

Cuyuna Range Elementary School

Student Enrollment

Students Legal Name:		M <input type="text"/>	Grade:
		F <input type="text"/>	
Place of Birth:	Birthdate:		Age:
Legacy Codes: 1 - American Indian 2 - Asian or Pacific Islander 3 - Hispanic 4 - Black 5 - White Please circle if also applies: Hispanic/Latino American Indian/Alaska Native Asian Black/African American Native Hawaiiin/Pacific Islander White			

We want to keep you informed. We have implemented an electronic system that will notify families of school cancellations, and early school dismissals due to storms. Please provide complete, detailed information so we may keep you updated.

Mother or Guardian		Home Phone:	
Home Address		Cell/Business Phone:	
Father or Guardian		Home Phone:	
Home Address		Cell/Business Phone:	
Email Address:			

Student Lives with: () Mom () Dad () Both () Other _____

Last School Student Attended	Phone:
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EMERGENCY NUMBERS IN EVENT PARENTS CANNOT BE REACHED

Friend/Relative	Home Phone Cell Phone
Friend/Relative	Home Phone Cell Phone

Have you moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? Yes No

Previous School Information

Please check in the appropriate blank identifying your child's previous school

<input type="checkbox"/> Homeschool	<input type="checkbox"/> Out of State
<input type="checkbox"/> Private School	<input type="checkbox"/> Other

Last School Attended: _____ City/State: _____

Has your child previously attended Crosby-Ironton High School/Cuyuna Range Elementary	Yes	No
Is your child open-enrolling? (Do you live outside the Crosby-Ironton School District)	Yes	No

I understand my records are protected under State & Federal regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand I have the right to revoke this consent at any time and, this right may be exercised pursuant to the instructions outlined in the HIPAA Notice of Privacy Practices and, in any event this consent expires automatically as described below*. I understand access to information from ISD 182 is limited to staff whose work assignments reasonably require access to data within the purposed specified in the services provided. I understand this information may be redisclosed if needed for treatment.

Signature of Parent or Guardian _____ 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.¹

[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/ | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | Spanish-American | |

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.

¹Federal 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.¹

☐ 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.¹

☐ 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.¹

☐ 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.¹

☐ Yes

☐ No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Print/Save

**Crosby - Ironton Transportation, Inc.**

829 8th Street NE

PO Box 116

Crosby, MN 56441

218-546-6156

Today's Date: _____

Transportation Start Date: _____

Busing Information

Name of Student _____ Grade: _____

Date of Birth _____ Gender: **M** **F**

School: CRES High School (Please Circle)

Parent or Guardian: _____

Physical Address: _____

Mailing Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Emergency Contact: _____

Emergency Phone Number: _____

Daycare Name: _____

Address: _____

Phone Number: _____

Primary Pick Up & Drop Off Location: (Please Circle) Home Daycare

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

If Yes, please explain: _____

Siblings Currently in School: Yes No (Please Circle)

Name of Sibling(s): _____

Sibling(s) Grade: _____

Sibling(s) Date of Birth: _____

Sibling(s) Bus Number: _____