



Mora Elementary School Enrollment Forms

Exploring. Engaging. Empowering.

200 9th St Mora, MN 55051

Phone: (320) 679-6200 | Fax: (320) 679-6249



STUDENT INFORMATION:

Name (Legal): _____
(First) (Middle) (Last)

Birth Date: ____ l ____ l ____
Month Day Year* Gender: ☐ Female ☐ Male Grade Enrolling: _____

*City and State student was born in: _____
birth certificate.

*Please provide a copy of your student's

RESIDENCY INFORMATION:

Physical Home Address for child: _____
Street Address City, State Zip Code

Mailing Address (if different than physical): _____
Street Address or PO Box City, State, Zip Code

Is physical address located in the Mora School District: ☐ Yes ☐ No (If No, please request Open Enrollment Form)

Who does the child live with? ☐ Both Father and Mother ☐ Father and Stepmother ☐ Mother and Stepfather ☐ Father Only ☐ Mother Only ☐ Other _____

FATHER INFORMATION:

Father: _____ Employer: _____

Home Address (if different from student's): _____ City/State/Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Contact allowed? ☐ Yes ☐ No

MOTHER INFORMATION:

Mother: _____ Employer: _____

Home Address (if different from student's): _____ City/State/Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Contact allowed? ☐ Yes ☐ No

OTHER ADULT #1 INFORMATION (If student lives with):

Full Name: _____ Employer: _____

Home Address (if different from student's): _____ City/State/Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Contact allowed? ☐ Yes ☐ No

OTHER ADULT #2 INFORMATION (If student lives with):

Full Name: _____ Employer: _____

Home Address (if different from student's): _____ City/State/Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Contact allowed? ☐ Yes ☐ No

Student Services/Additional Info:

SIBLINGS LIVING IN THE SAME HOUSEHOLD

Last Name:	First Name:	Middle Name:	Gender:	DOB
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	___l___l___
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	___l___l___
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	___l___l___
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	___l___l___

STUDENT'S PERSONAL INFORMATION / MILITARY-CONNECTED YOUTH:

- ☐Yes ☐No Has student ever registered under a different name? If YES, what name:_____
- ☐Yes ☐No Is the Student a Ward of the County or State? If YES, what county:_____
- ☐Yes ☐No Does this student have a parent who is currently in the armed forces either as a reservist or on active duty or has recently retired from the armed forces?

SERVICES RECEIVED AT PREVIOUS SCHOOLS:

- ☐Yes ☐No apply Has your child ever received any of the following support services? Check all that apply
- ☐ADSIS ☐Title 1 ☐AmeriCorps ☐RTI ☐English Learner/LEP ☐ALP
- ☐Yes ☐No Has your child ever had a 504 Accommodation plan?
- ☐Yes ☐No Has your child ever been assessed for Special Education services?
- ☐Yes ☐No Does your child currently require Special Education services? If YES, check all that apply:
- ☐Autism ☐Deaf - Hard of Hearing ☐Development Cognitive Disability
- ☐Developmental Delay ☐Emotional/Behavioral ☐Other Health Disability
- ☐Physically Impaired ☐Speech/Language ☐Specific Learning Disabilities

EMERGENCY / SAFE PICK UP LIST CONTACT INFO

NOTE: THE NAMES LISTED BELOW HAVE PERMISSION TO ASSUME TEMPORARY RESPONSIBILITY IN THE CASE OF A MEDICAL SITUATION AND/OR HAVE AUTHORIZATION FOR STUDENT PICKUP DURING OR AFTER THE SCHOOL DAY.

Full Name: _____ Relation to Student: _____

Home: _____ Work: _____ Cell: _____

Full Name: _____ Relation to Student: _____

Home: _____ Work: _____ Cell: _____

Student Transportation Information

STUDENT INFORMATION

Student Name: _____

Student Address: _____
Street City Zip Code

Contact Phone Number: _____ Grade/school year: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Please Complete:

☐ New Enrollment

***ONLY ONE BUS ADDRESS LOCATION IS**

ALLOWED

Start date for Transportation: _____

TO AND FROM SCHOOL TRANSPORTATION:

To School (choose only one)

- ☐ Child will walk/or parent pick up
- ☐ Bus pickup from home
- ☐ Child will go to Mustang Care
- ☐ Bus daycare/alternative location

From School (choose only one)

- ☐ Child will walk/or parent pick up
- ☐ Bus drop off at home
- ☐ Child will go to Mustang Care
- ☐ Bus daycare/alternative location

- All bussing needs to be registered and set up first with the bus garage before your student can ride. Parents must also let the elementary office and classroom teacher know of their child's bus schedule.

OFFICE USE ONLY:

Mora Elementary Bus Garage: (320) 679-6230
Gayle Stassen: gstassen@moraschools.org

Permission Sign-off Form

This form is a comprehensive tool that provides Mora School District parents/guardians the opportunity to give permission for several items of importance at one time. This permission will remain in effect throughout your child's school career. If your permission preferences change, you may submit a new form.

Student Name: _____

Parent/Guardian Name _____ Signature: _____ Date: _____

Please read the following statements and check "yes" or "no" for each item that you are providing permission for your student to participate. In addition, please discuss and complete the "Student Internet Acceptable Use and Safety Agreement" form with your student.

