:	Email Address:		
Do parents/guardians have full legal rights? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there any No Contact or other Legal Orders in effect? <input type="checkbox"/> Yes - If yes, documentation must be provided. <input type="checkbox"/> No			
<b>Primary Household Adult 2</b>					
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: (Cell) (Work)	
Relationship to Student:		Date of Birth:	Email Address:		
<b>Other Children/Members in Primary Household</b>					
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Student:	Birth Date:
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Additional Household</b>			<b>Date Moved In:</b>		
Address:	City:	State:	Zip:	Home Phone:	
<b>Additional Household Adult 1</b>					
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: (Cell) (Work)	
Relationship to Student:		Date of Birth:	Email Address:		
<b>Additional Household Adult 2</b>					
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: (Cell) (Work)	
Relationship to Student:		Date of Birth:	Email Address:		
Do parents/guardians have full legal rights? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there any No Contact or other Legal Orders in effect? <input type="checkbox"/> Yes - If yes, documentation must be provided. <input type="checkbox"/> No			
<b>Emergency Contacts (other than those listed above) At least one phone number must be provided.</b>					
Last Name:	First Name:	Work Phone:	Cell Phone:	Home Phone:	Relationship To Student:
<b>Other Health/Medical Concerns: In case of extreme emergency we give permission to call 911. Parent will also be called.</b>					
Doctor Name:	Phone:	Health/Medical Concerns:			

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.

**\*Racial/Ethnic Background:** This information is needed to comply with state and federal reporting requirements relating to equity in education. Your cooperation in providing this information will ensure that we have accurate data.

**\*\*Home Primary Language:** In order to assist school districts to provide equal opportunity for a meaningful education to all students, Minnesota law requires that schools count and report the primary language of their students.