

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	_				
Notification of					
Change form sent					

Section I. Student Information - student's full legal name as it appears on birth certificate					
_ast Name First Middle Suffix					
Gender Date of Birth Grade Nickname					
Eastern Carver County Schools uses text messaging for important district & school information. f you do not wish to receive text messages from Eastern Carver County Schools, please check box to Opt-Out					
Student's Personal 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)					
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:					
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:					
Special Programs-Requires Prior Approval from School					
☐ Integrated Arts Academy ☐ 17-21 Program ☐ ALC Summer School ☐ STAR ☐ Anicca Program					

Section II. Home Primary Language-Fill out Minnesota Language Survey

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.					
	no as defined by the federal go n, South or Central American, or other Sp			☐ Yes	☐ No
A. Optional Question: If yes was o	chosen above, select all that apply fro	om the list below (this questio	n will not be answere	d by school st	aff):
	olombian 🗆 Ecuadorian paniard/Spanish/Spanish-America	□ Guatemalan□ Other Hispanic/Latino		Puerto Rican Jnknown	
	SELECT "YES" TO AT LEAST ON	E OF THE QUESTIONS (1	L-6) BELOW.		
	as American Indian or Alaska			Yes	☐ No
Minnesota? The state of Minneson	ta definition includes persons having origi tribal affiliation or community recognition	ns in any of the original peoples	of North America who	_	_
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 Ir	ndian from South or Central A	merica?		☐ Yes	☐ No
origins in any of the original peoples of	rfined by the federal governm the Far East, Southeast Asia, or the Indian the Philippine Islands, Thailand, and Vietr	subcontinent including, for exan		☐ Yes	□ No
□ Decline to indicate □ A	chosen above, select all that apply fro sian Indian	□ Chinese □ Filip	pino	d by school st known	aff):
	ican American as defined by tossinany of the black racial groups of Afric	•	? The federal	☐ Yes	☐ No
□ Decline to indicate □ Af	chosen above, select all that apply fro frican-American			d by school sto	aff):
	raiian or Other Pacific Islander having origins in any of the original people			☐ Yes	☐ No
	fined by the federal governme Europe, the Middle East, or North Africa.	ent? The federal definition inclu	udes persons having	☐ Yes	☐ No

	Section IV. Student Enrollment Information						
1.	Is this student currently enrolled in school elsewhere? Name of school currently attending	☐ Yes	☐ No				
		(City)	(State)				
2.	Last school attended if not currently enrolled	(0)	(2)				
	K-12 (not preschool) (School Name)	(City)	(State)				
3.	Has your student ever attended a public school in Minnesota before? a. If Yes, name of Minnesota School or District.	☐ Yes	☐ No				
4.	Is this student participating in a Foreign Exchange Program? a. If Yes, name of Foreign Exchange Program.	☐ Yes	☐ No				
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)? (If "Yes" please fill out Temporary Housing Form with district personnel)	☐ Yes	☐ No				
8.	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, fie Food warehouse, processing plant or canneries, packing sheds, elevator and fertilizer plant, alfalfa, mil Dairies Poultry Farms 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	l.	s.				
9.	Is this student a Ward of the State (parental rights have been terminated by court order)? (Does not include foster homes)	☐ Yes	☐ No				
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 Cente	r? 🗌 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 Applicable, Anticipated New Primary Home Addr	Date Moving into I	District 112					
Student Home Landline Phor	ne				ADDITIONA	LOCUMENT	ATION DECLUDED
Student Lives With: Check Box Above Relationship:	☐ ☐ ☐ ☐ Mother Father	Mother and Stepfather	a	ther and mother	Foster Parents	Host Family	ATION REQUIRED Other-Please Specify Relationship Below.
Parent/Guardian/Adult-who re	sides at the same ad	dress with the	student. I	Use full leg	gal name as it	appears on c	lriver's license.
Last Name		First Name			Middle	Name	
(Current Name) Gender Date of Bir	(Maiden Name) th	Birth Country	,		Relationsh	ip to Studen	t
(M/F) Legal Guardian Yes [No Biological p	arents & other adu	ılts with cou	rt appointed	rights (documen	tation required)	are legal guardians.
The Guardian above will have r the following manner: Mailing,		ıll students' edi	ucational ı	records an	d will receive	information	in Yes No
Eastern Carver County Schools of If you do not wish to receive tex		•				Opt-Out	
Cell Phone	Work	Phone			Email		
Does the student's parent/guar	dian need interpreter	r services?		Prefe	rred Langua _į	ge	
Parent/Guardian/Adult-who re	sides at the same ad	dress with the	student. I	Use full leย	gal name as it	appears on c	lriver's license.
Last Name		First Name			Middle	e Name	
(Current Name) Gender Date of Bi	(Current Name) (Maiden Name) Date of Birth Birth Country Relationship to Student						
(M/F) Legal Guardian Yes [No Biological	parents & other ac	dults with co	urt appointe	d rights (docume	entation 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.							
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 Work Phone Email							
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		ip to Studen	

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 Secondary Non-Household					
Last Name First Name Middle Name (Current Name)					
Gender Date of Birth Birth Country Relationship to Student					
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.					
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 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.					

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 further assessment. 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 instruction. Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction 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:			
	T			
	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:		
1. My student first learned:	Ianguage(s) other than English. English and language(s) other than English. only English.			
2. My student speaks:	language(s) other than English. English and language(s) other than English. Only English.			
3. My student understands:	language(s) other than English. English and language(s) other than English. Only English.			
4. My student has consistent interaction in:	language(s) other than English. English and language(s) other than English. 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.