

Eastern Carver County Schools

Exceptional, personalized learning

Student Registration Form K-12



SCHOOL USE ONLY

Student ID _____
Birth Verification _____
Primary Language _____
School _____
Start Date _____
Entry Code _____
Service Type: Primary or Part-time
Percent Enrolled 100 or 999, Anicca 57
Resident District _____
State Aid Code _____
Graduation Year _____
Kindergarten
(KD, KE, LAA)

Section I. Student Information - student's full legal name as it appears on birth certificate

Last Name _____ First _____ Middle _____ Suffix _____

Gender _____ Date of Birth _____ Grade _____ Nickname _____

Eastern Carver County Schools uses text messaging for important district & school information.

If you do not wish to receive text messages from Eastern Carver County Schools, please check box to Opt-Out

Cell Phone _____

Anticipated Start Date: _____

Student's Birth Country _____

Date Student First Entered United States _____

Has the student attended school in the United States for more than 3 full academic years. (On a cumulative basis) Yes No

Early Childhood Screening-Complete only if registering for Kindergarten

Preschool Screening – is required by law for your child's entry into public school kindergarten or first grade.

Has your child received a comprehensive health and developmental preschool screening? (3-5 years old) Yes No

a. If Yes, screening date: _____

b. If Yes, check type of Provider: Child/Teen Checkups Head Start Private Provider School District Conscientious Objector

c. If Yes, Name of Provider or District _____

d. If No, please visit this website to register for preschool screening: eccs.mn/screening

Special Programs-Requires Signed Agreement

If you are interested in La Academia Spanish Immersion or Kinder Academy, please indicate below and submit all required enrollment materials including a signed parent agreement.

Special Program Preference, if applicable: Kinder Academy (Kindergarten Only)

La Academia - Spanish Immersion (Kindergarten or previously enrolled in a Spanish Immersion Program)

Special Programs-Requires Prior Approval from School

Integrated Arts Academy 17-21 Program ALC Summer School STAR Anicca Program

Section II. Home Primary Language

Home Primary Language. Please respond to all questions below by checking the appropriate box.

Following the checkboxes write in language(s) if other than English. DO NOT INCLUDE LANGUAGES LEARNED AT SCHOOL!

Indicate other language(s) other than English below.

1. My child first learned: English only English & Other Language(s) Other than English Other Language(s) _____
2. My child speaks: English only English & Other Language(s) Other than English Other Language(s) _____
3. My child understands: English only English & Other Language(s) Other than English Other Language(s) _____
4. My child has consistent interaction in: English only English & Other Language(s) Other than English Other Language(s) _____

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. Federal and state law requires access to instruction. As a parent or guardian, you have the right to decline English Learner instruction at any time. Language use alone does not identify your student as an English learner. The school will screen your child for English language proficiency when a language other than English is indicated.

Section III. Ethnic and Racial Demographic –Required to answer Federal Questions (in Bold).

If you choose not to answer the federal questions, federal law requires schools to choose for you.

State Questions are Optional and schools will not fill in this information for you.

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. Yes No

A. Optional Question: 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 Colombian Ecuadorian Guatemalan Mexican Puerto Rican
 Salvadoran Spaniard/Spanish/Spanish-America Other Hispanic/Latino Unknown

SELECT "YES" TO AT LEAST ONE OF THE QUESTIONS (1-6) BELOW.

1. Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? Yes No

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.

A. Optional Question: 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 Anishinaabe/Ojibwe Cherokee Dakota/Lakota Other North American Indian Tribal Affiliation Unknown

2. Is the student American Indian from South or Central America? Yes No

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. Yes No

A. Optional Question: 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 Asian Indian Burmese Chinese Filipino
 Hmong Karen Korean Vietnamese Other Asian Unknown

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. Yes No

A. Optional Question: 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 African-American Ethiopian-Oromo Ethiopian-Other
 Liberian Nigerian Somali Other black Unknown

5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? Yes No

The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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. Yes No

Section IV. Student Enrollment Information

- 1.** Is this student currently enrolled in school elsewhere? Yes No
 Name of school currently attending _____
K-12 (not preschool) (School Name) (City) (State)
- 2. Last school attended if not currently enrolled** _____
K-12 (not preschool) (School Name) (City) (State)
- 3.** Has your student ever attended a public school in Minnesota before? Yes No
 a. If Yes, name of Minnesota School or District. _____
- 4.** Is this student participating in a Foreign Exchange Program? Yes No
 a. If Yes, name of Foreign Exchange Program. _____
- 5.** Is this student a military-connected youth? Yes No
- 6.** Does this student currently receive Gifted and Talented services? Yes No
- 7.** Is this student currently homeless (lacks a fixed, regular and adequate nighttime residence)? Yes No
 (If "Yes" please fill out Temporary Housing Form with district personnel)
- 8.** Have you recently moved to this school district within the last 3 years in order to accompany or join a parent/guardian who has moved to seek or obtain temporary or seasonal work in agriculture or fishing? Yes No
 a. If Yes, please check the appropriate box that best describes the work that was done (or sought) in.
 Fruit, vegetable, soybeans, sunflower, cotton, wheat, grain, sugar beets, agricultural farms, ranches, fields & vineyards.
 Food warehouse, processing plant or canneries, packing sheds, elevator and fertilizer plant, alfalfa, mill.
 Dairies Poultry Farms Fisheries Slaughter Houses, Beef, Pork, Poultry.
 Forestry Industry, Plant Nurseries and Orchards.
 Hauling from field to silo/elevator, agricultural products (corn).
 Other. Write Type of Work _____
- 9.** Is this student a Ward of the State (parental rights have been terminated by court order)? Yes No
 (Does not include foster homes)
- 10.** Does this student currently live in a foster home? (Additional documentation required). Yes No
- 11.** Does this student currently live in District 112? Yes No
 a. If No, what District does the student live in? _____
 b. If No, has an Open Enrollment Agreement been completed and sent to the Welcome Center? Yes No
- 12.** Does your child currently receive specialized services on an Individual Education Plan (IEP)? Yes No
 a. If Yes, please identify the areas of service or primary disability area. _____
 b. Do you have a copy with you today? Yes No
- 13.** Does your child currently receive accommodations through a 504 plan? Yes No

