

## 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										
<ul> <li>Black, not of Hispanic origin</li> <li>White, not of Hispanic origin</li> </ul>			□ 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:		<b>Gender:</b> 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							

<sup>(</sup>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.