STUDENT/PARENT HANDBOOK AGREEMENT: ☐ YES ☐ NO

Please review the Mora Elementary Student Handbook with your student. It is important for our parents and students to know/understand our school policies and rules. The handbook is available online on our school website at www.moraschools.org or if you do not have Internet access our school office can provide a hard copy for you to view. If you are a 3rd-6th grade parent, the Student Handbook is also located in the front of the student planners/agendas

By checking yes, you are stating that you have read, acknowledge and support school rules, procedures, and policies shared in the Mora Elementary Student Handbook. If you should have any questions or are in need of clarification, please contact Randy Qual or Jennifer Fussy, elementary principals (320) 679-6200.

CLASS FIELD TRIPS: ☐ YES ☐ NO

During the school years, your child will have the opportunity to take field trips in connection with the work of his/her grade. It is understood that field trips are under the supervision of qualified school personnel. An information letter will be sent home each time an out of town field is scheduled. If you don't wish your child to attend a specific activity, you may contact your student's classroom teacher.

ARE THERE ANY CURRENT LEGAL COURT DOCUMENTS IN PLACE THAT THE SCHOOL SHOULD BE AWARE OF?: ☐ YES ☐ NO

If yes, it is your responsibility to provide a copy of your legal paperwork to the school and keep the school updated if any changes occur.

NOTE: THESE AUTHORIZATIONS SHALL REMAIN IN EFFECT DURING THEIR ENTIRE ENROLLMENT AT MORA ELEMENTARY. IT IS THE

PARENT(S)/GUARDIAN(S) RESPONSIBILITY TO KEEP THIS INFORMATION CURRENT WITH THE SCHOOL.

ETHNIC AND RACIAL DEMOGRAPHIC

☐ Yes ☐ No 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. 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 ☐ Colombian ☐ Ecuadorian ☐ Guatemalan ☐ Mexican
☐ Puerto Rican ☐ Salvadoran ☐ Other Hispanic/Latino ☐ Unknown
☐ Spaniard/Spanish/Spanish-American

☐ Yes ☐ No 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

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 ☐ Cherokee ☐ Anishinaabe/Ojibwe
☐ Dakota/Lakota ☐ Other North American Indian Tribal Affiliation ☐

Unknown

☐ Yes ☐ No Is the student American Indian from South or Central America?

☐ Yes ☐ No 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. 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 ☐ Asian Indian ☐ Burmese ☐ Chinese ☐ Filipino
☐ Hmong ☐ Karen ☐ Korean ☐ Vietnamese
☐ Other Asian ☐ Unknown

☐ Yes ☐ No 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. 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 ☐ African-American ☐ Somali ☐ Ethiopian-Oromo ☐ Liberian
☐ Ethiopian-Other ☐ Nigerian ☐ Other black ☐ Unknown

☐ Yes ☐ No 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.

☐ Yes ☐ No 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

HOME LANGUAGE INFO:

	Check the phrase that best describes your student:	Indicate language(s) other than English
My student first learned:	<input type="checkbox"/> Only English <input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and other language(s)	
My student speaks:	<input type="checkbox"/> Only English <input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and other language(s)	
My student understands:	<input type="checkbox"/> Only English <input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and other language(s)	

My student has consistent interaction in:	<input type="checkbox"/> Only English <input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and other language(s)	

PARENT/LEGAL GUARDIAN OF STUDENT CERTIFICATION

Printed Name: _____

Signature: _____ Date: _____

Mission Statement

Preparing self-directed and resourceful learners
able to thrive in a changing global community.

Administration

Principal: Randy Qual,
rqual@moraschools.org

Assistant Principal: Jennifer Fussy,
jfussy@moraschools.org

Adm Asst: Katy Leach,
kleach@moraschools.org

Adm Asst: Lane Schafer,
lschafer@moraschools.org

Phone: (320) 679-6200
Fax: (320) 679-6249

Student Records Request

REQUEST FOR RECORDS FOR:

Student Legal Name: _____
First Middle Last

Birth Date: _____ l _____ l _____ Grade: _____ School Year: _____
Month Date Year

☐ Student lives in Independent School District 332

☐ Student is Open Enrolling

Request Date: _____ Student Start Date: _____

RECORDS ARE REQUESTED FROM:

Last School Attended: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____ Email: _____

This student has enrolled at Mora School District. Please send Records, Test Scores, Transcripts, Birth Certificate, Health Records (Including Immunizations), MARSS Number, Special Ed Records, (Including IEP, Assessment Reports, and Verification of Handicap), Social Worker Involvement, Discipline, and all other information to help in placement of this student.

****Please send records to (via fax or email preferred):**

Prek-2nd Grade Records

Lane Schafer

Administrative Assistant

lschafer@moraschools.org

Phone: 320-679-6200 Ext. 4004 / Fax: 320-679-6249

3rd-6th Grade Records

Katy Leach

Administrative Assistant

kleach@moraschools.org

Phone: 320-679-6200 Ext. 4002 / Fax 320-679-6249