GRAND FORKS PUBLIC SCHOOLS – NEW STUDENT ENROLLMENT FORM

Student's Legal Name: (Last, First, Middle) Student's Home Address: (street, city, zip) Student's Home Address: (street, city, zip) Student's Home Address: (street, city, zip) Student's Mailing Address: (if different from home address) A Asian (Far East, Southeast Asia) (Sub-Saharan Africa) White Loope, North Africa, Middle East, or India) Was a stable Loope, North Africa, Middle East, or India) Was this child born in the United States? Ves No Country of Origin.	School:	TION:			
Student's Home Address: (street, city, zip) Student's Mailing Address: (if different from home address) A: Asian (Far East, Southeast Asia) B: Black (Sub-Safaran Africa) White, Europe, Morth, Africa, Middle East, or India) C: Caucasion M: Maile M: American Indian (Organia) epoples of the Western Hemisphere, including Alaska) P: Pacific Islander Provide a parent email address(es) for school communications: Mother Email: Child lives with: (Select one) Both parents Mother Father Mother & Stepfather Father & Stepmother Foster Parent Child lives with: (Select one) Both parents Mother Father Mother & Stepfather Father & Stepmother Foster Parent Child lives with: (Select one) Both parents Mother Father Mother & Stepfather Father & Stepmother Foster Parent			Today's Date:	Grade Level:	Transfer From:
Student's Home Address: (street, city, zip) Student's Mailing Address: (it different from home address) Asian (Far East, Southeast Asia) Standard (Co. Caucasian (Nite, Europe, North Africa, Middle East, or India) Mr. Maile Hispanic (Nite, Europe, North Africa, Middle East, or India) Mr. Maile Hispanic (Nite, Europe, North Africa, Middle East, or India) Mr. Maile Hispanic (Nite, Europe, North Africa, Middle East, or India) Mr. Maile Hispanic (Nite, Europe, North Africa, Middle East, or India) Mr. Maile Hispanic (Nite, Europe, North Africa, Middle East, or India) (Mosco, Puerto Rico, Cuba, Central or South America or other Spanish culture origins (Mosco, Puerto Rico, Cuba, Central or South America or other Spanish culture origins (Mosco, Puerto Rico, Cuba, Central or South America or Other Spanish culture origins (Mosco, Puerto Rico, Cuba, Central or South America or Other Spanish culture origins (Mosco, Puerto Rico, Cuba, Cuba, Central or South America or Other Spanish culture origins (Mosco, Puerto Rico, Cuba,	Student's Legal Na	ame: (Last, First	; Middle)		
Date of Birth: (month, day, year) F: Female Biblack C: Caucasian M: Male M: Male M: Hispanic M: Hispanic M: Anancian Indian P: Pacific Islander Provide a parent email address(es) for school communications: Mother Email:					
(circle one)	Student's Home A	ddress: (street,	city, zip)	Stud	dent's Mailing Address: (if different from home address)
Circle one F: Female F: Black (Sub-Saharan Africa) (Wexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins (Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins (Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins (Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins (Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins (Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins (Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins (Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins (Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins (Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins (Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins (Mexico, Puerto, Charles) (Pacific Islands) SEHOLD INFORMATION Student's Primary Place of Residence) Father Email:	Date of Birth:	Gender:	Ethnicity: (circle on	ly one)	
F. Female C. Caucasian C. Caucasian M: Hispanic C. Caucasian M: Hispanic N: American Indian N: Pacific Islander			,	• •	st Asia)
N: American Indian Pacific Islander Pacific I	//	F: Female	B: Black C: Caucasian	(Sub-Saharan Afric (White, Europe, No	ca) ´ orth Africa, Middle East, or India)
Provide a parent email address(es) for school communications: Mother Email:		M: Male	N: American Indian	(Original peoples of	
Provide a parent email address(es) for school communications: Mother Email:	ISEHOLD INEOR	MATION (St	udent's Primary Pl	ace of Residen	·a)·
Child lives with: (Select one)	Provide a parent e	mail address(es) for school comm	nunications:). -
Legal Guardian -Specify Guardian Relationship: Name of Father or Stepfather or Male Guardian or Male Foster Parent (who lives in the student's primary place of residence) Name: Name: Name of Mother or Stepmother or Female Guardian or Female Guardian or Female (who lives in the student's primary place of residence) Name: Name: Name: Residency Facility - Name of facility. Name of Mother or Stepmother or Female Guardian o	Mother Email:			Fath	er Email:
Name of Father or Stepfather or Male Guardian or Male Foster Parent (who lives in the student's primary place of residence) Name: Name of Mother or Stepmother or Female Guardian or Female Foster Parent	Child lives with: (Sel	ect one) 🗆 Bo	th parents \square Mother	☐Father ☐Mot	ner & Stepfather
