



2021-2022

Enrollment Form

Tel: 651.351.8412 • Fax: 651.351.8370

Return Forms to: Central Services • Attn: Enrollment Office • 1875 South Greeley St. • Stillwater, MN 55082

District Use	
Trans Code _____ <input type="checkbox"/>	<input type="checkbox"/> E.O.
Student # _____	<input type="checkbox"/> Food
	<input type="checkbox"/> Trans

Parent/Guardian Signature: _____ Date: _____

Student Information:

School Enrolling In: _____ Start Date: _____

First Name (legal)	Middle Name (legal)	Last Name (legal)	Birthdate	Gender	Enrolling Grade

School most recently attended by student

School _____ District _____ Date Left _____ Last Grade Completed _____

- Does parent/guardian above have legal custody of student? Yes No
- Do any court orders apply? Yes (provide copy) No
- Is the student a member of a military family (Parent or guardian is currently a Reservist, National Guard member, on Active Duty, or has recently retired from the armed forces)? Yes No
If yes, is the military member actively deployed or expects to be actively deployed this school year? Yes No
- Is student receiving special education services (has an IEP)? Yes No
If yes, what is your student's disability? (Check all that apply)

<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Speech/Language Impairments	<input type="checkbox"/> Physically Impaired
<input type="checkbox"/> Developmental Cognitive Disability	<input type="checkbox"/> Severely Multiple Impaired	<input type="checkbox"/> Specific Learning Disabilities
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Emotional/Behavior Disorders	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Deaf-Hard of Hearing	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Other Health Disabilities

 Does student require special transportation per IEP? Yes No
- Does student have a 504 Plan? Yes No
- Has student attended a MN public school before? Yes School _____ No
- Has student attended an ISD 834 school before? Yes School _____ No
- Does your student have a Social Worker? Yes No If yes, name and phone number: _____
- What is your students country of birth? _____
If not in the United States, when did your student first enter the USA? (mm/dd/yyyy) _____
- Have you moved to this district for temporary seasonal agricultural or fishing work in the last 36 months? Yes No
- Which language did your child learn first? English Other (Which language?) _____
- Which language is most often spoken in your home? English Other (Which language?) _____
- Which language does your child usually speak? English Other (Which language?) _____
- Has this student been receiving English Learner (EL) services? Yes No
- Will you need an interpreter for conferences? Yes No
If yes, can you provide your own? (English-speaking family member or friend) Yes No
If yes, do you need the school to provide one for you? Yes No
- Will student use district transportation? (a.m. pick-up) Yes No (p.m. drop-off) Yes No
If yes, pick-up location? Home Other (Address) _____
If yes, drop-off location? Home Other (Address) _____

Ethnicity/Race
Is your student Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
Please identify the race of your student by checking either "Yes" or "No" in any of the categories that apply.
<input type="checkbox"/> Yes <input type="checkbox"/> No American Indian or Alaska Native
<input type="checkbox"/> Yes <input type="checkbox"/> No Asian
<input type="checkbox"/> Yes <input type="checkbox"/> No Black or African American
<input type="checkbox"/> Yes <input type="checkbox"/> No Native Hawaiian or Pacific Islander
<input type="checkbox"/> Yes <input type="checkbox"/> No White

List additional preschool children residing in the home		
First, Middle, Last Name	Birthdate	Gender

Parent/Guardian Residing with Student

First Name	Middle Initial	Last Name	Relationship to Student
Home Phone	Cell Phone	Work Phone	Email Address
First Name	Middle Initial	Last Name	Relationship to Student
Home Phone	Cell Phone	Work Phone	Email Address
Student lives with: (check all that apply)	<input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	<input type="checkbox"/> Joint Physical <input type="checkbox"/> Joint Legal <input type="checkbox"/> Foster Parent <input type="checkbox"/> Mother and Stepfather <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> Alone

District 834 Address (Student)

House Number	Street Name	Apt. #	City	State	Zip
Do you use a PO Box?	PO Box #	City	State	Zip	

Current Address (if not in District 834)

House Number	Street Name	Apt. #	City	State	Zip
Date expected to move into District:					

Second Mailing (Parent): List other parent/guardian for additional mailings and information

First Name	Middle Initial	Last Name	Relationship to Student
Home Phone	Cell Phone	Work Phone	Email Address

House Number	Street Name	Apt. #	City	State	Zip



Attn: _____

Student starts: _____

Faxed: _____

RELEASE OF RECORDS REQUEST

1875 South Greeley Street • Stillwater, MN 55082 • 651.351.8412 • www.stillwaterschools.org

** Please fill out form in its entirety. Thank you.*

Date:			
Name of Previous School			
Address	City	State	Zip
Phone#	Fax#		

*Please send us the official school records for (Student legal name): _____

*Grade (most recent) _____, date of birth _____

Thank you for your cooperation

X _____
 Parent or Guardian Signature

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

Please include:

- Official educational records: name, address, birthdate, grade level completed
- Attendance Record
- Discipline records including suspensions and expulsion paperwork.
- Report card/transcripts (high school requires all schools attended, grades 9-12)
- Special Records – IEP evaluation and assessments, 504 plan)
- Health records/Current Physical Form/ Immunizations
- NWEA MAP Test Scores (most recent available) results in reading and math
- Standards Test (BST) scores for reading, math and writing
- Graduation Required For Diploma test (GRAD) results in reading, math and writing
- Minnesota Comprehensive Assessment - II (MCA-II) results in reading and math
- Other information which may be helpful in admission or placement of this student

Please forward student information to the following schools: (District will complete)	Rutherford Elementary 115 Rutherford Rd., Stillwater, MN 55082 Phone: 651.351.6400 Fax: 651.351.6495 putnama@stillwaterschools.org
Afton-Lakeland Elementary 475 St. Croix Trail S., Lakeland, MN 55043 Phone: 651.351.6500 Fax: 651.351.6595 vangf@stillwaterschools.org	Stonebridge Elementary 900 N. Owens St., Stillwater, MN 55082 Phone: 651.351.8700 Fax: 651.351.8790 hurleyj@stillwaterschools.org
Andersen Elementary 309 N. Fourth St., Bayport, MN 55003 Phone: 651.351.6600 Fax: 651.351.6695 williamsb@stillwaterschools.org	Oak-Land Middle School 820 Manning Ave. N., Lake Elmo, MN 55042 Phone: 651.351.8516 Fax: 651.351.8505 slaytont@stillwaterschools.org
Brookview Elementary 11099 Brookview Rd., Woodbury, MN 55129 Phone: 651.275.2500 Fax: 651.275.2590 weisbrodp@stillwaterschools.org	Stillwater Middle School 523 W. Marsh St., Stillwater, MN 55082 Phone: 651.351.6908 Fax: 651.351.6999 stahll@stillwaterschools.org
Lake Elmo Elementary 11030 Stillwater Blvd. N., Lake Elmo, MN 55042 Phone: 651.351.6700 Fax: 651.351.6797 sommarugap@stillwaterschools.org	Stillwater Area High School 5701 Stillwater Blvd. N., Stillwater, MN 55082 Phone: 651.351.8025 Fax: 651.351.8049 radecket@stillwaterschools.org
Lily Lake Elementary 2003 W. Willard St., Stillwater, MN 55082 Phone: 651.351.6800 Fax: 651.351.6895 webbb@stillwaterschools.org	St. Croix Valley Area Learning Center 5701 Stillwater Blvd. N., Stillwater, MN 55082 Phone: 651.351.8472 Fax: 651.351.8465 stewarts@stillwaterschools.org