

ALBANY AREA SCHOOLS DISTRICT #745 - STUDENT REGISTRATION FORM

STUDENT'S LEGAL LAST NAME			FIRST NAME		MIDDLE NAME	
STUDENT'S 911 ADDRESS						
STUDENT'S MAILING ADDRESS				APT. NO.	RES. DIST.	
CITY		STATE	ZIP CODE		STUDENT HOME PHONE	
E-MAIL ADDRESS			MASS CALLING PHONE NUMBER(S) FOR SCHOOL CLOSINGS, ETC.			
			PHONE #1		PHONE #2	
HAS STUDENT EVER REGISTERED UNDER A DIFFERENT NAME?						
<input type="checkbox"/> NO <input type="checkbox"/> YES NAME: _____						
STUDENT'S BIRTHDATE		STUDENT'S BIRTH PLACE			STATE	COUNTY
MO.	DAY	YEAR	CITY			
		STUDENT'S RACE / ETHNICITY - Please CIRCLE ONE for each Category:				
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	AMERICAN INDIAN/ALASKA NATIVE	Y or N	ASIAN	Y or N	
		BLACK / AFRICAN AMERICAN	Y or N	HISPANIC / LATINO	Y or N	
		NATIVE HAWAIIAN/PACIFIC ISLANDER	Y or N	WHITE	Y or N	
STUDENT LIVES WITH:		<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	WHICH PARENT PAYS LUNCH?	
<input type="checkbox"/> MOTHER & STEPFATHER	<input type="checkbox"/> FATHER & STEPMOTHER	<input type="checkbox"/> GUARDIAN	<input type="checkbox"/> FOSTER PARENTS			
MOTHER'S LAST NAME		FIRST NAME			MIDDLE INITIAL	
MOTHER'S HOME PHONE			MOTHER'S CELL PHONE			
ADDRESS OF MOTHER IF DIFFERENT FROM STUDENT'S						
CITY		STATE		ZIP		
MOTHER'S EMPLOYMENT			BUSINESS PHONE		EXT.	
FATHER'S LAST NAME		FIRST NAME			MIDDLE INITIAL	
FATHER'S HOME PHONE			FATHER'S CELL PHONE			
ADDRESS OF FATHER IF DIFFERENT FROM STUDENT'S						
CITY		STATE		ZIP		
FATHER'S EMPLOYMENT			BUSINESS PHONE		EXT.	
NAME OF THE ADULT PERSON(S) THE STUDENT LIVES WITH IF OTHER THAN A MOTHER OR FATHER:						
LAST	FIRST		DAYTIME PHONE		EXT.	
NAME OF A PERSON TO CALL IN AN EMERGENCY OTHER THAN A PERSON THE STUDENT LIVES WITH:						
EMERGENCY NAME			DAYTIME PHONE		EXT.	
RELATIONSHIP TO STUDENT						
SIGNATURE	RELATIONSHIP TO STUDENT					

STUDENT NAME: _____

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TODAY'S DATE		MO	DAY		YEAR		IS THIS STUDENT (OR ARE YOU) HISPANIC/LATINO? <i>(Choose only one)</i> <input type="checkbox"/> No, Not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicated what you consider your student' (or your) race to be. WHAT IS STUDENT' (OR YOUR) RACE? <i>(Choose one or more)</i> <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.) <input type="checkbox"/> 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.) <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of African.) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)
START DATE		MO	DAY		YEAR		
GRADE LEVEL		SCHOOL					
WAS STUDENT PREVIOUSLY ENROLLED IN ALBANY DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO							
SCHOOL MOST RECENTLY ATTENDED BY STUDENT							
DISTRICT NAME OR NO.		SCHOOL NAME					
CITY					STATE		
DATE LAST ATTENDED			TYPE OF SCHOOL LAST ATTENDED				
MO	DAY	YEAR	<input type="checkbox"/> PUBLIC		<input type="checkbox"/> NONPUBLIC		
HAS THIS STUDENT EVER RECEIVED SPECIAL EDUCATION SERVICES? <input type="checkbox"/> NO IF YES, IN WHAT SCHOOL DISTRICT(S)? <input type="checkbox"/> YES							
MAILING INFORMATION: SCHOOL MAILINGS MAY BE SENT TO ALTERNATE MAILING ADDRESS IN ADDITION TO OR IN PLACE OF THE STUDENT'S ADDRESS. CHECK BELOW WHERE TO SEND SCHOOL MAILINGS: <input type="checkbox"/> STUDENT ADDRESS ONLY <input type="checkbox"/> ALTERNATE MAILING ADDRESS ONLY <input type="checkbox"/> BOTH STUDENT ADDRESS & ALTERNATE ADDRESS PROVIDE CHOSEN ALTERNATE MAILING ADDRESS HERE:							
NAME			DAY CARE PROVIDER (IF ANY)				
ADDRESS				APT. NO.		PHONE	
CITY			STATE	ZIP		ADDRESS	
OTHER CHILDREN IN THIS SAME HOUSEHOLD: BROTHERS, SISTERS, STEPBROTHERS, STEPSISTERS, FOSTER BROTHERS, FOSTER SISTERS, OR OTHER							
FIRST NAME		LAST NAME			BIRTHDATE	SEX	SCHOOL
OFFICE USE ONLY				BIRTHDATE & LEGAL NAME VERIFIED BY:			
MN STATE STUDENT ID NUMBER				<input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PASSPORT <input type="checkbox"/> BAPTISMAL RECORD <input type="checkbox"/> OTHER _____			
HAS IMMUNIZATION INFORMATION BEEN GIVEN TO THE SCHOOL'S HEALTH OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> NA INITIALS _____				WHO IDENTIFIED STUDENT'S ETHNICITY? <input type="checkbox"/> PARENT/GUARDIAN/STUDENT OR OTHER FAMILY MEMBER <input type="checkbox"/> SCHOOL STAFF <input type="checkbox"/> OTHER _____			

