

# **GLENVILLE-EMMONS SCHOOLS**

## **2023 - 2024 ENROLLMENT FORM**

### STUDENT INFORMATION

\_\_\_\_\_  
Last First Middle grade birth date

\_\_\_\_\_  
Last First Middle grade birth date

\_\_\_\_\_  
Last First Middle grade birth date

\_\_\_\_\_  
Last First Middle grade birth date

\_\_\_\_\_  
Address: Street Box # City Zip Phone

#### Home District:

\_\_\_\_\_  
Glenville-Emmons  
\_\_\_\_\_  
Albert Lea  
\_\_\_\_\_  
Other \_\_\_\_\_

#### Transportation:

\_\_\_\_\_  
Walk  
\_\_\_\_\_  
Ride Bus AM \_\_\_\_ PM \_\_\_\_ Both \_\_\_\_  
\_\_\_\_\_  
Student driver permit  
\_\_\_\_\_  
Other \_\_\_\_\_

#### Ethnic Code:

\_\_\_\_\_  
Hispanic-Latino  
\_\_\_\_\_  
American Indian-Alaskan Native  
\_\_\_\_\_  
Asian- Hawaiian-Pacific Islander  
\_\_\_\_\_  
Black-African America  
\_\_\_\_\_  
Caucasian

Student lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

### **\*\*\*EMAIL ADDRESSES ARE VERY IMPORTANT\*\*\***

Please fill in if you have one and use it – we communicate information to parents by email.

#### First Parent/Guardian the school should contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

#### Second Parent/Guardian the school should contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

#### **EMERGENCY CONTACTS:** List contacts **OTHER** than parent/guardian

\_\_\_\_\_  
Name Relationship Home Phone Cell phone Work Phone

\_\_\_\_\_  
Name Relationship Home Phone Cell Phone Work Phone

\_\_\_\_\_  
Name Relationship Home Phone Cell Phone Work Phone

PLEASE COMPLETE INFORMATION ON BACK SIDE

**FAMILY INFORMATION:** List Names and Birth dates of all other child (not school age yet) in your family:

Name	School Attending	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HEALTH INFORMATION:**

Family Doctor: \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Special Health Problems: (If yes, indicate which child)

<input type="checkbox"/> Allergy	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma
<input type="checkbox"/> Convulsive Seizures	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fractures
<input type="checkbox"/> Hearing/Deafness	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Internal Irregularities
<input type="checkbox"/> Kidney/Bladder	<input type="checkbox"/> Physical Handicap	
<input type="checkbox"/> Sight impairment/glasses	<input type="checkbox"/> Surgical	<input type="checkbox"/> Other _____

Recommended procedure to follow for above: \_\_\_\_\_.

**Emergency Treatment and Contracts K-12** - contact with parent/guardian will be made 1<sup>st</sup>. These are the only contacts that may transport, care for, or provide release permission for your child if you cannot be reached. In case of a serious accident or illness at school, 911 will be called. The parent/guardian is responsible for all expenses. List daycare as an emergency contact which empowers school authorities to exercise their best judgment in calling the physician indicated or transporting the child to a hospital emergency room. Likewise, your signature does not release confidential information as protected by Federal Law.

**Field Trip Permission (K-12)** - during the course of the school year, several school sponsored activities, field trips, etc. are planned. This permission slip will be put on file for the school year to cover all school sponsored events. NOTE: If you DO NOT want your child(ren) to attend a specific event, it is your responsibility to let us know of this, in writing, prior to the event.

**VERIFICATION OF INFORMATION**

I certify that all information on this form is correct to the best of my knowledge. I give permission for my child(ren) to receive medical treatment. I give permission to my child(ren) to attend school sponsored field trips.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*NEW STUDENTS ONLY\*\*\*\*\*

Is this student receiving Special Education services?	Yes	No
Are there legal issues or school disciplinary (suspension) issues that we should be aware of?	Yes	No
If yes, describe _____ The school will need a copy the order or school records.		
Has the student had Early Childhood Screening?	Yes	No
If yes, where was screening completed? _____		
Has the student attend preschool?	Yes	No
If yes, preschool attended? _____		
Do you reside within the Glenville-Emmons School District?	Yes	No
If no, what school district _____? Open Enrollment form must be completed and approved before student can attend classes		
Has this student been enrolled in another Minnesota school or any out-of-state school?	Yes	No
If yes, school previously attended _____? Request for Academic Records form must be completed		
Which Language did your child learn first?	English	Other (specify): _____
Which language is most often spoken in your home?	English	Other (specify): _____
Which language does your child usually speak?	English	Other (specify): _____