



ENROLLMENT FORM

SCHOOL: _____

OFFICE USE ONLY

DATE ENROLLMENT FORM RECEIVED:	DATE RECORDS REQUESTED FROM PREVIOUS SCHOOL:	DATE STUDENT DATA VERIFIED FROM PREVIOUS SCHOOL: Data Verified by: · Phone · Fax · Other_____
--------------------------------	--	--

DATE OPEN ENROLLMENT STATUS GRANTED:	DATE RECORDS RECEIVED FROM PREVIOUS SCHOOL:	ADDITIONAL NOTES:
--------------------------------------	---	-------------------

STUDENT ENROLLMENT INFO: DATE: _____ YEAR: _____ STUDENT MARRS # _____	ADDRESS VERIFICATION: · Driver's License · Utility Bill · Other _____	NAME/BIRTH DATE VERIFICATION: · Birth Certificate · Other _____
--	--	---

1. STUDENT INFORMATION (Legal documentation or district approval is required to use this address for school assignment if other than parents)

LEGAL NAME	Last: _____	First: _____	Middle: _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE (mm-dd-yyyy) - -	GRADE
------------	-------------	--------------	---------------	--	--------------------------------	-------

ADDRESS	Street Name and House Number (Apt./Unit#): _____	City: _____	State: _____	Zip Code: _____
---------	--	-------------	--------------	-----------------

HOME PHONE <input type="checkbox"/> Unlisted	() -	WITH WHOM DOES THE STUDENT LIVE?	<input type="checkbox"/> Both Father & Mother <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Mother & Stepfather	<input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Legal Guardians <input type="checkbox"/> Group Home <input type="checkbox"/> Lives Independently	<input type="checkbox"/> Other (Explain): _____
---	-------	----------------------------------	---	---	---	---

2. PARENT/GUARDIAN #1 INFORMATION (Legal documentation is required for custody limitations)

LEGAL NAME	Last: _____	First: _____	Middle: _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	LEGALLY RESPONSIBLE FOR STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------	-------------	--------------	---------------	--	--------------	--

HOME PHONE <i>(If different than student)</i>	() -	CELL PHONE <i>(If different than student)</i>	() -	WORK PHONE <i>(If different than student)</i>	() -	EMAIL
--	-------	--	-------	--	-------	-------

ADDRESS <i>(If different than student)</i>	Street Name and House Number (Apt./Unit#): _____	City: _____	State: _____	Zip Code: _____
---	--	-------------	--------------	-----------------

3. PARENT/GUARDIAN #2 INFORMATION (Legal documentation is required for custody limitations)

LEGAL NAME	Last: _____	First: _____	Middle: _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	LEGALLY RESPONSIBLE FOR STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------	-------------	--------------	---------------	--	--------------	--

HOME PHONE <i>(If different than student)</i>	() -	CELL PHONE <i>(If different than student)</i>	() -	WORK PHONE <i>(If different than student)</i>	() -	EMAIL
--	-------	--	-------	--	-------	-------

ADDRESS <i>(If different than student)</i>	Street Name and House Number (Apt./Unit#): _____	City: _____	State: _____	Zip Code: _____
---	--	-------------	--------------	-----------------

4. EMERGENCY CONTACT #1 INFORMATION (LIST CONTACT OTHER THAN PARENT/GUARDIAN – CONTACT WITH PARENT/GUARDIAN WILL BE MADE 1ST)

These are the only contacts that may transport, care for or provide release permission for your child if you cannot be reached. In case of serious accident or illness at school, 911 will be called. The parent/guardian is responsible for all expenses. List daycare as an emergency contact.

LEGAL NAME	Last: _____	First: _____	Middle: _____	RELATIONSHIP TO STUDENT
------------	-------------	--------------	---------------	-------------------------

GENDER · Male · Female	HOME PHONE () -	CELL PHONE () -	WORK PHONE () -
------------------------------	---------------------	---------------------	---------------------

5. EMERGENCY CONTACT #2 INFORMATION (LIST CONTACT OTHER THAN PARENT/GUARDIAN – CONTACT WITH PARENT/GUARDIAN WILL BE MADE 1ST)

These are the only contacts that may transport, care for or provide release permission for your child if you cannot be reached. In case of serious accident or illness at school, 911 will be called. The parent/guardian is responsible for all expenses. List daycare as an emergency contact.

LEGAL NAME	Last: _____	First: _____	Middle: _____	RELATIONSHIP TO STUDENT
------------	-------------	--------------	---------------	-------------------------

GENDER · Male · Female	HOME PHONE () -	CELL PHONE () -	WORK PHONE () -
------------------------------	---------------------	---------------------	---------------------

6. OTHER SIBLINGS OF THE STUDENT UNDER THE AGE OF 21 LIVING IN THE SAME HOUSEHOLD INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE (mm/dd/yyyy)	GRADE	SCHOOL
			<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	/ /		

ENROLLMENT FORM (continued)**7. RACIAL/ETHNIC INFORMATION**

This information is for federal and state civil rights and statistical reports. This is a nonscientific racial/ethnic designation as defined by the U.S. Department of Education.

