

# Kingsland Public Schools Student Directory Information

STUDENT NAME (Legal name and permanent address only)

Today's Date

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ APT: \_\_\_\_\_

City \_\_\_\_\_ State: MN \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Grade \_\_\_\_\_ Gender: ☐ M ☐ F Birth date: MM \_\_\_\_\_ DD \_\_\_\_\_ YY \_\_\_\_\_ Age \_\_\_\_\_

Primary Ethnicity: ☐ White (5) ☐ Black (4) ☐ Hispanic (3) ☐ Asian/Pacific Islander (2) ☐ Native American/Alaskan Native (1)

Is this student Hispanic/Latino? ☐ Yes ☐ No

What is the student's race? (Choose one or more): ☐ Black/African American ☐ American Indian/Alaska Native

☐ Asian ☐ White ☐ Native Hawaiian/Pacific Islander

Primary Home Language \_\_\_\_\_ Student Birth Country \_\_\_\_\_

WITH WHOM DOES THE STUDENT LIVE? (circle one)

Father & Mother      Father & Stepmother      Mother & Stepfather      Father only      Mother Only  
Legal Guardian(s)      Foster Parent(s)      Grandparent(s)      Other (Please specify) \_\_\_\_\_

## PARENT/GUARDIAN #1

Relationship \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

### Address (if different from above)

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Employer \_\_\_\_\_

Work Hours \_\_\_\_\_

Email \_\_\_\_\_

## PARENT/GUARDIAN #2

Relationship \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

### Address (if different from above)

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Employer \_\_\_\_\_

Work Hours \_\_\_\_\_

Email \_\_\_\_\_

## EMERGENCY CONTACT #1

Relationship \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell \_\_\_\_\_

Has permission to:

Call in for student if they are absent? Yes \_\_\_\_\_ No \_\_\_\_\_

Pick up student from school? Yes \_\_\_\_\_ No \_\_\_\_\_

## EMERGENCY CONTACT #2

Relationship \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell \_\_\_\_\_

Has permission to:

Call in for student if they are absent? Yes \_\_\_\_\_ No \_\_\_\_\_

Pick up student from school? Yes \_\_\_\_\_ No \_\_\_\_\_

## EMERGENCY CONTACT #3

Relationship \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell \_\_\_\_\_

Has permission to:

Call in for student if they are absent? Yes \_\_\_\_\_ No \_\_\_\_\_

Pick up student from school? Yes \_\_\_\_\_ No \_\_\_\_\_

## EMERGENCY CONTACT #4

Relationship \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell \_\_\_\_\_

Has permission to:

Call in for student if they are absent? Yes \_\_\_\_\_ No \_\_\_\_\_

Pick up student from school? Yes \_\_\_\_\_ No \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

## NEW STUDENT ENROLLMENT

ENROLLMENT DATE MM \_\_\_\_\_ DD \_\_\_\_\_ YY \_\_\_\_\_

Last School Attended \_\_\_\_\_ MM \_\_\_\_ DD \_\_\_\_ YR \_\_\_\_ Prev Dist # \_\_\_\_\_

## FOR OFFICE USE

Grade Level \_\_\_\_\_ Ward of State ☐ Yes ☐ No

Special Ed Evaluation Status \_\_\_\_\_

Transportation Code \_\_\_\_\_ Transportation District \_\_\_\_\_

Primary Disability \_\_\_\_\_ Instructional Setting \_\_\_\_\_

State Aid Category \_\_\_\_ GI \_\_\_\_ Resident District \_\_\_\_\_

Post-Secondary Options: ☐ Yes ☐ No

Compensatory Aid 0 1 2 FTE % \_\_\_\_ School Code \_\_\_\_\_

Last Location of Attendance Code \_\_\_\_\_

Limited English Proficient: ☐ Yes ☐ No (LEP Start Date \_\_\_\_\_)

STATE ID \_\_\_\_ \_

**Kingsland Public Schools – ISD #2137**