



Independent School District  
701

Hibbing Public Schools  
800 East 21<sup>st</sup> Street  
Hibbing, MN 55746-1803

HIBBING PUBLIC SCHOOLS  
ENROLLMENT FORM

SD-2-Ind. Study  
Revised 10/24/2011

STUDENT INFORMATION

Circle quarter enrolling into: 1 2 3 4 Enrollment date: \_\_\_\_\_

Legal Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Alternate Last Name \_\_\_\_\_ Sex (Circle) Male Female Enrolling into grade: \_\_\_\_\_ Social Security Number (requested, but optional) \_\_\_\_\_

Birth Date: (Month/Day/Year) \_\_\_\_\_ Address: \_\_\_\_\_

Student Language: Is English this student's primary language?  
 Yes  No If no, please indicate: \_\_\_\_\_

Ethnicity: (This information is collected by the State of Minnesota and is voluntary.)  
 White  Black (not Hispanic)  Am. Indian  Asian  Hispanic

Special Needs: Does this student have special needs that require additional services?  
 Yes  No

Re-enrollment: Has this student attended a Hibbing public school before?  
 Yes  No If yes, please indicate which one: \_\_\_\_\_

Full Time status: \_\_\_\_\_ Dual Enrolled status: \_\_\_\_\_

Name/address of school last attended: \_\_\_\_\_ Withdrawal date: \_\_\_\_\_

Name of school: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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)  
 Yes  No

Is this student a ward of the state or county?  Yes  No

Is this student homeless?  Yes  No

FAMILY INFORMATION

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

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

DISTRICT USE ONLY

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