

STUDENT REGISTRATION FORM



302 14th Street
 Cloquet, MN 55720
 Phone: 218-879-6721
 Fax: 218-879-6724
 www.isd94.org

Please fill out form completely. Thank you!

OFFICE USE ONLY:

School Year:	Preferred Elem. School: WA CH n/a	Submit Person ID:
SAC:	Enr Created:	Faxed to School:
Grade:	Received By:	Assigned School:
Received Date:	Enr Start Date:	New Enrollee:

STUDENT INFORMATION

FIRST Name (Legal):	Date of Birth / /	Gender Male / Female	Desired Grade
MIDDLE Name (Full):	ETHNICITY - Check ONLY One	RACE - Check ALL that apply	
LAST Name (Legal):	<input type="checkbox"/> 1 - Native American/Alaskan Native	<input type="checkbox"/> 1 - Native American/Alaskan Native	
Preferred Name:	<input type="checkbox"/> 2 - Asian/Pacific Islander	<input type="checkbox"/> 2 - Asian	
Has student ever registered under a different name? <i>If so, please provide</i>	<input type="checkbox"/> 3 - Hispanic	<input type="checkbox"/> 3 - Native Hawaiian/Pacific Islander	
	<input type="checkbox"/> 4 - Black, Not Hispanic	<input type="checkbox"/> 4 - Black	
	<input type="checkbox"/> 5 - White, Not Hispanic	<input type="checkbox"/> 5 - White	
	Latino? (Circle One)	Yes	No
NAMES(S) of PARENT(S)/LEGAL GUARDIAN(S): Please provide below			
Mother / Guardian / Foster Parent / Host Parent (Circle One)		Father / Guardian / Foster Parent / Host Parent (Circle One)	

PRIOR SCHOOL INFORMATION

Has student previously attended any MN school district including Early Childhood programs?	Yes / No If yes, where...	School/District	Year
Has student previously attended school in <u>this</u> district including Early Childhood programs?	Yes / No If yes, where...	School/District	Year
If the student is entering Kindergarten, has he/she received Preschool Screening?	Yes / No If yes, where...	School/District	Year

PREVIOUS SCHOOL ENROLLMENTS

Name of School	Year / Grade	City and State	Contact and Phone
	/		
	/		

ADDITIONAL INFORMATION

Does the student receive Special Ed Services (IEP)?	Yes / No	Comments regarding your student:	
Is the student a Single Parent?	Yes / No		
Is the student a Displaced Homemaker?	Yes / No		
Is the student Homeless?	Yes / No		
Has the student been expelled from another school district? Yes / No		If so, what district? _____	Date expelled _____
Which language is primarily spoken in the home?		<input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____	

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 parent/guardians how this information will be used. All information collected will be private and confidential. This information will help us aid your child in case of an emergency or health concern. We may need to phone you or other designated 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 schools will only be available to staff who work directly with your child or to emergency response personnel. Data privacy laws protect confidentiality.

Student's PRIMARY Residence						
Student lives with (check all that apply) <input type="checkbox"/> Father / Guardian <input type="checkbox"/> Mother / Guardian <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster Parents* <input type="checkbox"/> Host Parents <input type="checkbox"/> OTHER (Please list):	Holds legal custody? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Legal guardian? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mailing Address	Physical Address (if different than Mailing)		
			City / State / Zip+4	City / State / Zip+4		
			County	Home Phone	Unlisted? <input type="checkbox"/>	
			School District	Is this address on Tribal Land? Yes / No		
			Mother/Guardian/Foster/Host FULL Name	Father/Guardian/Foster/Host FULL Name		
			Cell Phone	Cell Phone		
			E-mail	E-mail		
			Place of employment	Place of employment		
*If the student lives in foster care, please provide legal guardian's information below unless parental rights have been terminated (legal documentation needed).			Work Phone	Ext.	Work Phone	Ext.
			Will your child be bussed from this location?		Yes / No	
Student's SECONDARY Residence						
Student Lives in Secondary Household Part time?		Yes / No		Second Address to receive Mailings? Yes / No		
Student lives with (check all that apply) <input type="checkbox"/> Father / Guardian <input type="checkbox"/> Mother / Guardian <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> OTHER (Please list):	Holds legal custody? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Legal guardian? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mailing Address	Physical Address (if different than Mailing)		
			City / State / Zip+4	City / State / Zip+4		
			County	Home Phone	Unlisted? <input type="checkbox"/>	
			School District	Is this address on Tribal Land? Yes / No		
			Mother's/Guardian's FULL Name	Father's/Guardian's FULL Name		
			Cell Phone	Cell Phone		
			E-mail	E-mail		
			Place of employment	Place of employment		
** NOTE: Please provide legal documentation if there is a custodial issue.**			Work Phone	Ext.	Work Phone	Ext.
			Will your child be bussed from this location?		Yes / No	
CENSUS (based on PRIMARY Residence)						
Please list ALL other permanent members (adults & children) in student's primary household (continue on separate sheet if necessary).						
Full Legal Name (First, Middle, Last)	Date of Birth	Gender	Relationship to Student	Grade	School	
	/ /	Male / Female				
	/ /	Male / Female				
	/ /	Male / Female				
	/ /	Male / Female				
	/ /	Male / Female				
	/ /	Male / Female				
EMERGENCY CONTACTS (Other than PARENTS/GUARDIANS listed above)						
Full Name (please include middle initial)	Relationship to Student	Cell Phone	Home Phone	Work Phone		
<i>I certify the information provided here is true and complete to the best of my knowledge. (Signature required.)</i>						
Parent/Guardian SIGNATURE		Parent/Guardian PRINTED Name		Date		

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____
 Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select "yes" or "no" to this question.]

