



STUDENT REGISTRATION

FOREST LAKE AREA SCHOOLS ISD #831

FOR OFFICE USE ONLY

Student No _____ Family No _____ School _____
 Homeroom _____ Tchr/Coun _____
 Res School _____ Last Locn _____ Entry Date _____

STUDENT INFORMATION

Last Name (Legal Name)		First Name		Middle Name	Grade
Home Address (Student Resides Here)			Unit #	City, State & Zip Code	
Home Phone () -	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (mm/dd/yyyy)		Effective Date of Move (If Applicable)	

Does this student need bus transportation:
 Yes, for morning Yes, for afternoon Yes, for both morning & afternoon No

Has this student ever attended Forest Lake Area Schools? Yes No
 If yes, year _____ school(s) _____

Has this student ever attended any other Minnesota public school? Yes No
 If yes, year _____ school(s) _____

School last attended _____
School Name District # Address City/State/Zip

If Kindergarten, has this student been preschool screened? Yes No If yes, district _____

GENERAL INFORMATION

Residency Information:
 Have you moved into the school district in the last 36 months for temporary or seasonal agricultural or fishing work?
 Yes No

Is your current address a temporary living arrangement? Yes No If yes, please answer the following two questions:
 Is this temporary living arrangement due to loss of housing or economic hardship? Yes No
 Do you and your student lack a fixed, regular, adequate nighttime residence? Yes No

Is your current address a foster home for the student listed above? Yes No
 Is your current address a group home for the student listed above? Yes No

Home Communications:
 Is an interpreter preferred for communication with anyone in your family? Yes No
 If yes, Language: _____ Family Member(s): _____

Would you prefer information to be sent home in a language other than English? Yes No
 If yes, Language: _____

Other Information:
 What is the student's country of birth? US Other: _____

Does this student have a diploma or transcript from another country? Yes No If yes, country _____

Has this student ever received help learning English? Yes No

Has this student received Special Education services of any kind? Yes No Is there a current IEP? Yes No

Does this student currently have a 504 or health accommodation plan? Yes No

Has this student been expelled? Yes No Is this student a military-connected youth? Yes No

STUDENT

Last Name (Legal Name)	First Name	Middle Name
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In the sections below please include all who have a legal responsibility for the student. (Attach additional copies of this form if needed.)

PARENT OR GUARDIAN

Last Name:	First Name	MI	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
Home Address:			City/State/Zip:		
Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:				This email will be used for school communications.
Work Phone: () -	<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed	<input type="checkbox"/> OK to Contact		
Home Phone: () -	<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed	<input type="checkbox"/> OK to Contact		
Cell Phone: () -	<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed	<input type="checkbox"/> OK to Contact		

PARENT OR GUARDIAN

Last Name:	First Name:	MI	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
Home Address:			City/State/Zip:		
Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:				This email will be used for school communications.
Work Phone: () -	<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed	<input type="checkbox"/> OK to Contact		
Home Phone: () -	<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed	<input type="checkbox"/> OK to Contact		
Cell Phone: () -	<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed	<input type="checkbox"/> OK to Contact		

In the following section please list all others living in the household. (Continued on the next page if needed.)

LIST ALL OTHERS LIVING IN HOUSEHOLD

Last Name _____	First Name _____	Middle _____
Relationship to Head of Household _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate _____ (mm/dd/yyyy)
Current School _____	Current Grade _____	
Last Name _____	First Name _____	Middle _____
Relationship to Head of Household _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate _____ (mm/dd/yyyy)
Current School _____	Current Grade _____	
Last Name _____	First Name _____	Middle _____
Relationship to Head of Household _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate _____ (mm/dd/yyyy)
Current School _____	Current Grade _____	
Last Name _____	First Name _____	Middle _____
Relationship to Head of Household _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate _____ (mm/dd/yyyy)
Current School _____	Current Grade _____	

Parent/Guardian Signature

Date

Minnesota Statutes and rules require the school district to keep accurate records and updated personal records for all pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 831. Certain information, known as "directory information," is available to the public unless the district receives a written request from a parent to withhold this information. Minnesota law requires that you provide immunization information to your student's school.

