

## REDWOOD AREA SCHOOL DISTRICT #2897

### REDWOOD VALLEY MIDDLE SCHOOL/HIGH SCHOOL

100 George Ramseth Drive  
 Redwood Falls, MN 56283  
 507-644-3531 (phone) 507-644-3057 (fax)

### REEDE GRAY ELEMENTARY SCHOOL

201 McPhail Drive  
 Redwood Falls, MN 56283  
 507-644-7627 (phone) 507-644-8138 (fax)

<b>Students Legal Name (Last, First, Middle)</b>		<b>Current/Anticipated Grade</b>
<b>Birth Date</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Anticipated Start Date</b>	<b>Has student ever attended school in Minnesota? If yes, where?</b>	
<b>School Last Attended (Name and City/State)</b>		
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian		
<u><b>Parent/Guardian #1</b></u>		<u><b>Parent/Guardian #2</b></u>
Full Name (Last, First)		Full Name (Last, First)
Address		Address
City	State	Zip
Main Phone # - (    )		Main Phone # - (    )
Work Phone # - (    )		Work Phone # - (    )
Other Phone # - (    )		Other Phone # - (    )
Email Address		Email Address
Should the Parent/Guardian above receive report cards, attendance notifications, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Should the Parent/Guardian above receive report cards, attendance notifications, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is student a ward of the state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Legal Custodian of Student - if <u>DIFFERENT</u> than Parent/Guardian</b>		
<b>Address of Legal Custodian</b>		<b>Phone</b>
<b>Does student receive support from any of the following programs?</b> <input type="checkbox"/> IEP and receiving Special Education Services <input type="checkbox"/> 504 Accommodation plan <input type="checkbox"/> English as a second language		

Should information be sent to another individual?  Yes  No (Report cards, attendance letters, etc.) Include name and address

In the past 3 years have you or your family moved so you or a family member could seek or obtain seasonal/temporary agricultural work?  Yes  No

**Student's Brothers and Sisters:**

Name (First/Middle/Last)	Male/Female	Birth Date
_____		
_____		
_____		
_____		

Physician (name, phone number)

Dentist (name, phone number)

Emergency Contact (other than parents/guardians (name, phone number))

Snow home (name, address, phone)

**Home Language Questionnaire**

1<sup>st</sup> language learned by student \_\_\_\_\_

Which language is most often spoken in your home? \_\_\_\_\_

Which language does your child usually speak? \_\_\_\_\_

**State reporting purposes**

Does your student identify as American Indian?

- Yes
- No

**Federal reporting purposes**

Yes

Mexican, Puerto Rican, South or Central American and other Spanish culture or origin, regardless of race

No

Not Hispanic or Latino

**Federal reporting purposes**, Check ALL that apply

- American Indian or Alaska Native
- Asian
- Black, not of Hispanic origin
- White

I hereby certify the information to be true. Permission is granted for school staff to request school records from the student's previous school district.

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

\_\_\_\_\_  
Date