



# Student Enrollment Form

Superintendent: Dr. Rod Thompson  
 Assistant Superintendent: Dr. John Bezek

Start Date \_\_\_\_\_

**FOR OFFICE USE ONLY:** School # \_\_\_\_\_ Name \_\_\_\_\_ Last Location Code: \_\_\_\_\_

Student ID # \_\_\_\_\_ Household Name \_\_\_\_\_ Teacher/Advisor \_\_\_\_\_

**STUDENT INFORMATION:** Please enter the student's **full legal name** as it appears on their Birth Certificate.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Current Age \_\_\_\_\_ Gender: M or F  
 Enrolling in Grade: \_\_\_\_\_ School Year \_\_\_\_\_

**NOTE - If there is an ACTIVE Order of Protection, Restraining Order or Custody Order that affects your student, please provide a copy of the court document to the Main Office for the student's file.**

**PRIMARY HOUSEHOLD INFORMATION:** Primary Household members are **those who reside at the same address as the student.** Please include **full legal names** as they appear on a Driver's License or other official ID.

Street Address: \_\_\_\_\_ Apt./Unit # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone # \_\_\_\_\_

**PRIMARY PARENT/GUARDIAN #1: (Parent/Guardian listed here resides in the above address with the student)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Gender: M or F  
 Email Address \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**PRIMARY PARENT/GUARDIAN #2: (Parent/Guardian listed here resides in the above address with the student)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Gender: M or F  
 Email Address \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**OTHER MEMBERS –** Please list full names of all other children and/or adults living at this address and their relationship to the student you are enrolling. **Do NOT include names already listed above.** If you need additional space please write on a separate piece of paper.

LAST NAME	FIRST NAME	MIDDLE NAME	M/F	BIRTHDATE	GRADE	Relationship to student	SCHOOL ATTENDING

**SECONDARY HOUSEHOLD INFORMATION:** If there is a **PARENT** to this student who does **NOT** live in the same household, please provide their information so they will be able to receive important school correspondences regarding this student.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Gender: M or F  
 Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt. /Unit #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION:** What is the name of the last school the student attended before enrolling today?

Name of School: \_\_\_\_\_ District # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Last Day Attended \_\_\_\_\_  
School Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Has the student ever attended Shakopee Public Schools? Y or N School Name \_\_\_\_\_ Year \_\_\_\_\_

**SPECIAL SERVICES INFORMATION:** Please check all that apply

**Which Special Service(s) has the student received or is currently receiving?**

Vision Impaired                       Hearing Impaired                       Student has an (IEP)  
 Learning Disabled                       Emotional/Behavioral                       Student has a 504 Plan  
 English Language Learner (ELL)                       Speech/Language  
 Title One                       Other \_\_\_\_\_

**FEDERAL AND STATE ETHNICITY REPORTING:** The U.S. Department of Education strongly encourages "self-identification" of race and ethnicity. This allows individuals the opportunity to identify themselves as being of or belonging to more than one race and ethnicity. **Educational Institutions are required to collect and report this data.** Individuals are not required to self-identify their race or ethnicity. However, if the information requested below is not provided, we are required to verify that you have not overlooked the questions. If you choose not to answer the questions, office personal will provide identification based on observation.

**Part #1: For federal reporting purposes, is the student's ethnicity Hispanic/Latino? YES \_\_\_\_\_ NO \_\_\_\_\_**  
(a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.)

**Part #2: For Federal reporting purposes please put a check next to ALL THAT APPLY for the student.**

**American Indian / Alaskan Native** - A person having origins in any of the original people of North and South America including central America – and who maintains tribal affiliation or community attachment.  
 **Asian** - A person having origins in any of the original people of the Far East, Southeast Asia or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.  
 **Black /African American** - A person having origins in any of the black racial groups of Africa.  
 **Native Hawaiian / Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.  
 **White** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa .

**Part #3: CHOOSE ONE**

For state reporting purposes, please check the ONE that best describes the student's primary ethnic/racial background?

American Indian / Alaskan Native                       Hispanic                       White  
 Asian / Pacific Islander                       Black

What COUNTRY was the student born in? \_\_\_\_\_

If other than the U.S.A., when did the student move into the U.S.A.? Month \_\_\_\_\_ Year \_\_\_\_\_

**PRIMARY HOME LANGUAGE:** By Minnesota Statue, the information about Primary Home Language is considered private data. You are not obligated to provide this data. It will only be used for required group reporting and for receiving correct state aid payments to our district. In order to help your child learn, we need to determine which language your child uses most. Please answer the following questions.

Which language did your child learn first?                       English                       Other                      Name of Language: \_\_\_\_\_  
Which language is most often spoken in your home?                       English                       Other                      Name of Language: \_\_\_\_\_  
Which language does your child usually speak?                       English                       Other                      Name of Language: \_\_\_\_\_  
Do the parents/guardians speak English?  YES  NO                      Do the parents/guardians prefer an interpreter?  YES  NO

By signing this form, I verify and confirm that all the information provided is true and accurate to the best of my knowledge.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_