



Hibbing Public Schools  
800 East 21st Street  
Hibbing, MN 55746

Independent School District 701  
HIBBING PUBLIC SCHOOLS  
ELEMENTARY ENROLLMENT FORM

SD-2  
Revised 03/19/14

**STUDENT INFORMATION**

|  |  |  |  |                     |  |  |
|--|--|--|--|---------------------|--|--|
| <b>DESIRED ENROLLMENT DATE:</b>  | <b>GRADE ENROLLING INTO: (CIRCLE ONE)</b><br>K    1    2    3    4    5    6   |  |  |                     |  |  |
| <b>LEGAL LAST NAME:</b>  | <b>FIRST NAME:</b>   |  |  | <b>MIDDLE NAME:</b> |  |  |
| <b>ALTERNATE LAST NAME:</b>  | <b>Race and Ethnicity: see reverse side for description</b> (This information is collected by the State of MN)<br><input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><b>Is this student Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |                     |  |  |
| <b>SEX: MALE FEMALE</b>  | <b>SPECIAL NEEDS:</b><br><b>IEP</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>504 PLAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>TITLE ONE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |                     |  |  |
| <b>DATE OF BIRTH:</b>  | <b>Does this student have special needs that require additional services (such as an aide)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please indicate:   |  |  |                     |  |  |
| <b>STUDENT LANGUAGE:</b><br>Is English this student's primary language?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No If no, please indicate:   |  |  |  |                     |  |  |
| <b>RE-ENROLLMENT:</b> Has this student attended a Hibbing Public School before? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which one:   |  |  |  |                     |  |  |
| <b>PREVIOUS SCHOOL:</b><br>Name and address of last school attended:<br><br>Withdrawal date:   |  |  |  |                     |  |  |
| <b>MIGRANT WORKER:</b><br>Have you recently moved to this school district within the last 36 months for temporary seasonal agricultural or fishing work? (Required by State of MN)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |                     |  |  |

**FAMILY INFORMATION**

**Student lives with:**    Both Parents     Mother     Father     Guardian

|                              | Biological Father | Biological Mother | Legal Step-Parent | Guardian/Foster |
|------------------------------|-------------------|-------------------|-------------------|-----------------|
| <b>First &amp; Last Name</b> |                   |                   |                   |                 |
| <b>Home Address</b>          |                   |                   |                   |                 |
| <b>Home Phone</b>            |                   |                   |                   |                 |
| <b>Employer</b>              |                   |                   |                   |                 |
| <b>Employer's Phone</b>      |                   |                   |                   |                 |

**Parent's email address:**

Please list names and birthdates of siblings living at home:

**Legal Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DISTRICT USE ONLY**

|   |             |           |                   |                  |                 |
|---|-------------|-----------|-------------------|------------------|-----------------|
| Birth Certificate Provided<br>Yes   No  | Student ID# | State ID# | Records Requested | Records Received | Enrollment Date |
| Immunizations Provided<br>Yes   No  |             |           |                   |                  |                 |
| Emailed: <input type="checkbox"/> School <input type="checkbox"/> Inac <input type="checkbox"/> File sent to school |             |           |                   |                  |                 |

| What is the student's (or your) race?     | Description   |
|---|---|
| American Indian or Alaska Native          | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.  |
| Asian                                     | A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. |
| Black or African American                 | A person having origins in any of the black racial groups of Africa.  |
| Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  |
| White                                     | A person having origins in any of the original peoples of Europe, the Middle East or North Africa.  |