

**Independent School District #182  
Crosby-Ironton Secondary School  
School Enrollment Form**

Please print clearly



<b>For Office Use Only:</b>	
Copy of Birth Certificate:	_____
Copy of Immunization Record:	_____
MARSS #:	_____
Resident District:	_____
Date of Records Request:	_____
Date of Records Received:	_____

Today's Date: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Gender:  Male  Female  
(LAST) (FIRST) (MIDDLE)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

Is student Hispanic/Latino:  Yes  No

Race:  American Indian  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Primary Home Language: \_\_\_\_\_

Is the student a military-connected youth?  Yes  No

A "Military-Connected Youth" means having an immediate family member, including parent or sibling, who is currently enrolled in the armed forces either as a reservist or on active duty or has recently retired from the armed forces.

Student's First Day of School will be \_\_\_\_\_  
(Month/Day/Year)

Has the student ever previously attended school in Crosby?  Yes  No

Last School Student Attended: \_\_\_\_\_

Student Lives With:  Both Parents  Father Only  Mother Only  Other, Relationship \_\_\_\_\_  
 Father and \_\_\_\_\_  Mother and \_\_\_\_\_  
(Relationship) (Relationship)

Current Living Situation:  Own Home  with Relatives  Shelter  Hotel  Vehicle/Campground  
 Other: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Home Telephone \_\_\_\_\_

Is your child open enrolling:  Yes  No If YES, what is your resident district? \_\_\_\_\_

Father/Guardian LEGAL Name: \_\_\_\_\_ Email Address \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Employed at \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother/Guardian LEGAL Name: \_\_\_\_\_ Email Address \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Employed at \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Siblings \_\_\_\_\_ Gender:  Male  Female Birthdate \_\_\_\_\_  
(Last) (First) (Middle)  
 \_\_\_\_\_ Gender:  Male  Female Birthdate \_\_\_\_\_  
(Last) (First) (Middle)  
 \_\_\_\_\_ Gender:  Male  Female Birthdate \_\_\_\_\_  
(Last) (First) (Middle)  
 \_\_\_\_\_ Gender:  Male  Female Birthdate \_\_\_\_\_  
(Last) (First) (Middle)

Does your child have a current Individualized Education Plan (IEP): \_\_\_ Yes \_\_\_ No

Does your child have a 504 Accomodation Plan? \_\_\_ Yes \_\_\_ No

Has the student ever attended public school in Minnesota? \_\_\_ Yes \_\_\_ No

Is your child up to date on their immunizations? \_\_\_ Yes \_\_\_ No

List any medications your child may be taking: \_\_\_\_\_

Other health concerns that our school nurses need to be aware of? \_\_\_\_\_

**EMERGENCY CONTACT** (Other than those living with the student, list at least two)

1. \_\_\_\_\_  
(Name) (Relationship) (Phone) (Other Phone)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

2. \_\_\_\_\_  
(Name) (Relationship) (Phone) (Other Phone)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

3. \_\_\_\_\_  
(Name) (Relationship) (Phone) (Other Phone)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Crosby-Ironton School District**  
**Student Emergency Health Information Form**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex: M  F  Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade/Teacher: \_\_\_\_\_ School Year: \_\_\_\_\_

**Parent/Guardian Information:**

**Father** (Last, First) \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work / Home Phone: \_\_\_\_\_

**Mother** (Last, First) \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work / Home Phone: \_\_\_\_\_

**Emergency Contact:** (if parents cannot be reached)

#1 \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

#2 \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Student lives with:** Both Parents  Mother  % of time \_\_\_\_\_ Father  % of time \_\_\_\_\_  
Other  (please specify): \_\_\_\_\_

**Check any of the following health condition(s) your child has:**

**Dietary**

1. \_\_\_ Allergies - To: \_\_\_\_\_

Life threatening reaction: Y  / N

Carries EpiPen: Y  / N

2. \_\_\_ Diabetes

3. \_\_\_ Eating Disorders/Weight Concerns

4. \_\_\_ Food Restriction/Special Diet (circle one)

