



**INDEPENDENT  
SCHOOL  
DISTRICT 701**

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

**HIBBING PUBLIC SCHOOLS  
ELEMENTARY ENROLLMENT FORM  
(Grades K through 6)**

**STUDENT INFORMATION**

Legal Last Name		Sex: (circle one)	Male	Female
First Name		Enrolling into which grade (circle one)	K	1st 2nd 3rd 4th 5th 6th
Middle Name		Birth Date: (Month/Day/Year)		
Alternate Last Name				
Primary Address				
Secondary Address				

<b>Ethnicity:</b> (This information is collect by the State of MN)	<b>Special Needs:</b>
<input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP <input type="checkbox"/> 504 PLAN <input type="checkbox"/> TITLE ONE  Does this student have special needs that require additional services (such as an aide)? If yes, please indicate.  <input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Has this student attended a Hibbing school before?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate name of the school last attended and the withdrawal date below:  Name _____ Exit date _____
Student Language: Is English this student's primary language? If No, please indicate.  <input type="checkbox"/> Yes <input type="checkbox"/> No _____	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
Student Lives with:  <input type="checkbox"/> Both Parents <input type="checkbox"/> Split time between parents <input type="checkbox"/> Mother <input type="checkbox"/> Guardian/Foster <input type="checkbox"/> Father	Is this student currently homeless or displaced from the home and living at an alternative residence?  <input type="checkbox"/> Yes <input type="checkbox"/> No

	Biological Father	Biological Mother	Legal Step-Parent	Guardian/Foster
First and Last Name				
Home Address				
Home Phone				
Employer				
Employer Phone				
Parents Email				

Please list names/birthdates of siblings living at home:

**Guardian in the Military**

Either parent or guardian is on active duty in the military  
 Either parent or guardian is a traditional member of the Guard or Reserve  
 Either parent or guardian is a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32  
 None of the above

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

**DISTRICT USE ONLY**

Birth Certificate Provided    Yes    No	State ID#	Student ID#
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Records Requested _____	Records Received _____	Enrollment Date:
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Emailed: School _____ Inac _____	Files sent to school: _____	iPad Requested _____
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