

STUDENT CENSUS & ENROLLMENT FORM

School/Program: _____		Grade: _____	Start date: _____
Student Name: _____		DOB: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age: _____	Birthplace: _____		If born outside USA, entry date: _____
Address: _____		Phone: _____	
_____		Parent email: _____	
<input type="checkbox"/> Bussing	AM: _____	If other than home- Address: _____	
	PM: _____	Contact name & phone #: _____	
<input type="checkbox"/> Transport by parent/self	<input type="checkbox"/> Will walk	<input type="checkbox"/> Other _____	
Attended Preschool: <input type="checkbox"/> Yes <input type="checkbox"/> No		Received Special Education Classes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Had an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last grade completed: _____		Where (country or US city & state): _____	
Previous US School Name: _____			
Previously Attended School in MN: Yes No If yes, School District(s): _____			
Home Language(s): _____		Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Written translation? <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			

PARENT/GUARDIAN

Full Name _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to student: _____	Phone: _____	Not in household Notifications: voice text
Workplace: _____	Phone: _____	Ask for: _____
Full Name _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to student: _____	Phone: _____	Not in household Notifications: voice text
Workplace: _____	Phone: _____	Ask for: _____

EMERGENCY CONTACT (other than parent/guardian)

#1 Full Name _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to student: _____	Phone: _____	
Address: _____	same as student	
#2 Full Name _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to student: _____	Phone: _____	
Address: _____	same as student	

NOTES: _____

OTHER HOUSEHOLD MEMBERS

Full name: _____

☐ Male ☐ Female

Relation to student: _____

If minor only- DOB: _____

Age: _____

Grade: _____

School: _____

Full name: _____

☐ Male ☐ Female

Relation to student: _____

If minor only- DOB: _____

Age: _____

Grade: _____

School: _____

Full name: _____

☐ Male ☐ Female

Relation to student: _____

If minor only- DOB: _____

Age: _____

Grade: _____

School: _____

Full name: _____

☐ Male ☐ Female

Relation to student: _____

If minor only- DOB: _____

Age: _____

Grade: _____

School: _____

Full name: _____

☐ Male ☐ Female

Relation to student: _____

If minor only- DOB: _____

Age: _____

Grade: _____

School: _____

Full name: _____

☐ Male ☐ Female

Relation to student: _____

If minor only- DOB: _____

Age: _____

Grade: _____

School: _____

Full name: _____

☐ Male ☐ Female

Relation to student: _____

If minor only- DOB: _____

Age: _____

Grade: _____

School: _____

Full name: _____

☐ Male ☐ Female

Relation to student: _____

If minor only- DOB: _____

Age: _____

Grade: _____

School: _____

OTHER INFORMATION FOR SCHOOL

Signature: _____

Relation: _____

Date: _____