Parent Who lives in the student's primary place of residence) (who lives in the student's primary place of residence) Name: Name:	Legal Guardian	-Specify Guardi	an Relationship:		Residency Facility - Name of facility
who lives in the student's primary place of residence) Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Nam		Stepfather or	Male Guardian or M		
ER INFORMATION: Indicate services received from previous school Individual Education Plan (IEP)		dent's primary	place of residence)		
Individual Education Plan (IEP)	Name:			Nan	ne:
Individual Education Plan (IEP)					
Individual Education Plan (IEP)				<u> </u>	
Individual Education Plan (IEP)					
1. What language(s) are spoken at home?			n previous school		
1. What language(s) are spoken at home? 2. What language(s) do you use the most to speak to your child? 3. What language(s) does your child use the most at home? 4. What language(s) did your child learn when he/she first began to talk? 5. List other language(s) that your child has used with grandparents or caretakers. 6. Has your child ever received services in an English Language Learner program? Yes No * Please complete the ELL Student Referral and Placement Form if other languages spoken Country of Origin Was this child born in the United States? Yes No Country of origin?		received from	•		
2. What language(s) do you use the most to speak to your child?	Indicate services	received from	•	□504	☐ ELL (English Language Learner)
3. What language(s) does your child use the most at home?	Indicate services Home Language	received from Individual Survey	Education Plan (IEP)		
4. What language(s) did your child learn when he/she first began to talk? 5. List other language(s) that your child has used with grandparents or caretakers 6. Has your child ever received services in an English Language Learner program?	Home Language 3	Individual Survey guage(s) are sp	Education Plan (IEP)		
5. List other language(s) that your child has used with grandparents or caretakers 6. Has your child ever received services in an English Language Learner program?	Home Language 3 1. What language 3 2. What language 3	Individual Survey guage(s) are sp	Education Plan (IEP) poken at home? u use the most to spe	eak to your child? _	
6. Has your child ever received services in an English Language Learner program?	Home Language 3 1. What language 3 2. What language 3	Individual Survey guage(s) are sp	Education Plan (IEP) poken at home? u use the most to spe	eak to your child? _	
* Please complete the ELL Student Referral and Placement Form if other languages spoken Country of Origin Was this child born in the United States? Yes No Country of origin?	Home Language 3 1. What language 3 2. What language 3 3. What language 3	Individual Survey guage(s) are sp guage(s) do yo guage(s) does	Education Plan (IEP) poken at home? u use the most to spe your child use the mo	eak to your child? _ est at home?	
Was this child born in the United States? Yes No Country of origin?	Home Language 3 1. What language 3 2. What language 3 What language 4. What language 3	Individual Survey guage(s) are sp guage(s) do yo guage(s) does guage(s) did yo	Education Plan (IEP) poken at home? u use the most to spe your child use the mo	eak to your child? _ est at home?e/she first began to	talk?
, ,	Home Language 3 1. What language 3 2. What language 3 3. What language 3 4. What language 3 5. List other language 3 6. Has your classes	Individual Survey guage(s) are sp guage(s) do yo guage(s) does guage(s) did yo anguage(s) tha	Education Plan (IEP) poken at home? u use the most to specific to specify our child use the most to specify our child learn when he to your child has used the services in an Engreed services in an Engreed services.	eak to your child? _ est at home?e/she first began to with grandparents	o talk? or caretakers
If not, when did the child enter the United States? (mo, day, year)	1. What lang 2. What lang 3. What lang 4. What lang 5. List other lang 6. Has your classes complete	Individual Survey guage(s) are spreading spre	Education Plan (IEP) poken at home? u use the most to specific to specify our child use the most to specify our child learn when he to your child has used the services in an Engreed services in an Engreed services.	eak to your child? _ est at home?e/she first began to with grandparents	o talk? or caretakers
	1. What lang 2. What lang 3. What lang 4. What lang 5. List other lang 6. Has your cl * Please comple	Individual Survey guage(s) are sp guage(s) do you guage(s) does guage(s) did you anguage(s) tha hild ever receive te the ELL Stude	Education Plan (IEP) poken at home? u use the most to specially be a special pour child learn when he are tyour child has used a services in an Engent Referral and Placem	eak to your child? _ est at home?e/she first began to with grandparents glish Language Lea ent Form if other lan	o talk? or caretakers urner program? □Yes □No guages spoken