

**STUDENT INFORMATION**

LAST Name (Legal)	FIRST Name (Legal)	Full MIDDLE Name	Nickname or Preferred Name	Birthdate	
Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Language spoken in the home	Receiving ESL Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Is English read in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No

Assistance Needed With: <input type="checkbox"/> Math <input type="checkbox"/> Speech <input type="checkbox"/> General Learning <input type="checkbox"/> 504 Plan <input type="checkbox"/> Reading	Special Education/IEP: <input type="checkbox"/> Speech/Language <input type="checkbox"/> Dev Cognitive Disability <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Emotional/Behavioral Disorder <input type="checkbox"/> Physically Impaired <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Autistic <input type="checkbox"/> Traumatic Brain Injury
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<p>Is this student Hispanic/Latino?  <input type="checkbox"/> No, not Hispanic/Latino  <input type="checkbox"/> Yes, Hispanic/Latino          (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)  <i>This question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.</i></p>	<p>What is the student's race? (Choose one or more.)  <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains 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 of any of the original peoples of Europe, the Middle East, or North Africa.)</p>
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**PREVIOUS ENROLLMENTS**

Has student previously attended school in this district?  Yes  No      Grade \_\_\_\_\_

Has student ever registered under a different name? If so, please provide:

***Prior school information, most recent first:***

Name of School	Year/Grade	Public/Private	City/State	Phone/Fax

**Additional Information**

If the student is entering kindergarten, have they received Early Childhood Screening?  Yes  No

If YES, where? \_\_\_\_\_

Is the student homeless?  Yes  No

Has the student ever been enrolled in a Minnesota School?  Yes  No