



Independent School District 701	Hibbing Public Schools 800 East 21 st Street Hibbing, MN 55746-1803	HIBBING PUBLIC SCHOOLS ENROLLMENT FORM	SD-2
			Revised 03/11/2014

STUDENT INFORMATION

Circle quarter enrolling into: **1 2 3 4** Enrollment date:

Legal Last Name	First Name	Middle Name
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Alternate Last Name	Sex (Circle) Male Female	Enrolling into grade:	Social Security Number (requested, but optional)
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Birth Date: (Month/Day/Year)	Address:
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Student Language: Is English this student's primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate: _____	Ethnicity: (This information is collected by the State of Minnesota and is voluntary.) <input type="checkbox"/> White <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic
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Special Needs: Does this student have special needs that require additional services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate: _____	Re-enrollment: Has this student attended a Hibbing public school before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate which one: _____
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Full Time status: Name/address of school last attended: _____ Withdrawal date: _____	Dual Enrolled status: Name of school: _____ Street: _____ City: _____ State: _____ Zip: _____ Phone: _____
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Migrant Worker: Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? (Required by State of MN) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this student a ward of the state or county? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this student homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
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FAMILY INFORMATION

	Father	Mother	Step-Parent	Guardian/Foster
Last, First Name				
Home Address				
Home Phone				
Employer				
Employer's Phone				
Email Address				

Parent/Guardian Signature: _____ Date: _____

DISTRICT USE ONLY

Birth Certificate Provided Yes No	Student ID#	State ID#	Records Requested ____/____/____	Records Received ____/____/____	Enrollment Date ____/____/____
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