

| |
|---|
| <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Magnet Lottery <input type="checkbox"/> Transfer Approval Date: ____/____/____ |
|---|

ENROLLMENT CHECKLIST – School Year _____

Student's Name: _____ Grade _____ School _____
 (Last) (First)

Legal Guardian Name: _____ Relationship _____

Office Use Only

Proof of residency (Must have one of the accepted types)

- Utility Bill dated within 30 days (gas, water, electric, trash)
- Driver's License or ID with CURRENT address
- Purchase agreement for home or lease agreement, signed and dated
- Notarized Residency Affidavit

Guardianship

- Student is living with someone other than his/her biological parent
 - o Copy of legal document for student file _____

Additional Documents

- Current Immunizations - (ALL)
- Original Birth Certificate or Passport - (Kindergarten / New to Country)
- Other (if applicable) _____

Forms

- Enrollment form
- Ethnic and Racial Designation Form
- Student Immunization Information
- Student Health Information (blue)
- Minnesota Language Survey
 - o Language History (If Applicable)
- Free/Reduced Lunch Application (if Applicable)
- Other (If Applicable) _____

Request for Records faxed to previous district: ____/____/____ Requested by: _____

Reviewed by: _____ **Date:** _____

| Emergency Contacts | | | | | |
|--------------------|------------|-------------|--|-------------------------|-------|
| Last Name | First Name | Middle Name | Gender | Relationship to Student | Phone |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | | |

| Enrollment History | | | | | |
|---|----------|------|-------|--------------------|--|
| Has your student ever attended a public school in Minnesota before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Has your student ever attended Robbinsdale Area Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Is this your student's first school enrollment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Has this student completed three or more years of school in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Has the student missed two or more years of schooling? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| School Name | District | City | Grade | Date Last Attended | |
| | | | | | |
| | | | | | |
| | | | | | |

| Racial/Ethnic Background – Please complete all questions | |
|---|--|
| Primary Racial Ethnic Background for STATE – Check ONE <input type="checkbox"/> Not American Indian <input type="checkbox"/> Northern American Indian <input type="checkbox"/> South or Central American Indian <input type="checkbox"/> Both Northern and South/Central American Indian | FEDERAL REPORTING Part 1 - Check ONE answer: <input type="checkbox"/> Hispanic or Latino (<i>A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</i>) <input type="checkbox"/> NOT Hispanic or Latino FEDERAL REPORTING Part 2 – Check ALL responses that apply: <input type="checkbox"/> American Indian or Alaska Native (<i>A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.</i>) <input type="checkbox"/> Asian (<i>A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, Vietnam.</i>) <input type="checkbox"/> Black or African American (<i>A person having origins in any of the black racial groups of Africa.</i>) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (<i>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</i>) <input type="checkbox"/> White (<i>A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</i>) |

| General Enrollment (Check All That Apply) |
|---|
| <input type="checkbox"/> MILITARY-CONNECTED YOUTH Student has an immediate family member, including a parent or sibling, who is currently in the Armed Forces either as a reservist or on active duty, or has recently retired from the Armed Forces. <input type="checkbox"/> MIGRATORY FAMILY Family has moved to the school district in the last 36 months for temporary or seasonal agriculture or fishing work <input type="checkbox"/> GIFTED PROGRAMMING Student is currently enrolled in a talented and gifted program <input type="checkbox"/> EL SERVICES Student has received help learning American English <input type="checkbox"/> SPECIAL EDUCATION SERVICES Student has an Individual Education Plan (IEP) in one or more disability categories. Please indicate area(s): _____ <input type="checkbox"/> 504 PLAN Student has a Section 504 Accommodation Plan as defined by the Americans with Disabilities Act <input type="checkbox"/> MCKINNEY-VENTO Address is a temporary living arrangement due to loss of housing or economic hardship <input type="checkbox"/> PRESCHOOL SCREENING If enrolling for kindergarten, has your student completed Early Childhood Screening? Where: _____ <input type="checkbox"/> EXPULSION Please indicate if your student has ever been expelled from school When and where: _____ |

NOTICE TO PARENTS AND GUARDIANS - PLEASE READ AND SIGN

I HAVE READ THE ABOVE NOTICE AND HAVE COMPLETED ALL APPLICABLE PARTS OF THIS FORM TO THE BEST OF MY KNOWLEDGE AND BELIEF.

| | |
|----------------------------------|-------------|
| PARENT/GUARDIAN SIGNATURE: _____ | DATE: _____ |
|----------------------------------|-------------|

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select “yes” or “no” to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/ Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