STUDENT

Last Name (Legal Name)

First Name

Middle Name

LIST ALL OTHERS LIVING IN HOUSEHOLD

Last Name _____ First Name _____ Middle _____

Relationship to Head of Household _____ Gender M F Birthdate _____ (mm/dd/yyyy)

Current School _____ Current Grade _____

Last Name _____ First Name _____ Middle _____

Relationship to Head of Household _____ Gender M F Birthdate _____ (mm/dd/yyyy)

Current School _____ Current Grade _____

Last Name _____ First Name _____ Middle _____

Relationship to Head of Household _____ Gender M F Birthdate _____ (mm/dd/yyyy)

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Last Name _____ First Name _____ Middle _____

Relationship to Head of Household _____ Gender M F Birthdate _____ (mm/dd/yyyy)

Current School _____ Current Grade _____

Last Name _____ First Name _____ Middle _____

Relationship to Head of Household _____ Gender M F Birthdate _____ (mm/dd/yyyy)

Current School _____ Current Grade _____



Consent to Release Private Data

Forest Lake Area School District 831

PARENT/GUARDIAN: This form allows your child's records to be sent to Forest Lake

Student's full name: _____ Birth date: _____
First Middle Last

Parent/ Guardian's name: _____ Day phone: _____ Start date: _____

I authorize the release of school records from:

Former school District

Address City State Zip

Contact person Phone number Fax number

Parent/Guardian's signature (or student if 18 years old) Date

Please forward the following information:

- Academic Records
- Immunization and health records
- Testing results
- Special education records (including related services)

Fax to: _____

-OR-

Mail to:

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select “yes” or “no” to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons 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.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English learner instruction at any time. Every enrolling student must be provided with the Minnesota Language Survey during enrollment.** Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information		
Student's Name: (Last, First, Middle)	Birthdate or Student ID:	
	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/Guardian Information	
Parent/Guardian Name (Printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and forlegally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.



Forest Lake Area Schools Emergency Information Form

General Information

Student Name		Perm ID	Gender	Grade
		Last Name Goes By	Nick Name	
Birth Date	Birth Place			
Home Phone	Home Language	Resolved Race/Ethnicity		
Home Address			Mailing Address	
Bus Routes: AM Bus: _____ PM Bus: _____			AM K bus to home: _____ PM K bus to school: _____ Day Care: _____	

Custodial Information

Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights					
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights					
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights					
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	

Health Conditions

Condition	Start Date
Comment	



Forest Lake Area Schools Emergency Contact Form

IN CASE OF EMERGENCY: Names of persons who can assume temporary responsibility

Name	Relationship	Home Phone	Work Phone	Other Phone
Name	Relationship	Home Phone	Work Phone	Other Phone
Name	Relationship	Home Phone	Work Phone	Other Phone

* = Release To Emergency Contact

Physician: _____ Phone: _____

- Specify health conditions/allergies _____
- Is your child on daily medication? Yes ____ No ____ Specify _____
- Recent surgery, accident or illness (past year) _____

PLEASE ENTER HEALTH INFORMATION ABOVE. PLEASE ENTER ANY OTHER ADDITIONS/CHANGES IN THE BLANK SPACE AT THE END OF THE FORM, (WHICH MAY BE ON THE BACK SIDE).

This form needs to be updated on an annual basis or with any health changes. If a health condition is serious enough to be life threatening, the parent/guardian is responsible for sharing necessary health information with programs that take place outside of the educational day, including but not limited to, the bus service, before and after school program staff, community education staff and PTA programs.

Your signature below gives permission to share health concerns with the appropriate school staff for your child's safety during the educational day and to secure emergency care for your child at an appropriate emergency facility.

Signature Parent/Guardian _____ Date _____