



Student Enrollment Form

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 _____
Does this student have an immediate family member (parent or sibling) who is currently in the armed forces as a reservist or active duty? Y or N

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 # _____
Is this address a shelter or temporary residence due to loss of housing? Y or N ?

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: _____

***** BE SURE TO COMPLETE THE BACK SIDE OF THIS FORM *****

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 _____

INTERPRETER NEEDS: Please circle yes or no.

Do parents speak English? YES or NO
Do parents prefer an interpreter? YES or NO

OTHER INFORMATION: Please circle yes or no.

Is this child in Foster Care? YES or NO
Does your family currently or in the last 24 months reside in the following due to economic hardship or loss of housing?
Shelter; moving from place to place, doubling up temporarily with other family or friends; car, outside, public space, hotel or motel? YES or 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 _____



Student Annual Health Update

Each year the District asks parents to update student health records to ensure that Health Services staff is providing proper services. The information provided below may be shared with staff involved with your student's education. Please return this form with the student's other registration paperwork. If you have any questions, please call the District Nurse Coordinator at (952)496-5908.

Last Name _____ First Name _____ Grade _____

Date of Birth: _____ Gender: ___ Male ___ Female School _____

Please read carefully. Check the appropriate YES or NO box to the right for the questions in bold below and include any other requested information.		YES	NO
1	Does your child have a medical diagnosis? If yes, what is the diagnosis? _____		
2	Has your child received immunizations in the last year? Type of Immunization _____ Date Received _____ Name of Clinic _____ (or attach a copy of the immunization).		
3	Has your child been seriously ill or hospitalized since the last school year? If yes, name the illness or reason for hospitalization (be specific) _____ Is he/she still under the care of a physician? If yes, physician's name _____		
4	Are there health services needed in school? If yes, list the services needed: _____		
5	Does your child have allergies? If yes, what is your child allergic to? _____ What is the typical reaction? _____ What medications are used? _____ What restrictions are required for school? _____ NOTE - If your child has a food allergy, contact the Shakopee Food Service office at (952)496-5140. If the allergy is SEVERE, please complete an Allergy Action Plan form available in the health office at your child's school or on the district website. Supply emergency medications to your child's school.		
	If your child is in Elementary school, do you want your child to sit at the Allergy-Aware table in the cafeteria?		
6	Does your child have any dietary restrictions/needs? If yes, please explain _____ Also, contact the Shakopee Food Service office at (952)496-5140		
7	Does your child have asthma? If yes, list the medications used _____ Where will the medications be kept? ___ Home ___ Self-Carry ___ School Health Office NOTE - Please complete an Asthma Action Plan form available in the health office of your child's school or on the district website. Supply medications to your child's school.		
8	Is your child taking any medication on a regular basis? If yes, what is the name of the medication _____ What is the reason for the medication _____ Does this medication need to be administered at school? If yes, you must complete a "Administration of Medication at School" form available in the health office of your child's school or on the district website.		
9	Has your child had any vision problems? If yes, please explain _____ Does your child wear glasses or contacts?		
10	Has your child had any hearing problems? If yes, please explain _____		
11	Does your child have any restrictions on physical activity? If yes, please explain _____		

NOTE - If you would like an individual meeting with the School Nurse to discuss health concerns or have other questions, please call the health office at your child's school.

Parent Name (Print) _____
Parent Signature _____ Date _____

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.