Yes [If yes, go to Question A.]

No [If no, go to Question 1.]

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes [If yes, go to Question 1a.]

No [If no, go to Question 2.]

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Appendix A: Minnesota Language Survey

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.



GRADE _____

CLOQUET PUBLIC SCHOOLS • Annual Health Information

STUDENT NAME _____
(Please print) Last Name First Name Middle Initial

Health information from this form assists with planning for your child's needs at school.

PHYSICIAN _____ Phone _____

DENTIST _____ Phone _____

HOSPITAL *(for emergency)* _____

HEALTH CONCERNS Please check all that apply.

- Identified Health Concerns**
 - ADHD/ ADD / Other learning disabilities
 - Allergies *(list)* _____
 - Anxiety disorder
 - Asthma or other breathing problems
 - Bladder problems / Bowel problems *(describe)* _____
 - Depression
 - Diabetes: Type 1__ Type 2__ Managed by: *(please circle)* Diet only Oral meds Insulin injections Insulin pump
 - Food intolerance *(describe)* _____
 - Hearing *(explain)* _____
 - Heart problems *(describe)* _____
 - Seizures: Type *(describe)* _____ Date of last seizure: _____
 - Social/ Emotional / Behavioral / Mental health concerns *(describe)* _____
 - Vision *(explain)* _____
 - Other health concerns or significant history of problems *(describe)* _____
 - Activity restrictions*(describe)* _____

Surgeries or hospitalizations in the last year. Explain. _____

No Health Concerns

EMERGENCIES: Does your child have a health problem that could result in an emergency? YES NO

If yes, describe: _____

MEDICATIONS TAKEN EVERY DAY OR WHEN NEEDED

(This section does not serve as a medical order for medication administration)

List **ALL** medications that your child takes at home and at school.

Medication Name	Reason	Dose	How often taken?
_____	_____	_____	_____
_____	_____	_____	_____

If your child needs to take medication at school, please consider the following:

- The Authorization for Administration of Medication form is **REQUIRED** for all medication(s) taken at school, including non-prescription (over the counter) medications. Students must take all medications at school through the health office unless otherwise arranged individually with the licensed school nurse.
- The Authorization for Administration of Medication form must be signed by both the HEALTH CARE PROVIDER and PARENT. A new consent is required each school year.
- Forms are available in the health office and the Cloquet Public Schools website <http://www.isd94.org> > Programs > Health and Nursing Services

Is there any other information that might be helpful for us to know about your child or circumstances at home that could affect him/her at school?

In order to provide for the health and safety of your child, the above information may be shared with school staff working with this student and with Emergency Response Personnel in the event that 9-1-1 is called.

Parent / Guardian Name *(please print)* _____

Parent / Guardian Signature: _____ Date: _____

The school district intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequences for not providing the information. It may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's safety and school success.

Homeless (McKinney-Vento) Identification Form
Cloquet Public Schools | School District 0094

Your child may be eligible for educational services through the McKinney-Vento Act. Eligibility is based on the current primary nighttime residence and can be determined by completing this questionnaire.

Date: _____

Name of Individual Submitting this Form: _____

<p>1. Presently, is the student or family in any of the following situations?</p> <p><input type="checkbox"/> Staying in a shelter, trailer, or waiting for foster care placement.</p> <p><input type="checkbox"/> Sharing the housing of others due to loss of housing, economic hardship, etc.; doubled-up.</p> <p><input type="checkbox"/> Living in a car, park, campground, public space, abandoned building, substandard housing or similar.</p> <p><input type="checkbox"/> Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.</p> <p><input type="checkbox"/> Unknown nighttime residence.</p> <p>2. Unaccompanied Youth: not in the physical custody of a parent or guardian.</p> <p><input type="checkbox"/> Yes: Student(s) with an adult that is not a parent or legal guardian, or alone without an adult.</p> <p><input type="checkbox"/> No: Student does not meet the definition of "Unaccompanied Youth."</p> <p>3. Has the student moved in the past 3 years to seek work as a paid laborer in any type of farming or fishing?</p> <p>Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> If 1,2, or 3 do not apply - STOP: Student does not meet definition of "Homeless".</p>
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Student Information				
Name(s):		Grade	Date of Birth	
Parent/Guardian:				
Phone (h)		Phone (w)		Phone (c)
Temporary Address:				
Special Transportation Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Notes:				

The undersigned attests to the best of their knowledge that according to the information provided through a brief interview/inquiry with this family or their representative, that the student(s) listed meet the definition of "Homeless" as stated in the McKinney-Vento Act (Subtitle B, Sect. 725) of July 1, 2002.

Site Contact Electronic Signature	Date	
Haley Stirewalt		
District Homeless Liaison	Signature	Date

<input type="checkbox"/> Submit to District Homeless Liaison, hstirewalt@isd94.org
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Student Services use only:

<input type="checkbox"/> Homeless Status set to "Y"	<input type="checkbox"/> Title-I set to "Y" if Title School	<input type="checkbox"/> Transportation set to "6"
<input type="checkbox"/> Submit to Transportation	<input type="checkbox"/> Free/Reduced set to "2"	<input type="checkbox"/> Free/Reduced submit to Food Service