

Screening Enrollment

| Student Information | tion | | | | | | | | | | | | |
|--|--|----------------|---|--|---|---|----------------|------------------------|------|------------------------------|-------------|-------------|--|
| Student Legal Last Name: First N | | | Name: | | | | Middle Name: | | | Social Security Number: | | | |
| | | | | | | | | | | (Optional) | | | |
| | | | | | | | | | | | | | |
| Birth Certificate Re | ceived? | Birth | Date: | | | | Gender: | | | Student Birth: | | | |
| (For staff only) | | | | | | | \Box Male | | | City, State, County, Country | | | |
| | | | | | | | □ Female | | | | | | |
| Federal Designations | | | | | | | | | | | | | |
| Racial/Ethnic Back | ground of S | tudent*: | | Does your child receive any services in the following areas? | | | | | | | | | |
| (Check ALL that ap | ply) | | | Check all that apply. | | | | | | | | | |
| | | | Special Education - Individual Education Plan (IEP) | | | | | | | | | | |
| □ American Indian or Alaska Native | | | \Box ADA Section 504 Plan | | | | | | | | | | |
| Asian or Pacific Islander | | | | | | | | | | | | | |
| Hispanic | | | English Learner (EL) Gifted Trabusted | | | | | | | | | | |
| Black, not of Hispanic origin White, not of Hispanic origin | | | □ Gifted/Talented □ Other | | | | | | | | | | |
| White, not of H In which language d | | | | | | | | | | | | | |
| receive written scho | | | English Other (sp | | | er (ene | acify). | | | | | | |
| In which language d | | | | | | | | мц <i>)</i> . | | | | | |
| receive oral school of | | | English | □ English □ Other (spec | | | | cify): | | | | | |
| Primary Household | | | | I | <u> </u> | <u>, (sp</u> | •11)) | | | | | | |
| Address: | | City: | City: | | | | | State: | Zip: | | Home Phone: | | |
| | | | 5 | | | | | | - | | | | |
| | | | | | | | | | | | | | |
| Adult 1 Primary Ho | | | | | 1 | | _ | 1 - | | | | | |
| Last Name: | I | First Nar | ne: | | Midd | Middle Na | | Gender: | | Other Phone: | | | |
| | | | | | | | | □ Male | | (Cell) | | | |
| | | Date of Birth: | | | | Email Address: | | | | | | | |
| Relationship to Stude Do parents/guardian | | val mialata | | th: | A rot | hore | | Address: Contact or | otho | I cool Or | dom in of | foot | |
| 0 | is have full leg | gai fights: | | | | | | ocumentatio | | 0 | | | |
| | usabald | | | | | 65 - 1 | li yes, u | ocumentatio | | lust be pro | | INO | |
| Last Name: | Adult 2 Primary Household Last Name: First Name | | | e: Middle N | | | ame | Gender: | | Other Phone: | | | |
| | | 1100 1 100 | ist i vanie. | | | <i></i> | vanne. | □ Male | | (Cell) | | | |
| | | | | | | | | \Box Female | | (Work) | | | |
| Relationship to Stude | ent: | | Date of Bir | th: | | | Email | Address: | | / | | | |
| Other Children/Me | embers in Pr | imary H | ousehold | | | | | | | | | | |
| Last Name: | First Name | : | Middle Gender: | | | | | | | Relationship to | | Birth Date: | |
| | | | Name | | | | | | | Student: | | | |
| | | | | | Male 🗆 | Fen | | | | | | | |
| | | | | | Male 🗆 | Fen | | | | | | | |
| | | | | | Male 🗆 | Fen | | | | | | | |
| | | | | | $\frac{\text{Male }\Box}{\text{Male }\Box}$ | Fen Fen | | | | | | | |
| Additional Househ | old | | | | | ren | naie | | | | | | |
| Address: City: | | | | | | | | State: Z | | ip: Hom | | e Phone: | |
| City. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Adult 1 Additional | Household | | | | | | | | | | · | | |
| Last Name: Fin | | First 1 | First Name: M | | | Middle Name: | | Gender: Male | | Other Phone: | | | |
| | | | | | | | | | | (Cell) | | | |
| | | | | | | | □ Female | | | (Work) | | | |
| Relationship to Student: | | | Date of Birth: | | | | Email Address: | | | | | | |
| Do parents/guardians have full legal rights? | | | | | | Are there any No Contact or other Legal Orders in effect? | | | | | | | |
| \square Vac \square Na | □ Yes □ No | | | | | Yes - If yes, documentation must be provided. No | | | | | | | |

⁽Page 1 of 2) Please complete and sign second page of form.

| Adult 2 Primary Household | | | | |
|---------------------------|----------------|--------------|----------|--------------|
| Last Name: | First Name: | Middle Name: | Gender: | Other Phone: |
| | | | □ Male | (Cell) |
| | | | □ Female | (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.