**Behavioral**

5. \_\_\_ ADD \_\_\_ ADHD

6. \_\_\_ Autism

7. \_\_\_ Emotional Issues/Anxiety/Depression (circle)

**General**

8. \_\_\_ Asthma

Triggers: \_\_\_\_\_ Inhaler: \_\_\_\_\_

Daily Medications: \_\_\_\_\_

9. \_\_\_ Bleeding Conditions

10. \_\_\_ Concussion/Serious Accident

11. \_\_\_ Dental/Orthodontic Problems

12. \_\_\_ Ear/Hearing Problems

13. \_\_\_ Eye/Vision Problems

14. \_\_\_ Headaches (frequent) \_\_\_ Migraines

15. \_\_\_ Heart/Cardiovascular Conditions

16. \_\_\_ Hospitalizations (major)/Surgery

Date: \_\_\_\_\_

17. \_\_\_ Infections - frequent/severe

18. \_\_\_ Kidney/Bladder Conditions

19. \_\_\_ Lung/Breathing Problems

20. \_\_\_ Musculo-skeletal Conditions/Arthritis

21. \_\_\_ Orthopedic Conditions

22. \_\_\_ Pain/Discomfort - frequent/severe

23. \_\_\_ Permanent or Long-Term Disability

24. \_\_\_ Seizures/Convulsions

Type: \_\_\_\_\_

Date of Last Seizure: \_\_\_\_\_

25. \_\_\_ Skin Conditions

26. \_\_\_ Stomach/Intestinal/Abdominal Conditions

27. \_\_\_ Other: \_\_\_\_\_

For *all conditions checked* above, please specify by number the current status, treatment, medication, care and history.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does child wear glasses/contacts? Yes \_\_\_ No \_\_\_

Are they worn at school? Yes \_\_\_ No \_\_\_

Does child have any activity restrictions? Yes \_\_\_ No \_\_\_

Specify: \_\_\_\_\_

Is child taking any medications not listed above? Yes \_\_\_ No \_\_\_

Specify: \_\_\_\_\_

Additional Information you care to share: \_\_\_\_\_

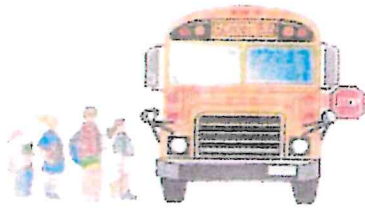
Does your child have any medical condition that the bus driver should be aware of? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

*Anytime the above information must be changed, I will notify the School Nurse: 218-545-8772 (CRES), 218-545-8823 (HS)*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Crosby - Ironton Transportation, Inc.**  
 849 8th St NE  
 Crosby, MN 56441  
 218-546-6156

Today's Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

## Busing Information

### \* Required information

Name of Student\* \_\_\_\_\_ Grade\*: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M F

School District\* **Crosby- Ironton Schools** **Crosslake Community School**

Parent or Guardian/ Primary Contact\*: \_\_\_\_\_ Relationship\*: \_\_\_\_\_

Other Household Contact \_\_\_\_\_ Relationship: \_\_\_\_\_

Physical Address\*: \_\_\_\_\_

Primary Phone Number\*: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

Any Additional Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary Pick Up & Drop Off Location(s)\*: Home: AM: M TU W TH F PM: M TU W TH F (circle all days that apply)

Daycare: AM: M TU W TH F PM: M TU W TH F (circle all days that apply)

Other: AM: M TU W TH F PM: M TU W TH F (circle all days that apply)

Daycare/ Other Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ POC: \_\_\_\_\_

Does your child have any medical condition or disability the bus driver should be aware of: Yes No

If Yes, please explain: \_\_\_\_\_

Other Sibling(s) Needing Transportation:

