

**LYLE PUBLIC SCHOOLS**700 2ND ST LYLE, MN 55953

507-325-2201

OFFICE USE ONLY

Student ID #: _____

MARSS #: _____

Resident District _____

Start Date _____

STUDENT INFORMATION

Last name		First name		Middle name		Grade					
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate		Social Security Number		Household phone ()					
Mailing/Street Address				City		State		Zip			
Home language <input type="checkbox"/> English <input type="checkbox"/> Other _____				Language spoken by parent <input type="checkbox"/> English <input type="checkbox"/> Other _____				Country of Origin <input type="checkbox"/> USA <input type="checkbox"/> Other _____			
Is the student hispanic/latino? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Is the student from one or more of these races? (Check at least one)											
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White											
Racial/Ethnic Background (Check only one)											
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White											
Is this child a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If no, when did the student enter the United States?											
Are there legal custody, restraining orders, or school disciplinary (expulsion) issues we should be aware of? (Please provide documentation) <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, please provide details.											
Has this student ever received ESL (English as a Second Language) services? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Has this student received Special Education services (this includes speech)? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Does this student have a disability, which requires an accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No											

PARENT/GUARDIAN INFORMATION – NAMES OF PERSON(S) STUDENT IS CURRENTLY RESIDING WITH:

<input type="checkbox"/> MOTHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> FOSTER MOTHER <input type="checkbox"/> OTHER _____				Legally Responsible for Student? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last name		First name		Cell phone ()		Home Phone ()			
Mailing/Street Address				City		State		Zip	
Employer		Work phone ()		E-mail address					
<input type="checkbox"/> FATHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> FOSTER FATHER <input type="checkbox"/> OTHER _____				Legally Responsible for Student? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last name		First name		Cell phone ()		Home Phone ()			
Mailing/Street Address				City		State		Zip	
Employer		Work phone ()		E-mail address					

LIST ALL OTHERS LIVING IN THE HOUSEHOLD OTHER THAN PARENT/GUARDIAN

Name	Birth Date	Gender	Relationship to Parent/Guardian	Grade

PREVIOUS SCHOOL ENROLLMENTS

Has student ever been enrolled in a MINNESOTA Public School?

☐ Yes ☐ No

If yes, what is the name of the MN Public school attended? _____

Date(s): _____

What is the name of the previous school attended? _____

Date(s): _____

EMERGENCY CONTACTS

First Name	Last Name	Relationship
Home Phone ()	Cell Phone ()	Work Phone ()
First Name	Last Name	Relationship
Home Phone ()	Cell Phone ()	Work Phone ()
First Name	Last Name	Relationship
Home Phone ()	Cell Phone ()	Work Phone ()

NON-CUSTODIAL PARENT (if applicable)/SECOND MAILING

Last name	First name	Cell phone ()	Home Phone ()
Mailing/Street Address	City	State	Zip
Employer	Work phone ()	E-mail address	

DAYCARE PROVIDER (ELEMENTARY ONLY) _____**ADDRESS & PHONE NUMBER** _____

I certify the information provided is true, accurate, and complete to the best of my knowledge.

Parent signature _____ Date: _____