

STUDENT CENSUS & ENROLLMENT FORM

School: _____	Grade: _____	Start date: _____
Student Name: _____		
DOB: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Age: _____	Birthplace: _____ If born outside USA, entry date: _____	
Address: _____		Phone: _____

Last grade completed: _____		Where: _____
Previously Attended School in MN? _____ If yes, School District: _____		
School Transferring From: _____		Attended Preschool: <input type="checkbox"/> Yes <input type="checkbox"/> No
Did student receive Special Education Classes? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White		
Home Language(s): _____		Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Written translation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bussing AM: _____ PM: _____ Drop off location (if other than home) _____		
<input type="checkbox"/> Parent will transport <input type="checkbox"/> Will walk <input type="checkbox"/> Other _____		

PARENT/GUARDIAN

Full Name _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to student: _____	Phone: _____	Notifications: voice text
Workplace: _____	Phone: _____	Ask for: _____
Full Name _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to student: _____	Phone: _____	Notifications: voice text
Workplace: _____	Phone: _____	Ask for: _____

NOTES: _____

EMERGENCY CONTACT#1 Full Name _____ ☐ Male ☐ Female

Relationship to student: _____ Phone: _____

Address: _____

#2 Full Name _____ ☐ Male ☐ Female

Relationship to student: _____ Phone: _____

Address: _____

OTHER HOUSEHOLD MEMBERSFull name: _____ ☐ Male ☐ Female

DOB: _____ Age: _____ Grade: _____ Relationship to student: _____

Full name: _____ ☐ Male ☐ Female

DOB: _____ Age: _____ Grade: _____ Relationship to student: _____

Full name: _____ ☐ Male ☐ Female

DOB: _____ Age: _____ Grade: _____ Relationship to student: _____

Full name: _____ ☐ Male ☐ Female

DOB: _____ Age: _____ Grade: _____ Relationship to student: _____

Full name: _____ ☐ Male ☐ Female

DOB: _____ Age: _____ Grade: _____ Relationship to student: _____

Full name: _____ ☐ Male ☐ Female

DOB: _____ Age: _____ Grade: _____ Relationship to student: _____

Signature: _____ Date: _____