INDEPENDENT SCHOOL DISTRICT NO 2142 REGISTRATION

MAF	SS ID #			Start Date		Assigned School	I	Grade	Intake Date				
					Student l	nformation							
LAST Name (Legal) FIRS			FIRST Name (Le	egal)	Full MIDDLE Na		Nickname or Pr	eferred Name	Birth Date				
	der	Language społ	ken in the home?	Receiving ESL S		Is English read in		US Citizen?	If NO, how long	in US?			
	M / F	esignation (Mar	k 1 box only)		/ N lark All that Apply)		/ N Special Educat	On / IEP:					
]		can Indian		Hispanic		'	-	Language					
נ		or Pacific Isla	nder		n Indian/Alaska	Native	Dev Cog						
ב	3 - Hispar 4 - Black.	nic not of Hispan	ic Origin	 Asian Black/Afri 	ican American		PhysicalHearing	ly Impaired Impaired					
ב		not of Hispar		Native Ha	awaiian/Pacific	Islander	Visually						
ssi	stance Need	led With:		White				al/Behavioral D					
ב	Math		General L	•				ealth Impaired					
ב	Reading Speech		504 Plan				 Autistic Traumat 	ic Brain Injury					
		nealth concerns	we should be awar	e of, please list:									
the	student is e	enterina kindera	arten, has he/she r	eceived Early Chi	ildhood Screening	1?	X / N						
	S, where?				lancoa corconing	•	Y / N						
	-,				Previous F	Enrollments							
as	student prev	viously attended	any school in this	district?	Y / N	School				Grade			
	atudant aya	r registered und	or o different nome	O lf ag mlagag m									
as	student eve	r registerea una	er a different name	? If so, please pr	ovide:								
						tion, most rece							
	Name o	of School	Year / Grade	Public/Private	FT / PT	City ar	nd State		Phone and Fax	x			
			/	<u> </u>		_		_	1				
			/						1				
			/						1				
						Residence							
					-	be sent to the p	-		D				
		lives with that apply)	Holds <u>legal</u> custody?	Legal Guardian?	Name	Parent/Guardian I	nformation	Name	Parent/Guardian	Information			
	Father				Physical Addres	S		Mailing Address					
ב	Mother				City / State / Zip			City / State / Zi	p				
ב	Stepfathe	r			County		Resident Schoo	District	Resident Distric	t verified?			
	Steplatile	1	-	-	oounty				Resident Distric				
ב	Stepmoth	ier			Home Phone		Unlisted?	E-mail					
	Foster Pa	irents			Cell Phone			Cell Phone					
-					Disco of employ			Diago of omployment					
OTHER (Please list):					Place of employ	ment	Place of employment						
					Work Phone / Pa	ager		Work Phone / Pager					
		od to this ach	ool district within	the last 26 mg	nthe for tompor		ogricultural o	fishing work?		Y / N			
	ing Informa		ool district within # of miles from		-	ing transportation	-	Bus #	Pick Up Time	Drop Off Time			
	Walker	Bus			Biotilot providi	ing transportatio		200 //					
	e neventel	vialata la a ava ta		of Choke)2	N / N			de europetation	and Casial Wa	ulcon lunfo)			
	e parental al Worker N	0	erminated (Ward	of State)?	Y / N Social Worker P		e provide legal	documentation	and Social Wo	rker into)			
501													
s tł	e student	homeless?	Y / N		4								
			pply to seconda	arv school stu	dents:								
		-	it a Teen Parent?	-		Y / N							
						Y/N							
		IS THE STUDEN	it a Displaced Ho	лпетакег?		V / NI							

Local ID #:

	Census Please list all other permanent members (adults & children) in student's household.												
	Full Legal Name (Last, Fi			all other permai Birthdate	nen	t members (Gender	adults & childr Relat			household. Age / Grade	School		
	Tuli Legar Name (Last, T	131, 1	vildule)	Dirtituate		Gender	TCEIDI	10113	ΠΡ		001001		
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		4.1.6	lant'a CE			uashald	(if applicabl		r birth no	/			
Rec	Student's SECONDARY Household (if applicable, or birth parents if foster) Request school information to be sent to this household also? Y / N												
	ationship to student:	ŀ	lolds <u>legal</u>	Legal guardian?		ne	1 / 1			Name			
	Custody?					Iress							
	Mother									County Resident School & District			
						City / State / Zip Home Unlisted?				E-mail	Resident School & District		
	Stepfather Stepmother				Home Phone Unlisted?					Cell Phone			
			_										
	OTHER (Please list):					Place of Employment				Place of Employment			
						Work Phone / Pager				Work Phone / Pager			
			Е	mergenc	y Contacts								
	Emergency Contact outsi	de o	fhome		Re	elationship			Phone	Number	Cell/Pager Number		
	We will t	o reach a p	arent/legal gu		dian at home or work BEFORE calling the			E calling th	he emergency contacts.				
Davinger Operated Name						Daycare Contacts			Phone Number		Cell/Pager Number		
Daycare Contact Name													
Add	ress				City	1		Sta	te	Zip			
Day	care Schedule (which days pe	r we	ek)							-			
l c	ertify the informatio	n p	rovided	here is true	an	d comple	ete to the b	est	of my kr	nowledge.			
							Tennison Warning: You have been asked to supply private information concerning your child. Pursuant to M.S. 12.04, school districts are required to inform						
Pare	ent/Guardian Printed Name		•	parent/guardians how this information will be used. All information collected will be									
											l your child in case of an ou or other designated		
Parent/Guardian Signature							people. You may refuse to supply the requested information. This may greatly						
			hinder us in helping your child. Please note that in a crisis we might need to call 911 or law enforcement for help with your child. Information that you provide to our										
D (schools will only be available to staff who work directly with your child or to							
Date						emergency response personnel. Data privacy laws protect confidentiality.							
	District Use Only	_			_								
	Birth Verification Immunizations		Emergeno Perm File			Child Nutr Indian Ed	ition		Psycholog Social Wo		Records Requested Phone:		
	EC Screening		School Of	fice		Transport	ation		Principal		Fax:		
			Special E	b		MARSS			Teacher				