CHECK ONE RESPONSE	FOR STATE REPORTING PURPOSES OF THE STUDENT'S PRIMARY RACIAL ETHNIC BACKGROUND:
<input type="checkbox"/> American Indian/Alaskan Native	- [Persons having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition.]
<input type="checkbox"/> Asian/Other Pacific Islander	- [Persons having origins in any other original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent.]
<input type="checkbox"/> Hispanic	- [Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin – regardless of race.]
<input type="checkbox"/> Black, not of Hispanic origin	- [Persons having origins in any of the Black racial groups of Africa.]
<input type="checkbox"/> White, not of Hispanic origin	- [Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.]
CHECK ONE RESPONSE	FOR FEDERAL REPORTING PURPOSES OF THE STUDENT'S ETHNICITY:
<input type="checkbox"/> Hispanic or Latino	- [A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin – regardless of race.]
<input type="checkbox"/> NOT Hispanic or Latino	
CHECK ALL RESPONSES THAT APPLY	FOR FEDERAL REPORTING PURPOSES OF THE STUDENT'S RACE:
<input type="checkbox"/> American Indian or Alaska Native	- [A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.]
<input type="checkbox"/> Asian	- [A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.]
<input type="checkbox"/> Black or African American	- [A person having origins in any of the Black racial groups of Africa.]
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	- [A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.]
<input type="checkbox"/> White	- [A person having origins in any other original peoples of Europe, the Middle East, or North Africa.]

8. HOME LANGUAGE INFORMATION

This information is used to determine if your student is eligible for the English Learner (ELL) program. In order to help your student learn, your student's teachers need to determine which language your student uses most. All Students with a home language other than American English are screened to determine if they are eligible for ELL services.

WHICH LANGUAGE DID THE STUDENT LEARN FIRST? • English (American) • Other: _____	WHICH LANGUAGE DOES YOUR STUDENT USUALLY SPEAK? • English (American) • Other: _____	WHICH LANGUAGE IS MOST OFTEN SPOKEN IN YOUR HOME? • English (American) • Other: _____	WHICH LANGUAGE DO YOU USUALLY SPEAK TO YOUR CHILD? • English (American) • Other: _____
---	---	---	--

9. IMMIGRANT INFORMATION

This information is used to determine eligibility for supplemental funding for the education of immigrant students.

WHAT IS THE STUDENT'S COUNTRY OF BIRTH? _____

If NOT in the United States, when did the student enter the United States? _____

(mm-dd-yyyy)

- -

10. RESIDENCY INFORMATIONDo you reside within White Bear Lake Area Schools boundaries? Yes No If no, *Open Enrollment Forms* must be completed.This information is used to determine if the student qualifies for migrant education services. HAVE YOU RECENTLY MOVED TO THE SCHOOL DISTRICT IN THE LAST 36 MONTHS FOR TEMPORARY OR SEASONAL AGRICULTURE OR FISHING WORK? Yes No

This information is used to ensure the educational rights and protection for students experiencing homelessness. A homeless individual is one who: (1) lacks a fixed, regular and adequate nighttime residence and (2) includes: (a) children and youths are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelter; are abandoned in hospitals; or are awaiting foster care placement; (b) children and youths who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; and (c) children or youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. You are not required to complete the information in this section of the form. If you choose not to complete this section there may be a delay in the provision of services. The teacher, school and district administrators and the Minnesota Department of Education (MDE) have access to this information.

IS THE STUDENT CONSIDERED HOMELESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what district and school did the student attend prior to becoming homeless? _____	If YES, what district and school is currently serving the location where the student is temporarily living? _____
---	--	--

11. PREVIOUS SCHOOL ENROLLMENT INFORMATION

HAS THE STUDENT EVER ENROLLED IN ISD624-WHITE BEAR LAKE AREA SCHOOLS BEFORE? • Yes • No If yes, Date _____ School _____

HAS THE STUDENT EVER ENROLLED IN A MINNESOTA PUBLIC SCHOOL BEFORE?
 Yes No If yes, Date _____ City _____PRESCHOOL SCREENING: If enrolling for Kindergarten, has your child completed Preschool Screening? Yes No If yes, Where? _____**LIST ALL PREVIOUS ENROLLMENTS (LIST THE MOST RECENT FIRST)**

District Name	School Name	State	Grade(s) Enrolled	Withdraw Date (mm/dd/yyyy)

DOES THE STUDENT HAVE AN IEP (INDIVIDUALIZED EDUCATION PLAN)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is the student's primary disability? (Check all that apply)	<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Emotional/Behavior Disorders	<input type="checkbox"/> Speech/Language Impairments	DOES THE STUDENT HAVE A 504 ACCOMMODATION PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Developmental Cognitive Disability	<input type="checkbox"/> Other Health Disabilities	<input type="checkbox"/> Traumatic Brain Injury	
		<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> Visually Impaired	
		<input type="checkbox"/> Deaf – Hard of Hearing	<input type="checkbox"/> Specific Learning Disabilities		

IS THE STUDENT CURRENTLY ENROLLED IN A TALENTED AND GIFTED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS YOUR CHILD EVER RECEIVED HELP LEARNING ENGLISH? <input type="checkbox"/> Yes <input type="checkbox"/> No	IS THE STUDENT CURRENTLY RECEIVING TITLE I SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS THE STUDENT EVER BEEN EXPELLED FROM A PREVIOUS SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS THE STUDENT EVER BEEN ARRESTED RESULTING IN A CHARGE? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	---	--

12. PARENT/LEGAL GUARDIAN/OTHER PRIMARY CARE PROVIDER/EMANCIPATED STUDENT CERTIFICATION

I CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINTED NAME _____ SIGNATURE _____ DATE _____

Para Español por favor llame al 651-407-7625 / Xav tau ntwv Hmoob hu rau 651-407-7623