



McGregor ISD #4

148 South Second Street; PO Box 160
McGregor, MN 55760

"Creating a Learning Community Where Improvement is Continuous"

STUDENT ENROLLMENT FORM

STUDENT INFORMATION

MARSS _____
(office use only)

Last Name _____ First Name _____ Middle Name _____
Birth Date: ____/____/____ Gender: M/F Grade Level: _____ Date of Enrollment: ____/____/____
If entering Kindergarten, has your child been screened? Y / N If yes: Date: ____/____/____ Location: _____

Racial and Ethnic Groups (please check those that apply)

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | |

Special Education/IEP: Yes / No

- | | | |
|---|---|---|
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Autistic |
| <input type="checkbox"/> Dev/Cognitive Disability | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Physically Impaired | <input type="checkbox"/> Emotional/Behavior Disorder | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Other | | |

Please list any health concerns we should be aware of: _____

Previous Enrollments: (for new students only)

Name of School	Year/Grade	City and State	Phone and Fax
1. _____	____/____	_____	____/____
2. _____	____/____	_____	____/____

Signature (Authorization to release records) _____

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian (1) Information

Name: _____
Physical Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Place of Employment: _____
Work Phone: _____
Email: _____

Primary Parent Guardian (2) Information

Name: _____
Physical Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Place of Employment: _____
Work Phone: _____
Email: _____

Secondary Parent/Guardian (1) Information

Name: _____
Physical Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Place of Employment: _____
Work Phone: _____
Email: _____

Secondary Parent/Guardian (2) Information

Name: _____
Physical Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Place of Employment: _____
Work Phone: _____
Email: _____

*Note: Please notify the school office and provide legal documentation if there is a custodial issue.

*Note: Request school information to be sent to this household also? Yes ___ No ___

EMERGENCY INFORMATION

In the event of an emergency when parent/guardian cannot be reached.

Name: _____ Relationship: _____ Emergency Phone: ____/____/____

CENSUS

Please list all other permanent members (adult & children) in student's household

Full Legal Name (last, first, middle)	Birth Date	Gender	Relationship	Age/Grade
1. _____	___/___/___	M / F	_____	___/___
2. _____	___/___/___	M / F	_____	___/___
3. _____	___/___/___	M / F	_____	___/___
4. _____	___/___/___	M / F	_____	___/___
5. _____	___/___/___	M / F	_____	___/___

TRANSPORTATION INFORMATION: (Please give a brief driving direction from school to your home)

Closest neighbor with children attending school _____

I certify the information provided here is true and complete to the best of my knowledge.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Tennison Warning

You have been asked to supply private information concerning your child. Pursuant to M.S. 12.04, school districts are required to inform parent/guardians how this information will be used. All information will be private and confidential. We may need to phone you or other designated people. You may refuse to supply the requested information. This may greatly hinder us in helping your child. Please note that information you provide to our school will only be available to staff who work directly with your child or to emergency response personnel. Data privacy laws protect confidentiality.

Non-Discrimination Notice

McGregor ISD #4 does not discriminate on the basis of race, color, creed, religion, national origin, sex, age, marital status with regard to public assistance, sexual orientation, or disability in its programs and activities. The following have been designated to handle inquiries regarding the non-discrimination policies:

Section 504 Coordinator: Kelsey Tessier, School Counselor; 148 South Second Street, McGregor; 218-768-5137 or ktessier@isd4.org

Title IX Coordinator: Brad Johnson, Superintendent/Elementary Principal; 148 South Second Street, McGregor; 218-768-5126 or bjohnson@isd4.org