

GRAND FORKS PUBLIC SCHOOLS – NEW STUDENT ENROLLMENT FORM

STUDENT INFORMATION:

School:	Today's Date:	Grade Level:	Transfer From:
Student's Legal Name: <i>(Last, First, Middle)</i>			Student's Home Phone: ()
Student's Home Address: <i>(street, city, zip)</i>		Student's Mailing Address: <i>(if different from home address)</i>	
Date of Birth: <i>(month, day, year)</i> ____/____/____	Gender: <i>(circle one)</i> F: Female M: Male	Ethnicity: <i>(circle only one)</i> A: Asian (Far East, Southeast Asia) B: Black (Sub-Saharan Africa) C: Caucasian (White, Europe, North Africa, Middle East, or India) H: Hispanic (Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins) N: American Indian (Original peoples of the Western Hemisphere, including Alaska) P: Pacific Islander (Pacific Islands)	

HOUSEHOLD INFORMATION (Student's Primary Place of Residence):

Provide a parent email address(es) for school communications:

Mother Email: _____ Father Email: _____

Child lives with: *(Select one)* Both parents Mother Father Mother & Stepfather Father & Stepmother Foster Parents

Legal Guardian -*Specify Guardian Relationship:* _____ Residency Facility - *Name of facility* _____

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

(who lives in the student's primary place of residence)

Name:

OTHER INFORMATION:

Indicate services received from previous school

Individual Education Plan (IEP) 504 ELL (English Language Learner)

Home Language Survey

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? _____

If not, when did the child enter the United States? *(mo, day, year)* _____

Date:

Parent/Guardian Signature: