

Student has an IEP	No <input type="checkbox"/>	Yes <input type="checkbox"/>	(Please attach)
Student has a 504 Plan	No <input type="checkbox"/>	Yes <input type="checkbox"/>	(Please attach)

Hennepin Technical Pathways Enrollment Form

School Year 20____ to 20____ Semester (Check One): Fall or Spring or Both

Grade Level for Year Attending: 11th 12th 12⁺

High School/Program: _____ Start Date _____

Name: _____
Last First Middle

Gender: Male Female Birth Date: _____ Age: _____

Student Lives With: Mother Father Both Legal Guardian Other _____
Name and Relationship

Student's Address: _____
Street Number/Name, Apt # City County Zip Code

Home Phone # () _____ Cell Phone #: () _____

Mother/Guardian Name: _____ Mother/Guardian email: _____

Mother/Guardian Address: _____
(If different from student) Street Number/Name, Apt # City County Zip Code

Home Phone # () _____ Work or Cell Phone #: () _____

Father/Guardian Name: _____ Father/Guardian email: _____

Father/Guardian Address: _____
(If different from student) Street Number/Name, Apt # City County Zip Code

Home Phone # () _____ Work or Cell Phone #: () _____

REQUESTED REGISTRATION FOR PATHWAYS CAREER COURSE(S)			
First Choice _____	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 10 AM	<input type="checkbox"/> 12:10 PM
Second Choice _____	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 10 AM	<input type="checkbox"/> 12:10 PM

REQUIRED SIGNATURES AND INFORMATION

Student Signature (REQUIRED) Date Parent/Guardian Signature (REQUIRED FOR MINORS) Date

Liaison Counselor &/or Career & Technical Director Date Student's Legal District # and Resident High School Date

Date **MARSS ID # (REQUIRED)** _____

It is the policy of Intermediate District 287 not to discriminate on the basis of sex, color, national origin or handicap in its educational programs and/or activities.
All Information is protected under the Data Privacy Act.

Intermediate District 287

RESPONSIVE. INNOVATIVE. SOLUTIONS.

Personal Data Information

Please complete the following information.

Student Name: _____
Last First Middle

OTHER THAN PARENT/GUARDIAN, list the person to call in case of an emergency:

Name: _____ Relationship: _____

Home Phone: () _____ Work or Cell Phone #: () _____

Medical Clinic/Physician _____ Phone: _____

PERSONAL HISTORY: Check (✓) all that apply.

- | | | |
|-----------------------------|-----------------------------|-----------------------|
| _____ Allergies | _____ Eye Disease | _____ Kidney Disease |
| _____ Anemia | _____ Fainting/Dizzy Spells | _____ Malaria |
| _____ Asthma | _____ Hay Fever | _____ Migraine |
| _____ Cancer | _____ Heart Disease | _____ Pneumonia |
| _____ Diabetes | _____ Hepatitis | _____ Rheumatic Fever |
| _____ Ear Disease/Infection | _____ Hernia | _____ Tuberculosis |
| _____ Emotional Problems | _____ High Blood Pressure | _____ Seizures |

Other conditions (please list): _____

Are you taking any medicine regularly (penicillin, antitoxin, etc.)? Yes No

If yes, please list: _____

Date of last chest x-ray or Mantoux: _____ Date of last tetanus shot: _____

Do you wear glasses? Yes No Do you wear contacts? Yes No