

Screening Enrollment

Student Information					
Student Legal Last Name:		First Name:		Middle Name:	Social Security Number: (Optional)
Birth Certificate Received? <i>(For staff only)</i>		Birth Date:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Birth: City, State, County, Country
Federal Designations					
Racial/Ethnic Background of Student*: (Check ALL that apply)			Does your child receive any services in the following areas? 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			<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		
In which language do you prefer to receive written school communications?		<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):		
In which language do you prefer to receive oral school communications?		<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):		
Primary Household					
Address:		City:		State:	Zip:
Adult 1 Primary Household					
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		
Adult 2 Primary Household					
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:	
Other Children/Members in Primary Household					
Last Name:	First Name:	Middle Name:	Gender:		Relationship to Student:
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
Additional Household					
Address:		City:		State:	Zip:
Adult 1 Additional Household					
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		

Adult 2 Primary Household				
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:	

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.