

MOUNDS VIEW PUBLIC SCHOOLS

Secondary Student Registration

School _____

Today's Date _____ Start Date _____

Office Use Only

621 Student ID# _____

State MARSS ID# _____

STUDENT INFORMATION Office Use Only Copy of Birth Certificate Received Immunizations Record Received Kindergarten Screening

Student Legal Last Name _____ Legal First Name _____ Legal Middle _____

Gender: Female Male Grade _____ Birth Date _____

Birth Country _____ Date student first entered United States school _____

Ethnic Heritage: (Check any that apply – please circle primary/majority ethnic category, if possible)

American Indian (1) Asian (2) Hawaiian/Pacific Islander (2) Hispanic (3) Black (4) White (5)

Language student speaks _____ Language spoken in home _____ ESL needed Yes No

Special education student Yes No Does student have an active IEP Yes No Student on 504 Plan Yes No

Additional services student receives: Speech Vision/Hearing Title I Gifted/Talented Adaptive Phy Ed Behavior Management

Health Issues: Medication at School: _____ Allergies to: _____

List any other major health/medical/behavioral problems _____ Suspended / Expelled

PREVIOUS SCHOOL Office Use Only Records Requested Enrollment Entry Code: _____

Previous School Name _____ Date student left previous school _____ Attended grade _____

Previous School Address _____ Phone _____ Fax _____

Has student attended school in Mounds View District 621 before? Yes No Has student attended public school in Minnesota before? Yes No

Have you moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? Yes No

FAMILY/DWELLING 621 address verified or In-District Txfr from school _____
Office Use Only Nonresident Student – Home District # _____ State Aid _____

Elementary School Area _____
Dwelling# _____ Family# _____

PRIMARY HOME Student lives with: Mother / Father / Step-Parent / Other Home Phone () _____ Unlisted? Yes No

Home Address _____ City _____ Zip _____

Head of Household #1 _____ Relationship to student _____

Cell () _____ Last _____ Employer _____ First _____ MI _____ Work Phone () _____

Head of Household #2 _____ Relationship to student _____

Cell () _____ Last _____ Employer _____ First _____ MI _____ Work Phone () _____

Please list other family members living at this address

LEGAL LAST NAME	FIRST	MIDDLE	SEX	BIRTH DATE	SCHOOL ATTENDING	GRADE
			M F			
			M F			
			M F			

There is a secondary family/address for this student indicated on the reverse side of this form

TRANSPORTATION Office Use Only Bus Fee: Yes No Bus Number(s) _____ / _____

TRANSPORTATION: My child will take the school bus I will drive my child My child will drive Other (please explain)

I VERIFY THE INFORMATION PROVIDED ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT NAME _____ GRADE _____ SCHOOL _____

SECONDARY HOME Student also lives with: Mother / Father / Step-Parent / Other Home Phone () _____ Unlisted? Yes No

Home Address _____ City _____ Zip _____

Head of Household #1 _____ Relationship to student _____

Cell () _____ Last _____ Employer _____ First _____ MI _____ Work Phone () _____

Head of Household #1 _____ Relationship to student _____

Cell () _____ Last _____ Employer _____ First _____ MI _____ Work Phone () _____

Please list other family members living at this address

LEGAL LAST NAME	FIRST	MIDDLE	SEX	BIRTH DATE	SCHOOL ATTENDING	GRADE
			M F			
			M F			
			M F			

Educational Status at entry: (Choose one)

- _____ High School Student
- _____ High School Dropout/not in school
- _____ GED Graduate/not in school

Programming Options: MUST CHOOSE ONE

- _____ Fulltime (ALC is the only school you're attending)
- _____ Dual (After school program)

Are you pregnant? _____ If yes, due date _____ Are you a parent? _____ Child's age _____

ETHNIC REQUEST

State reporting requires that student enrollment in various programs be counted within racial/ethnic categories. This information will be stored with the student's permanent records and will be used to determine enrollment counts for reporting purposes. For this purpose, a person may be included in the group to which he or she appears to belong, identifies with or is regarded in the community as belonging to.

For State purposes, we ask you to circle only one primary ethnic category. For Federal purposes you are welcome to check as many as apply.

1 - American Indian or Alaskan Native:

A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

2 - Asian:

A person having origins in any of the original peoples of the Far East, SE Asia or the Indian subcontinent. This includes, for example, China, India, Japan, Korea.

2 -Hawaiian/Pacific Islander (Federal Use):

A person having origins in any of the original peoples of Hawaii or the Pacific Islands. This includes, for example, Hawaii, Philippines or Samoa.

3 - Hispanic:

A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - regardless of race.

4 - Black, not of Hispanic Origin:

A person having origins in any of the Black racial groups of Africa.

5 - White, not of Hispanic Origin:

A person having origins in any of the original peoples of Europe, North Africa or the Middle East.