"Home of the Trojans"

Forollment Form

Emonner Tom					
Today's Date	Grade enrol	ling in:	First Day of Anticipated Enrollment		
Student Last Name (Lega	l): Student Firs	st Name (Legal):	Student Full Middle Name:		
Preferred Name (optional)	): Student Ger	nder:	Student Birth Date:		
	Male	Female			
Student Social Security N	umber:				
information about your child. T department is required by law (Minnesota Statutes Section 1 although you are not legally re The Department of Children, F state and federal government. follow trends in student enrolln Your child's school district will Families, and Learning will sha As a parent, you do not have to	this information is, in turn, provid to collect and store information a 21.932 and 124.17). Therefore, a quired to do so.  Tamilies and Learning uses this in this information is also used to ment, and to track student participal share this information with the Depare the information with the Depare to provide your child's social section.	ed to the Minnesota Department of about each pupil, each staff members ask that you, the parent, provint of the state of t	student social security number to record of Children, Families and Learning. This per and each educational program de your child's social security number.  The money your school district receives from the functional programs, to improve instruction, to learn Learning. The Department of Children, cate additional funding and improve instruction. provide the number, the school district staff might liment.		
Student Race Ethnicity:	Please mark all that apply.				
White Caucasian					
Hispanic:	American Indian:	Asain:	African American:		
Decline to Indicate	Decline to Indicate	Decline to Indicate	Decline to Indicate		
Equadorian	Cherokee	Korean	Somali		
Guatamalan	Dakota/Lakota	Vietnamese	Ethiopian-Oromo		
Mexican	Anishinaabe/Ojibwe	Burmese	Ethiopian-Other		
Other Hispanic/Latino	Other Native American	Chinese	Liberian		
Puerto Rican	Indian Tribal Affiliation	Filipino	Nigerian		
Salvadoran	Unknown	Hmong	African American		
Spaniard/Spanish		Indian	Other		
Unknown		Other			
		Unknown			

**Student's Health Concerns** 

List all medications your child takes:

No

No

Yes

Yes\_

Has your child had any health concerns and/or allergies that we should be aware of? If yes,list:

Does your child take any medications at home on a daily or as needed basis?

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Student's Primary Household						
	All information	and mailings w	ill be sent to the p	rimary househo	ld.	
			Address:			
Mother & Father						
Mother (and Stepfather if applicable)					State:	Zip Code:
Father (and Stepmoti	her if applicable	e)				
*Foster family			County:		Home phone:	:( )
*Relative/Other (Please List):						
*Provide legal custody document OR fill in legal parent/guardian info			*If address is	*If address is NOT in Sebeka School District, please requset an Open		
in Secondary Household section b	elow.		Enrollment for	Enrollment form from the school office.		
		Primary Pare	nt/Guardian Info	rmation		
Name:			Name:			
Work Phone: ( )			Work Pho	ne: ( )		
Cell Phone: ( )			Cell Phon	Cell Phone: ( )		
Email Address:			Email Add	Email Address:		
Please list a	all permanent	members (adu	lts and children)	in the student	s Primary Hou	sehold:
Full Legal Name:	Birth Date:	Gender:	Relationsl	nip to student:	Grade:	School (if attending)
	Student's	<b>Secondary</b>	Household (if	applicable)		
All Student informatio	on will be sent t	o the secondary	household unles	s legal documer	nts are filed in th	ne office.
			Address:			
Mother (and Stepfath	er if applicable	)				
Father (and Stepmother if applicable)			City:		State:	Zip Code:
*Relative/Other (Please List):						
			County:		Home phone:	:( )
*Provide legal custody document 0	OR fill in legal pare	nt/guardian info	*If address is	NOT in Sebeka Sc	chool District, please	e requset an Open
in Secondary Household section below.			Enrollment for	Enrollment form from the school office.		

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Secondary Parent/Guardian Information					
Name:		Name:			
Work Phone: ( )		Work Phone: ( )			
Cell Phone: ( )		Cell Phone: ( )			
Email Address:		Email Address:			
	Student Previous Enrollmen	ts (list most recent first)			
Name of school:	City and State:	Grade Enrolled:	School phone or fax (if known):		
	Emergency Contac				
If your child becomes ill and	you cannot be reached, who shoul	d we call?			
Name of a person in neighborhood		Phone number			
Name of close friend or relative		Phone number			
Physician's name (optional)		Phone number			
Dentist's name (optional)		Phone number			

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Student's Personal Information						
Which Language is most often spoken in your home?			English	Other		
Which Language does your child usually speak?			English	Other		
Which Lang	uage did your	child first learn?	English	Other		
Yes	YesNo Has this child ever been enrolled under a different name?					
		If yes, what name:				
Yes	YesNo Is this student currently homeless?					
A homeless indi	vidual is one who	lacks a fixed, regular, and adequate nighttim	ne residence. This includes:			
(a) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (b) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); (c) an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided; (d) an individual or family who— (A) will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations (B) has no subsequent residence identified; and (C) lacks the resources or support networks needed to obtain other permanent housing.						
Yes	_No	Have you recently moved to this	s school district for tempor	ary employment?		
Yes	_No	Is this student a Ward of the State?				
		If yes, what county?				
Yes	_No	Has this student lived in the United States less than 3 years?				
		If yes, how many years?				
		What is the student's birth country?				
Yes	_No	Has your child ever been assessed or referred for assessment of Special Education services?				
Yes	_No	Does your child currently require Special Education services? If yes, please identify their				
		disabilities below and submit a copy of their IEP (Individualized Educaiton Plan) upon registration.				
		Disability (ies):				
Yes	_No	Has your child ever received Title I	services?			
Questions for Kindergarten students:						
Yes	_No	If the child is entering Kindergarten	•	•		
		where?		rse for information: (837-5101 ext. 129)		
Yes	_No	Have you submitted a copy of your				
		for entrance into kidergarten and fo	or our school files. If no, plea	se submit with this form.		
I certify the information given above is true and complete to the best of my knowledge.						

Parent/Guardian Signature

Date

Parent/Guardian Printed Name