Name of Sibling(s): \_\_\_\_\_

Sibling(s) Grade: \_\_\_\_\_

Sibling(s) Date of Birth: \_\_\_\_\_

### Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English learner instruction at any time. Every enrolling student must be provided with the Minnesota Language Survey during enrollment.** Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information		
Student's Name: (Last, First, Middle)	Birthdate or Student ID:	
	<b>Check the phrase that best describes your student:</b>	<b>Indicate the language(s) other than English in space provided:</b>
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

**Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.**

Parent/Guardian Information	
Parent/Guardian Name (Printed):	
Parent/Guardian Signature:	Date:

\* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

# Independent School District #182

## ISD 182 McKinney-Vento Questionnaire

Your child may be eligible for additional educational services through Title 1 Part A,  
Title 1 Part C-Migrant and/or Federal McKinney-Vento Assistance.  
Eligibility can be determined by completing this questionnaire.

1 Presently, are you, and/or your family in any of the following situations? Check one box.

- A. Staying in Shelter, trailer, or waiting for foster care placement.
- B. Sharing the housing of others due to loss of housing, economic hardship, similar reason: doubled up
- C. Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
- D. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
- E. Unknown nighttime residence

2 Unaccompanied Youth: not in the physical custody of a parent or guardian. Check one box.

- Y. Student is with an adult that is not a parent or legal guardian, or alone without an adult.
- N. Student does not meet the definition of "Unaccompanied Youth"

3 Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing (check one) \_\_\_Yes \_\_\_No

- 1, 2, or 3 do not apply. STOP: if you check this box, you do NOT need to complete the remainder of this form. Submit this form to school personnel.

4 Student Name:

\_\_\_\_\_ FIRST

\_\_\_\_\_ LAST

The undersigned certifies that according to information provided above, the student listed meets the definition of "Homeless" as stated in McKinney-Vento Act (subtitle B, Sect. 725) of July 1, 2002

\_\_\_\_\_ Print Parent or Guardian Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\*\*\*\*\*

District Use Only

District Homeless Liaison or Administrator: Based on the above information and a brief interview/inquiry with and/or this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act.

\_\_\_\_\_ Print - District Homeless Liaison (required)

Title

Signature (required)

\_\_\_\_\_ Date

## Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

[You must select "yes" or "no" to this question.]

**Yes** [If yes, go to Question A.]

**No** [If no, go to Question 1.]

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

**Yes** [If yes, go to Question 1a.]

**No** [If no, go to Question 2.]

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

Go to Question 2.

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

**Question 2. Is the student American Indian from South or Central America?**

Yes [Go to Question 3.]

No [Go to Question 3.]

**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons 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.<sup>1</sup>

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

Yes [Go to Question 6.]

No [Go to Question 6.]

**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

Yes

No

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

**Print/Save**





## Student Digital Equity Survey

### Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your "home." **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

### Student Information

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Primary Address: \_\_\_\_\_  
\_\_\_\_\_

### Digital Device Access

1. *Does the student use an electronic device like a computer, tablet or smart phone to complete homework?*

No (skip to question 2)

Yes (continue to 1a)

a. *If yes, what type of electronic device does the student usually use to complete homework?*

(select ONLY one)

- Desktop or Laptop
- Tablet
- Chromebook
- Smart phone
- Other

b. *Is the electronic device (from 1a) provided by the school?*

- Yes
- No

c. *Is the electronic device shared with anyone else in the home?*

- Yes
- No

**Internet Access**

2. *Can the student access the Internet on their electronic device at home?*

- No – Internet is **not** available at home (skip to end of survey)
- No – Internet is **not** affordable at home (skip to end of survey)
- No – Other (skip to end of survey)
- Yes (continue to 2a)

a. *If yes, what kind of Internet service do you have at home?*

- Residential broadband (e.g. Cable, Fiber, DSL)
- Cellular network
- School-provided hotspot
- Satellite
- Dial-up
- Other
- I am not sure.

b. *Can the student stream a video on their electronic device without pauses?*

- Yes – with **no** pauses or buffering
- Yes – with **some** pauses or buffering
- No – streaming doesn't work