

# Student Enrollment Form

List all children living in household, infant through high school



Last Name	First Name	Middle Name	Date of Birth mm/dd/yy	Gender	Grade	Birth Place	Requesting Enrollment
							<input type="checkbox"/> Yes or No <input type="checkbox"/>
							<input type="checkbox"/> Yes or No <input type="checkbox"/>
							<input type="checkbox"/> Yes or No <input type="checkbox"/>
							<input type="checkbox"/> Yes or No <input type="checkbox"/>
							<input type="checkbox"/> Yes or No <input type="checkbox"/>

## STUDENT INFORMATION

Have your children ever attended district 241 (Albert Lea Area Schools)?	<input type="checkbox"/> Yes or No <input type="checkbox"/>
Have your children ever attended a Minnesota School before? If yes, where?	<input type="checkbox"/> Yes or No <input type="checkbox"/>

## SPECIAL SERVICES INFORMATION

Have any of your children received English Language or Bilingual Services?	<input type="checkbox"/> Yes or No <input type="checkbox"/>
Is an interpreter needed?	<input type="checkbox"/> Yes or No <input type="checkbox"/>
Does this student currently have an IEP (Individualized Education Plan) or 504 Plan? <b>Student Name:</b>	<input type="checkbox"/> Yes or No <input type="checkbox"/>

## MEDICAL INFORMATION

Health information will be shared with our Licensed School Nurse who will call to follow-up, if necessary. If your child received their immunizations outside of Minnesota, please provide us with a copy. If you choose to not immunize your child due to medical or conscientious objection, we will need the notarized statement on file here at school.

Do any of your children need to take any medications while at school?	<input type="checkbox"/> Yes or No <input type="checkbox"/>
If yes, please indicate child's name, medication, dosage, and time of day taken:	
Do any of your children have any health conditions such as diabetes, sever allergies, asthma, seizures?	<input type="checkbox"/> Yes or No <input type="checkbox"/>
If yes, please indicate child's name and explain:	
Are your children up-to-date with immunizations?	<input type="checkbox"/> Yes or No <input type="checkbox"/>

## PRIMARY FAMILY INFORMATION (Person(s) with home the student resides)

Last Name	First Name	Home Phone	Cell Phone	Work Phone	Relationship to Student	Email Address:	Place of Employment
Home Address:		City:		State:		Zip:	
Mailing Address		City:		State:		Zip:	
Do the parent/guardians listed above have full legal rights?*						<input type="checkbox"/> Yes or No <input type="checkbox"/>	

**SECONDARY PARENT/GUARDIAN INFORMATION** (If living in a separate home from student)

Last Name	First Name	Home Phone	Cell Phone	Work Phone	Relationship to Student	Email Address:	Place of Employment
Home Address:		City:			State:		Zip Code:
Mailing Address:		City:			State:		Zip Code:

*Can this person legally have contact with the student? <i>If no, please provide court documentation.</i>	<input type="checkbox"/> Yes or No <input type="checkbox"/>
*Does this person reside with this person part-time during the school year?	<input type="checkbox"/> Yes or No <input type="checkbox"/>
If yes, please specify:	
*Should duplicate copies of ALL confidential school mailings be sent to this person?	<input type="checkbox"/> Yes or No <input type="checkbox"/>
OR only those specified:	<input type="checkbox"/> Report Cards <input type="checkbox"/> Attendance <input type="checkbox"/> Discipline <input type="checkbox"/> General school mailings
*Can this person legally be contacted if necessary? <i>If no, please provide court documentation.</i>	<input type="checkbox"/> Yes or No <input type="checkbox"/>
*Does this person have custodial rights? <i>If no, please provide court documentation.</i>	<input type="checkbox"/> Yes or No <input type="checkbox"/>
*Does this person have educational rights? <i>If no, please provide court documentation.</i>	<input type="checkbox"/> Yes or No <input type="checkbox"/>

**EMERGENCY INFORMATION** (If we are not able to get a hold of a parent/guardian)

Last Name	First Name	Home Phone	Cell Phone	Work Phone	Relationship to Student	Student can be Released To (Default will be "no" if left blank)
						<input type="checkbox"/> Yes or No <input type="checkbox"/>
						<input type="checkbox"/> Yes or No <input type="checkbox"/>

**FAMILY INFORMATION**

Are there any "No Contact" or other legal orders in effect regarding your student(s)? <i>*If yes, you must provide a copy.</i>	<input type="checkbox"/> Yes or No <input type="checkbox"/>
Has your family moved within the past 36 months as a result of seasonal or temporary employment of a parent/guardian in agricultural work?	<input type="checkbox"/> Yes or No <input type="checkbox"/>
Do you currently reside with another family, or person other than family, or in a temporary house facility?	<input type="checkbox"/> Yes or No <input type="checkbox"/>
Is this student in Foster Care?	<input type="checkbox"/> Yes or No <input type="checkbox"/>
Is this student a military connected youth?	<input type="checkbox"/> Yes or No <input type="checkbox"/>
Does this student have an actively deployed parent?	<input type="checkbox"/> Yes or No <input type="checkbox"/>

**KINDERGARTEN ONLY**

Has your student received preschool screening? If yes, where?	Has your child attended preschool? If yes, where?
---	---

*As the parent/guardian of the above mentioned student(s), I am legally qualified to enroll the student(s) in Albert Lea Area Schools.*

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_