

Student Information		
Student Last Name (legal):	Which School is child enrolling?	Grade seeking enrollment
Student First Name (legal):	Birth Date (mm/dd/yyyy)	Gender (circle one) M / F
Student Middle Name (full):	Household Phone:	
Student Nickname:	Student Cell Phone:	

Student's Heritage	
Racial/Ethnic Background (REQUIRED - Check only one) <input type="checkbox"/> 1 - American Indian/Alaskan Native <input type="checkbox"/> 2 - Asian or Pacific Islander <input type="checkbox"/> 3 - Hispanic <input type="checkbox"/> 4 - Black/African American, not of Hispanic Origin <input type="checkbox"/> 5 - White, not of Hispanic Origin Language Spoken at Home: _____	Additional Federal Race/Ethnicity categories are REQUIRED. Mark the box YES or NO in Part A below. More than one box may be marked for Part B. Part A - Is the child Hispanic/Latino (Choose only one) <input type="checkbox"/> NO, not Hispanic/Latino <input type="checkbox"/> YES, Hispanic/Latino Part B - What is the child's race (Choose at least one) <input type="checkbox"/> YES/NO - American Indian/Alaskan Native <input type="checkbox"/> YES/NO - Asian or Pacific Islander <input type="checkbox"/> YES/NO - Black/African American, not of Hispanic Origin <input type="checkbox"/> YES/NO - White, not of Hispanic Origin

Transportation	
Transportation Pickup <input type="checkbox"/> Home <input type="checkbox"/> Daycare: _____ <input type="checkbox"/> Other: _____	Transportation Drop-off <input type="checkbox"/> Home <input type="checkbox"/> Daycare: _____ <input type="checkbox"/> Other: _____

Student's Previous Education Experience	
Has student attended a Minnesota Public School <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school and city student was most recently enrolled at?
Special Education Services or Speech Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attended Marshall County Central in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information	
Resident of Marshall County Central District? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please complete MN Open Enrollment Form.	(PreK/K Only) Did child have preschool screening? <input type="checkbox"/> Yes <input type="checkbox"/> No Preschool Screening District: _____
Is the student a ward of the State of Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the students family moved within the last 36 months for temporary or seasonal agricultural or fishing work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there legal custody, restraining orders, or school disciplinary (expulsion) issues that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide additional documentation)	
Health/Allergy/Medication Concerns	

Primary Household (primary residence of child); All student information will be sent to primary household.

Street Address

Mailing Address (if different from above)

City

State

Zip

Household Phone

Primary Parent/Guardian Information (Parents/Guardians living in primary household with student)

Full Legal Name (A)

Full Legal Name (B)

Relationship to Child

Relationship to Child

Cell #

Cell #

Name of Employer & Work #

Name of Employer & Work #

E-mail

E-mail

Legal Guardian Yes No

Legal Guardian Yes No

Names and Dates of Birth of additional children in home (If more than 4 please add on a an additional sheet)

Name: _____ M / F (circle) Date of Birth (mm/dd/yyyy) _____

Name: _____ M / F (circle) Date of Birth (mm/dd/yyyy) _____

Name: _____ M / F (circle) Date of Birth (mm/dd/yyyy) _____

Name: _____ M / F (circle) Date of Birth (mm/dd/yyyy) _____

Additional Parent/Guardians (not living in the primary household with student)

Full Legal Name (C)

Full Legal Name (D)

Relationship to Child

Relationship to Child

Cell #

Work#

Cell #

Work#

Address

Address

E-mail

E-mail

Legal Guardian Yes No

Legal Guardian Yes No

Emergency Contact (Additional person we may contact if parents cannot be reached)

Full Name

Phone Number

I certify the information that appears on this form is correct and complete to the best of my knowledge.

Primary Parent/Guardian Signature: _____ 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/
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.

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