Section V. Student Primary Household Information-list family members who reside at the same address with student. NEED ADDITIONAL DOCUMENTATION IF NOT LIVING WITH A BIOLOGICAL PARENT.

Current Primary Home Address of Student _____

Mailing Address of Student - If Different From Home Address _____

If Applicable, Anticipated Date Moving into District 112 _____

New Primary Home Address Upon Move into District 112 _____

Student Home Landline Phone _____

ADDITIONAL DOCUMENTATION REQUIRED

Student Lives With: Check Box Above Relationship: Both Parents Mother Father Mother and Stepfather Father and Stepmother Foster Parents Host Family Other-Please Specify Relationship Below. _____

Parent/Guardian/Adult-who resides at the same address with the student. Use full legal name as it appears on driver's license.

Last Name _____ | _____ First Name _____ Middle Name _____
(Current Name) (Maiden Name)

Gender _____ Date of Birth _____ Birth Country _____ Relationship to Student _____
(M/F)

Legal Guardian Yes No **Biological parents & other adults with court appointed rights (documentation required) are legal guardians.**

The Guardian above will have rights and access to all students' educational records and will receive information in _____ Yes _____ No the following manner: Mailing, Portal and Email.

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Cell Phone _____ Work Phone _____ Email _____

Does the student's parent/guardian need interpreter services? _____ Preferred Language _____

Parent/Guardian/Adult-who resides at the same address with the student. Use full legal name as it appears on driver's license.

Last Name _____ | _____ First Name _____ Middle Name _____
(Current Name) (Maiden Name)

Gender _____ Date of Birth _____ Birth Country _____ Relationship to Student _____
(M/F)

Legal Guardian Yes No **Biological parents & other adults with court appointed rights (documentation required) are legal guardians.**

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Does the student's parent/guardian need interpreter services? _____ Preferred Language _____

List Legal Names of other children from birth through grade 12, who reside at the student's address.

Last Name - as appears on birth certificate	First Name	Middle Name	Gender M/F	Date of Birth	Relationship to Student	Name of School Attending

Section VI. Additional Parent/Guardian Information. PARENTS NOT LISTED ABOVE AND DO NOT LIVE AT THE STUDENTS PRIMARY ADDRESS. Use parent's full legal name as it appears on driver's license.

Does this student reside with this parent/guardian part-time during the school year? Yes No
Secondary Non-Household

Last Name _____ First Name _____ Middle Name _____
(Current Name) (Maiden Name)

Gender _____ Date of Birth _____ Birth Country _____ Relationship to Student _____
(M/F)

Legal Guardian Yes No Biological parents & other adults with court appointed rights (documentation required) are legal guardians.

The Guardian above will have rights and access to all students' educational records and will receive information in Yes No the following manner: Mailing, Portal and Email.

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Cell Phone _____ Work Phone _____ Email _____

Does the student's parent/guardian need interpreter services? _____ Preferred Language _____

Home Landline Phone _____

Parent/Guardian Resident Address _____

Parent/Guardian Mailing Address-If different from resident address. _____

****SIGNATURE REQUIRED****

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

** Parent/Guardian Completing Form: _____ Date: _____

The data requested on the registration forms will be maintained as part of your child's educational and directory records. Some data is required (such as name, address, and birthdates). Other information requested is not required (such as emergency contacts) but will help us to serve you and your child more efficiently. The information you provide may be shared with other staff within the school district and the Minnesota Department of Education whose jobs require access or other agencies as provided by law. Student educational records are considered private under Minnesota's Data Practices Act. Student directory information is designated per the School District's Data Privacy Policy.

The Family Education and Privacy Rights Act provide that educational records are available to parents of a student. Legal documentation is required for custody limitations.

PLEASE COMPLETE ALL PAGES AND RETURN TO:
Eastern Carver County Schools District Education Center
ATTN: Welcome Center
11 Peavey Rd Chaska, MN 55318

Welcome Center Phone Number: 952-556-6112
FAX: 952-556-6109
Email: WelcomeCenter@District112.org

** NAME OF PARENT/GUARDIAN COMPLETING REGISTRATION FORM IS MANDATORY
Note: Information on Data Privacy Act available on request.