

AUSTIN PUBLIC SCHOOLS EARLY LEARNER ENROLLMENT FORM



PRIMARY Household – *(The primary residence of your students)*
 All student information and mailings will be sent to the primary household.

Street Address:	Apt #:
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Mailing Address (if different than above) :

City:	State:	Zip:	Household Phone: () - -	<input type="checkbox"/> - Landline <input type="checkbox"/> - Cellular
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Primary Parent/Guardian Information – *(Parent(s)/Guardian(s) living in primary household with students)*

Full Legal Name A: <small>(Last, First, Middle)</small>			Full Legal Name B: <small>(Last, First, Middle)</small>		
Birthdate: / /	Gender: <input type="checkbox"/> - Male <input type="checkbox"/> - Female	Nickname:	Birthdate: / /	Gender: <input type="checkbox"/> - Male <input type="checkbox"/> - Female	Nickname:
Cell () - -	Work () - -		Cell () - -	Work () - -	
Employer:			Employer:		
E-mail:			E-mail:		
Interpreter Needed: <input type="checkbox"/> - Y <input type="checkbox"/> - N	Written Correspondence: <input type="checkbox"/> - English <input type="checkbox"/> - Spanish		Interpreter Needed: <input type="checkbox"/> - Y <input type="checkbox"/> - N	Written Correspondence: <input type="checkbox"/> - English <input type="checkbox"/> - Spanish	

Please list ALL members of the primary household – *(Adults & Children)*
Relationship = (Son, Daughter, Spouse, Self, Step-Son, Step-Daughter, Foster Child, ect...)

Full Legal Name <small>(Last, First, Middle)</small>	Birthdate <small>(mm/dd/yy)</small>	Gender	Relationship to Parent/Guardian A	Legal Guardian	Relationship to Parent/Guardian B	Legal Guardian
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N

Second Parent/Guardian Mailing – *(Parent/Guardian not living in the primary household with student(s))*

Full Legal Name C: <small>(Last, First, Middle)</small>			Name(s) of student(s) pertaining to this parent/guardian:		Relationship to Parent/Guardian C	Legal Guardian
Street Address:						<input type="checkbox"/> - Y <input type="checkbox"/> - N
City:	State:	Zip:				<input type="checkbox"/> - Y <input type="checkbox"/> - N
Birthdate: / /	Gender: <input type="checkbox"/> - Male <input type="checkbox"/> - Female	Nickname:				<input type="checkbox"/> - Y <input type="checkbox"/> - N
Cell () - -	Work () - -					<input type="checkbox"/> - Y <input type="checkbox"/> - N
Home Phone: () - -						<input type="checkbox"/> - Y <input type="checkbox"/> - N
						<input type="checkbox"/> - Y <input type="checkbox"/> - N
Employer:						<input type="checkbox"/> - Y <input type="checkbox"/> - N
E-mail:						<input type="checkbox"/> - Y <input type="checkbox"/> - N

STUDENT INFORMATION			
Student Last Name <i>(legal)</i> :		School Attending:	
Student First Name <i>(legal)</i> :		Birthdate (mm/dd/yyyy): / /	
Student Middle Name <i>(full)</i> :		Gender: <input type="checkbox"/> - Male <input type="checkbox"/> - Female	
Student Name Suffix <i>(Jr, III, etc)</i> :		Student Nickname:	
STUDENT'S HERITAGE			
Racial/Ethnic Background (REQUIRED - Check only one) : <input type="checkbox"/> 1 – American Indian/Alaskan Native <input type="checkbox"/> 2 – Asian or Pacific Islander <input type="checkbox"/> 3 – Hispanic <input type="checkbox"/> 4 – Black/African American, not of Hispanic Origin <input type="checkbox"/> 5 – White, not of Hispanic Origin		Additional federal Race/Ethnicity categories are REQUIRED . Mark the box YES or NO in Part A below. More than one box may be marked for Part B. PART A – Is the child Hispanic/Latino? (Choose only one) <input type="checkbox"/> NO, not Hispanic/Latino <input type="checkbox"/> YES, Hispanic/Latino PART B – What is the child's race? (Choose at least one) <input type="checkbox"/> Yes <input type="checkbox"/> No ... American Indian/Alaskan Native <input type="checkbox"/> Yes <input type="checkbox"/> No ... Asian <input type="checkbox"/> Yes <input type="checkbox"/> No ... Native Hawaiian/Pacific Islander <input type="checkbox"/> Yes <input type="checkbox"/> No ... White <input type="checkbox"/> Yes <input type="checkbox"/> No ... Black/African American	
Which language did your child learn first: <input type="checkbox"/> - English <input type="checkbox"/> - Other _____	Which language is most often spoken in your home: <input type="checkbox"/> - English <input type="checkbox"/> - Other _____	Which language does your child usually speak: <input type="checkbox"/> - English <input type="checkbox"/> - Other _____	
Birth Country: <input type="checkbox"/> - USA <input type="checkbox"/> - Other _____ If Other, Date Entered United States: (mm/dd/yyyy): / /			
STUDENT'S PREVIOUS EDUCATION EXPERIENCE			
Has student been enrolled in a MINNESOTA Public School? <input type="checkbox"/> - Y <input type="checkbox"/> - N - If YES, what is the name of the MN Public School and year(s) attended? Name: _____ Date(s): _____			
Has student attended an AUSTIN Public School? <input type="checkbox"/> - Y <input type="checkbox"/> - N - If YES, what is the name of the School and year(s) attended? Name: _____ Date(s): _____			
Last School Attended:	District No.	City/State/Zip	Month/Year Last Attended:
REGISTERING PERSON			
Full Legal Name: <small>(Last, First, Middle)</small>		Birthdate (mm/dd/yyyy): / /	
Type: <i>(Check only one)</i> : <input type="checkbox"/> 01 – Not Participating <input type="checkbox"/> 02 – Classroom Volunteer <input type="checkbox"/> 03 – Parent Advisory Council <input type="checkbox"/> 99 – Other As Identified		Employment Status: <i>(Check only one)</i> : <input type="checkbox"/> 01 – Employed > 25 hours per week <input type="checkbox"/> 02 – Employed < 25 hours per week <input type="checkbox"/> 03 – Unemployed, Seeking Employment <input type="checkbox"/> 04 – Unemployed, Not Seeking Employment	
Education Background: <i>(Check only one)</i> : <input type="checkbox"/> 8 th Grade <input type="checkbox"/> 12 th Grade <input type="checkbox"/> HS Diploma <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Ph.D.			
What was your household's total yearly income, before taxes last year, rounding to the nearest thousand?: \$ _____			
Emergency Contacts – <i>(Emergency contacts are those people to whom we may release the students listed above in the event of an illness or injury if the Parent/Guardian cannot be reached. In the case of serious accident or illness at school, 911 will be called. DO NOT put the names of any previously listed Parent/Guardians in the following spaces.)</i>			
Emergency Contact #1:	First Name:	Last Name:	
Primary/Home () - -	Cell () - -	Work () - -	
Emergency Contact #2:	First Name:	Last Name:	
Primary/Home () - -	Cell () - -	Work () - -	
VERIFICATION OF INFORMATION			
Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for all students. The information will become part of the student's cumulative record and will be available to appropriate staff members of District 492. By signing below, I certify that all the information that appears on this form is correct and complete to the best of my knowledge and release it to Independent School District #492 for enrollment purposes.			
Signature of Parent/Guardian:		Date: / /	