



FOR REGISTRAR USE ONLY

DATE OF ENROLLMENT:
 SCHOOL ATTENDING:
 START DATE:
 MARSS#:

Section 1: Student/Contact Information PLEASE PRINT STUDENT'S LEGAL NAME

(LAST) _____ (FIRST) _____ (MIDDLE) _____

GRADE REGISTERING FOR: _____ BIRTH DATE: ____/____/____ GENDER: Male _____ Female _____

PLACE OF BIRTH: _____, _____, _____
 (City) (State) (County)

Home Address: _____
 Street Address - (DO NOT LIST PO BOX) City State Zip County

Mailing Address: _____
 Street Address - (CAN LIST PO BOX) City State Zip

1. Is your current address a temporary living arrangement? Yes No
 2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

Previous School	City	State	Zip	Last Date at attended

Name of Parent (If you are NOT the biological/step parent of the child, please see next section.)	Student Resides With (X)	Employer	Daytime Phone	Cell Phone
Mother:				
Father:				
Step Mother:				
Step Father:				
Second Parent Address: (If different than listed above)		City	State	Zip code

If you are not the parent - circle your relationship to the student
 (Documentation will be required)

Legal Guardian

Foster Parent

Group Home

Guardian's Name (Last, First)	Physical/Mailing Address (if different than student's)	School Hours Phone Number	If applicable, county case manager, name/phone number/case number

Section 2: Special Programs

Does this student have a current Individual Education Plan (IEP) through Special Education? Yes _____ No _____

If yes, please indicate primary disability: _____

Does your student have a 504 Accommodation Plan (for such things as diabetes management, etc.) Yes _____ No _____

If yes, please indicate what for: _____

Has this student ever been expelled? Yes No If yes, which school district? _____

Has truancy ever been filed on this student? Yes No If yes, which school district? _____

Section 3: Emergency Contacts (Someone other than parent/guardian)

Contact (Last, First Name)	Relationship	School Hours Phone #	Circle One:
			Home, Work or Cell
			Home, Work or Cell

Section 4: Additional Household Information

LIST ALL CHILDREN IN HOUSEHOLD, NOT ENROLLED IN ISD. #31 UNDER THE AGE OF 5

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER M/F	BIRTHDATE	HANDICAPPED (Y/N)

Section 5: Certification/Signatures

Parent/Guardian ACTIVE in the Military: Yes _____ No _____

E-mail address: _____ @ _____

(We will send you an email confirmation and Skyward Login password)

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Items Scanned and collected:

- ____ Photo ID
- ____ Birth Certificate
- ____ Immunization Record
- ____ ELL/ESL Form
- ____ Custody/Divorce Docs

For Office Use Only:

- ____ F/R Lunch Form
- ____ Proof of Residence (type provided) _____
- ____ Title 7/JOM Eligibility Form for Native American
- ____ Records Requested (Date requested _____)

Additional Documents

Where applicable, please complete the following documents and return them with your packet.

[Title VI \(ED 506\) Form](#) For all American Indian students in ISD 31

[JOM Form](#) For all American Indian student enrolled in a tribe other than White Earth Nation

[White Earth Nation JOM Form](#) For White Earth Nation Enrollees only