

**ROCORI SCHOOL DISTRICT
FAMILY INFORMATION**



DATE _____ SCHOOL YEAR _____

Please list all children in your family.

Last, First, Middle	Gender		
Name _____	M F	Birthdate _____	Grade _____
Birth City _____	State _____	Country _____	US Arrival Date _____ <small>(if applicable)</small>
Name _____	M F	Birthdate _____	Grade _____
Birth City _____	State _____	Country _____	US Arrival Date _____ <small>(if applicable)</small>
Name _____	M F	Birthdate _____	Grade _____
Birth City _____	State _____	Country _____	US Arrival Date _____ <small>(if applicable)</small>
Name _____	M F	Birthdate _____	Grade _____
Birth City _____	State _____	Country _____	US Arrival Date _____ <small>(if applicable)</small>
Name _____	M F	Birthdate _____	Grade _____
Birth City _____	State _____	Country _____	US Arrival Date _____ <small>(if applicable)</small>

Student/s resides with: () Both Parents () Family #1 () Family #2 () Other _____

FAMILY #1 GUARDIAN CONTACT INFORMATION

Guardian #1 Name: _____ Relationship: _____

Guardian #2 Name: _____ Relationship: _____

Address: _____ P.O. Box: _____ Apt # _____

City/State/Zip: _____

Primary/Home Phone Number: _____

Guardian #1 Cell Phone: _____ Guardian #2 Cell Phone: _____

Guardian #1 Work Place: _____ Guardian #2 Work Place: _____

Guardian #1 Work Phone: _____ Guardian #2 Work Phone: _____

Parent E-mail: _____

- Yes, I would like to receive all school information via email/school website when possible.
- I do not have access to email/internet. Paper Copies Only Please.

Are you a resident of the ROCORI District? Yes _____ No _____

FAMILY #2 (if different from Family #1) GUARDIAN CONTACT INFORMATION

Guardian #1 Name: _____ Relationship _____

Guardian #2 Name: _____ Relationship _____

Address: _____ P.O. Box: _____ Apt# _____

City/State/Zip: _____

Primary Phone Number: _____

Guardian #1 Cell Phone: _____ Guardian #2 Cell Phone: _____

Guardian #1 Work Place: _____ Guardian #2 Work Place: _____

Guardian #1 Work Phone: _____ Guardian #2 Work Phone: _____

Parent/Guardian E-mail: _____

Yes, I would like to receive all school information via email/school website when possible.

I do not have access to email/internet. Paper Copies Only Please.

FAMILY EMERGENCY INFORMATION

Doctor to Notify: _____ Phone: _____

Dentist to Notify: _____ Phone: _____

ALTERNATIVE CARE IN CASE A PARENT CANNOT BE REACHED:

Name: _____ Relationship to student: _____

Phone: 1st: _____ 2nd: _____

Name: _____ Relationship to student: _____

Phone: 1st: _____ 2nd: _____

Name: _____ Relationship to student: _____

Phone: 1st: _____ 2nd: _____

If emergency treatment is required, and the parents cannot be reached immediately, the school authorities will use professional judgment in calling the named doctor or 911 emergency number, which could include an ambulance being dispatched at the expense of the parent.

Parent/Guardian Signature: _____ **Date:** _____

STUDENT ENROLLMENT



NAME _____
(Legal) Last First Middle

Date of Birth: ____/____/____ Grade Entering _____ Gender: Male Female

Last school attended: _____ Location: _____

SPECIAL EDUCATION

Does your child receive Special Education services or have a 504 Plan? Yes No

If yes, please indicate Special Education Section 504 Plan

If yes, does your child receive special education bussing services? Yes No

HEALTH INFORMATION

Allergies: _____

Medications: _____

Other Significant Medical Information:

STUDENT'S ETHNICITY (Choose all that apply)

_____ **Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

_____ **Asian** (A person 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.)

_____ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Parent/Guardian Signature _____ Date: _____

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 high school graduation. 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 services. **Access to services are required by federal and state law. As a parent or guardian, you have the right to decline English Learner services 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:	Check the phrase that best describes your student:
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 meaningful and consistent exposure to:	<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.



ROCORI SCHOOL DISTRICT
Independent School District No. 750

Custody Information (if parents are not living together)

The ROCORI School District believes that all parents/guardians need to be involved with the education of their children. We also understand that many children have parents who may be divorced or separated. If that is the case for you, please take time to complete this questionnaire so that the school can communicate effectively to all parents/guardians about school related information. If you have any questions, please contact our office at 320.685.8683 for grades 6-12 and 320.685.7631 for grades K-5. Thank you.

Child's Name: _____ DOB: _____ GRADE: _____

1.) Who has **legal custody** of your child? If joint, please indicate both.

Name _____ Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

2.) Who has **physical custody** of your child? If joint, please indicate both.

Name _____ Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

3.) Is there a living/visitation schedule that we should be aware of? No _____ Yes _____

If yes, please describe:

4.) Are there any restrictions regarding physical or legal custody as defined by the courts? No _____ Yes _____

If there are restrictions, you must provide the school with the most current court paperwork. Without such documentation, the school will assume joint legal and physical custody. It is also your responsibility to inform the school of any changes to this information.

Parent/Guardian Signature

08/23/2018

Date



REQUEST FOR INFORMATION FOR REGISTRATION OF A NEW STUDENT

I authorize ROCORI School District to obtain educational information from:

Please send us the official records for:

Student Name: _____

Grade: _____ Birthdate: _____

Previous School Attended:

Name of previous school

Street Address

City State Zip

Phone FAX Email Address

This student has enrolled at:

John Clark Elementary
415 West Broadway
P.O. Box 37
Rockville MN 56369
Ph: 320-251-8651
Fax: 320-251-8430

Cold Spring Elementary
601 Red River Ave. North
Cold Spring MN 56320
Ph: 320-685-7534
Fax: 320-685-4962

Richmond Elementary
P.O. Box 489
34 2nd St North
Richmond MN 56368
Ph: 320-597-2016
Fax: 320-597-2955

Email: neugarth@rocori.k12.mn.us Email: kuechlea@rocori.k12.mn.us Email: groetschd@rocori.k12.mn.us

ROCORI Middle School
534 5th Ave North
Cold Spring MN 56320
Ph: 320-685-8683
Fax: 320-685-4968

ROCORI High School
534 5th Ave North
Cold Spring MN 56320
Ph: 320-685-8683
Fax: 320-685-4968

Email: molitors@rocori.k12.mn.us Email: jungelsr@rocori.k12.mn.us

Please fax or mail the following information if applicable:

- * Transcript and school records
- * Grades for current school year
- * Standardized test results
- * Health record
- * MARSS State Reporting #
- * Other information:
- * Psychological services report, if any
- * Special education information, if any
- * Social worker involvement, if any
- * Limited English Proficiency help, if any
- * Other Legal Documents

Minnesota law requires the former school district to transmit all education records on the student, including records containing medical or mental health data, to the new school district, charter school, or nonpublic school that the student is or will be attending. M.S. 120A.22, subd. 7.

In accord with revised federal and state statutes, permission of the parent or adult student is no longer required when records are requested by authorized school personnel.

Parent/Guardian Signature: _____ **Date:** _____

Authorized School Personnel: _____ **Date:** _____