

# HILLS-BEAVER CREEK

## PUBLIC SCHOOL DISTRICT 671

### STUDENT ENROLLMENT FORM

**School District Completes:** Enrollment Date \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Verification of Birth Date Certificate Used: \_\_\_ Birth \_\_\_ Baptism \_\_\_ Verified Date: \_\_\_\_\_ By: \_\_\_\_\_

TO BE FILLED OUT BY PARENT OR GUARDIAN: This is a permanent record and must be signed by parent or legal guardian. Verification of birth date must be presented to the school district at the time of enrollment.

#### STUDENT INFORMATION

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_  
 (Last) (First) (Middle)

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Gender (circle one) Male / Female

Home Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Home/Primary Phone \_\_\_\_\_

If Kindergarten, has this student been preschool screened? Yes / No If yes, District Name \_\_\_\_\_

Has this student received Special Education services of any kind? Yes / No

Is there a current IEP? Yes / No

#### Residency Information

Is your current address, listed above, a temporary living arrangement? Yes / No (circle one)

If yes, do you or this student lack a fixed, regular, adequate, nighttime residence? Yes / No (circle one)

Student's Race/Ethnicity		Student's Language
<u>State Reporting Requirement</u>  Ethnicity (select only one) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, not Hispanic	<u>Federal Reporting Requirement</u> Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Race (select one or more) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Which language did the student learn first? _____ Which language is most often spoken in your home? _____ Which language does your child usually speak? _____

#### PREVIOUS SCHOOL ENROLLMENT INFORMATION

Grade	Name of School	City	State	Dates

## **PARENT AND/OR LEGAL GUARDIAN INFORMATION**

Student Lives With: \_\_\_ Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other: \_\_\_\_\_

### **PRIMARY LEGAL PARENT/GUARDIANS – Head of Household #1**

Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ (This will be used for school communication including newsletters)

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

### **PRIMARY LEGAL PARENT/GUARDIAN – Head of Household #2**

Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ (This will be used for school communication including newsletters)

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

## **CENSUS INFORMATION**

List brothers, sister, and other children living in same household

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_ Gender: Male / Female

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_ Gender: Male / Female

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_ Gender: Male / Female

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_ Gender: Male / Female

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Minnesota Statutes and rules require the school district keep accurate records and personal records for all pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 671. Certain information, known as "directory information", is available to the public unless the district receives a written request from a legal custodian. Minnesota law requires that you provide immunization information to your student's school.