

Mesabi East Schools-ISD 2711

601 N 1st St. W
Aurora, MN 55705
218-229-3321 Fax: 218-229-2572



NEW STUDENT ENROLLMENT FORM
PLEASE PRINT CLEARLY

Student Information

Today's Date: _____

Student's Legal Name _____ Gender: Male Female

(Last) (First) (Middle)

Date of Birth ____/____/____ Age _____ Grade _____ Graduation Year _____

Student's Physical Address _____

Has your child been screened? Yes No Where was child screened? _____

Has student ever previously attended school at Mesabi East? Yes No

Last School Attended _____

(Name) (Address) (City/State/Zip) (Phone/Fax)

Does your child have a current Individual Education Plan (IEP)? Yes No Speech Services? Yes No

Does your child have a 504 Accommodation Plan? Yes No Other Services _____

Does your child receive Title I services? Yes No ADSIS service? Yes No

Has the student ever attended a public school in Minnesota? Yes No

Is your child up to date on his/her immunizations? Yes No

List any medications that your child may be taking _____

Any other health concerns our school nurses need to be aware of? _____

Housing Questionnaire

The McKinney-Vento Homeless Education Assistance Act and Mesabi East assures the educational rights for homeless and highly mobile students. Please answer the questions below that best describe your living situation (Check all that apply).

- In a shelter (family shelter, domestic violence, youth shelter) or transitional housing
- On the street
- Camping
- In a motel, hotel or weekly rate housing
- Live with friends or relatives because you cannot find or afford housing
- In an abandoned building, a car, park or public space
- Live with friends or relatives because you are an unaccompanied youth.

As part of the McKinney-Vento Homeless Education Assistance Act, Minnesota public and charter schools must provide services that remove barriers to enrollment, attendance and educational success of students.

Would you like someone to contact you regarding community supports? Yes No

Primary Residence

All information and mailings will be sent to the primary household

Student lives with (check all that apply)	Holds legal custody?	Legal Guardian?	Primary Parent/Guardian Information				
			<input type="checkbox"/> Natural Father	<input type="checkbox"/>	<input type="checkbox"/>	Name	Name
			<input type="checkbox"/> Natural Mother	<input type="checkbox"/>	<input type="checkbox"/>	Mailing Address	Mailing Address
			<input type="checkbox"/> Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	City/State/Zip	City/State/Zip
			<input type="checkbox"/> Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	Home Phone	Home Phone
			<input type="checkbox"/> Foster Parent	<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone	Cell Phone
			<input type="checkbox"/> Other (Please list)	<input type="checkbox"/>	<input type="checkbox"/>	Place of Employment	Place of Employment
						Email Address	Email Address

Military Connected Youth? (Do you have an immediate family member, including a parent or sibling, currently in the Armed Forces?) Yes No

Have parental rights been terminated (Ward of State)? Yes No (If yes, please provide legal documentation)

Social Worker Name

Social Worker Phone Number

Student's SECONDARY Residence (if applicable, or birth parent household if primary residence is foster)

Request school information to be sent to this household also? Yes

Student lives with (check all that apply)	Holds legal custody?	Legal Guardian?	Primary Parent/Guardian Information				
			<input type="checkbox"/> Natural Father	<input type="checkbox"/>	<input type="checkbox"/>	Name	Name
			<input type="checkbox"/> Natural Mother	<input type="checkbox"/>	<input type="checkbox"/>	Mailing Address	Mailing Address
			<input type="checkbox"/> Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	City/State/Zip	City/State/Zip
			<input type="checkbox"/> Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	Home Phone	Home Phone
			<input type="checkbox"/> Foster Parent	<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone	Cell Phone
			<input type="checkbox"/> Other (Please list)	<input type="checkbox"/>	<input type="checkbox"/>	Place of Employment	Place of Employment
						Email Address	Email Address

Emergency Contact

1.	Name	Relationship	Phone	Other Phone	Email
	Address	City	State	Zip	
2.	Name	Relationship	Phone	Other Phone	Email
	Address	City	State	Zip	

Census

Please list all other permanent members (adults & children) in student's household

Full Legal Name (Last, First, Middle)	Birthdate	Gender	Relationship	Age	School/Grade (if applicable)

Title IX: This program deals with enforced compliance of federal and state laws prohibiting any form of discrimination by reason of race, color, ethnic origin, creed, religion, sex, marital status, status with regard to public assistance, age or disability with regard to the programs offered by this school or to the recruitment, consideration, and employment of our personnel. Any questions or complaints regarding the mandates imposed on this school district by this law should be directed to the Principal (229-3321) or the Director of the Office of Civil Rights, Department of Health, Education and Welfare, Washington, D.C.

Tennison Warning: You have been asked to supply private information concerning your child. Pursuant to M. S. 12.04, school districts are required to inform parent/guardians how this information will be used. All information collected will be private and confidential. This information will help us aid your child in case of an emergency or health concern. We may need to phone you or other designated people. You may refuse to supply the requested information. This will greatly hinder is in helping your child. Please note that in a crisis we might need to call 911 or law enforcement for help with our child. Information that you provided to our schools will only be available to staff who work directly with your child or to emergency response personnel. Data privacy laws protect confidentiality.

As the LEGAL parent or guardian, I certify the information provided here is true and complete to the best of my knowledge

Legal Parent/Guardian Printed Signature

Legal Parent/Guardian Signature

Date

For District Use Only

Copy of Birth Certificate: Yes No

Copy of Immunization Record : Yes No

MARRS# _____

Resident District _____

Date of Records Request ____/____/____

Date Records Received ____/____/____

Mesabi East Elementary (K-6) Gr. _____

Mesabi East High School (7-12) Gr. _____

Teacher/Advisor _____

Student Start Date: ____/____/____

Open Enrollment Forms: Yes No

Active OFP or Custody Paperwork: Yes No