REQUEST FOR INFORMATION FOR REGISTRATION OF NEW STUDENT

DATE: _____

TO: _____
(name of previous school)

(attention)

(city/state/zip)

(e-mail address)

_____ (phone) _____ (fax)

Please send us the **OFFICIAL** school records for:

Student's Name: _____ Birth date _____
(Last) (First)

Grade _____ School Year _____ Notes _____

who enrolled in our school on _____

- ❖ Official Transcript (courses taken, grades earned, credits, explanation of your grading system, grade-point average, class rank, grade level completed)
- ❖ Grades for current school year, including withdrawal grades
- ❖ Dates of attendance/attendance record
- ❖ Standardized test scores, including MN Basic Standards, MCA, MN GRAD and ACT tests required for graduation (if applicable)
- ❖ Health record, including immunization records
- ❖ Discipline Records as required
- ❖ Does this student receive ELL/ESL services? Yes No If so, please provide information regarding this (ACCESS test results)
- ❖ MARSS # _____
- ❖ Was this student receiving special education services? Yes No If so, please provide a copy of the current Assessment Summary Report, IEP and Prior Written Notice form.

**For Grades 6 - 12, records must arrive prior to registration appointment
THANK YOU FOR YOUR HELP!**

In accordance with revised federal and state statutes, permission of the parent or adult student is no longer required when records are requested by authorized school personnel.

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.



Student Health Information

Student _____ Grade _____ Birth Date _____

Health information is collected to provide for student's health and safety at school. This confidential data will be recorded in the student's health record. It will be shared with school and emergency personnel on a "need to know" basis. You are not legally required to supply this information, but lack of data may impact planning for your student.

NOTE: Immunizations are required for school entrance. See school immunization paperwork for more information.

Parent/Guardian-please check if your student has any of the following:

- NO HEALTH CONCERNS**
- ADHD/ADD (Attention Deficit Disorder) Takes ADHD/ADD medication
- Allergies (please list): _____
- Asthma Other Breathing Problems: _____
- Diabetes: Type I Type II
- Hearing Impairment Hearing device
- Immune Deficiency Condition: _____
- Mental Health Concerns (Depression, OCD, etc.): _____
- Migraine Headaches
- Mobility Issues (problems with muscle, bone, balance, etc.): _____
- Seizures
- Sickle Cell
- Vision Impairment Glasses/Contacts
- Other: _____

| Other Health Questions (please answer all questions) | YES | NO | If yes, please explain |
|--|-----|----|------------------------|
| Is physical activity limited in any way? | | | |
| Hospitalization/Surgery/Injury past 12 months? | | | |
| Any health problems that could result in an emergency? | | | |
| Does the student use an inhaler? | | | |
| Does the student have an Epi-Pen? | | | |
| Will your student take medication at school? <i>Please see School Nurse for required paperwork.</i> | | | |

Licensed Health Care Provider _____ Phone _____

Parent/Guardian Phone _____ Email _____

Parent/Guardian Signature _____ Date _____

PLEASE RETURN TO THE HEALTH OFFICE

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____ Birthdate _____

Immunizations required for child care, early childhood programs, and school.

| Vaccine | Birth to 6 months | 12 -24 months | At Kindergarten | At 7th grade | At 12th grade |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| Hepatitis B | <input type="text"/> |
| Diphtheria, Tetanus, Pertussis (DTaP, DT, Td) | <input type="text"/> |
| <i>Haemophilus influenzae</i> type b (Hib) | <input type="text"/> |
| Pneumococcal (PCV) | <input type="text"/> |
| Polio | <input type="text"/> |
| Measles, Mumps, Rubella (MMR) | <input type="text"/> |
| Chickenpox (varicella) | <input type="text"/> |
| Hepatitis A | <input type="text"/> |
| Tetanus, Diphtheria, Pertussis (Tdap) | <input type="text"/> |
| Meningococcal (MCV4) | <input type="text"/> |

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

| Vaccine | Medical Exemption | Non-Medical Exemption |
|--------------------------------------|-------------------|-----------------------|
| Diphtheria, Tetanus, and Pertussis | | |
| Polio | | |
| Measles, Mumps, Rubella | | |
| <i>Haemophilus influenzae</i> type b | | |
| Chickenpox (varicella) | | |
| Pneumococcal | | |
| Hepatitis A | | |
| Hepatitis B | | |
| Meningococcal | | |

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me on _____ (date)

by _____
(name of parent or guardian)

Notary Signature: _____

Notary Stamp

STATE OF MINNESOTA, COUNTY OF _____

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: _____ Date: _____
(of parent/guardian)