

# LITTLE FALLS COMMUNITY SCHOOLS STUDENT REGISTRATION FORM

If you need assistance in filling out this form, please call (320) 632-2002.

## STUDENT INFORMATION

STUDENT GRADE: \_\_\_\_\_

Student's Legal Name:

Last Name

First Name

Middle Name

Date of Birth

Gender

Student's Address

Apt. #

\_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
Student's Home Phone (include area code)

City

State

Zip Code

County

Country of Birth

IF STUDENT HAD ANY PREVIOUS NAME PLEASE LIST HERE: \_\_\_\_\_

Are you staying in a shelter or other temporary housing?  Yes  No

## PARENT/GUARDIAN INFORMATION

Parent/Guardian's Last Name

First Name

Relationship to Student

Home Phone

Address

City

State

Zip Code

Cell Phone

Employer/Occupation

E-mail Address

Work Phone

Ext.

Parent/Guardian's Last Name

First Name

Relationship to Student

Home Phone

Address

City

State

Zip Code

Cell Phone

Employer/Occupation

E-mail Address

Work Phone

Ext.

**Migrant Work Information:** Has either the parent/student moved to this school district within the last 3 years to find a job in agriculture, fishing, dairy, or poultry work as a temporary or seasonal worker?  Yes  No

**Military Family:**  Yes  No

**Student lives with:** (check all that apply)

Mother

Mother and \_\_\_\_\_

Guardian

Ward of the State

Alone

Father

Father and \_\_\_\_\_

Foster Parents

Spouse

Other

## EDUCATION/SCHOOL HISTORY

Has your student ever attended school in Little Falls?  Yes  No If yes, which school? \_\_\_\_\_

School District where child received Early Childhood Screening: \_\_\_\_\_

Date first enrolled in U.S. school: \_\_\_\_\_ Date first enrolled in MN school: \_\_\_\_\_

Does the student have special needs? (i.e. special ed., ELL, health, etc.)  Yes  No If yes, please specify: \_\_\_\_\_

Has the student ever attended a Minnesota public school?  Yes  No If yes, what school(s)? \_\_\_\_\_

Name of School last attended: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_ Date Last Attended: \_\_\_\_\_

**FAMILY INFORMATION** (please list other children who live in the same household)

Last Name	First/Middle Name	Birth Date	Gender	School	Birth Country

**EMERGENCY CONTACT INFORMATION**

Please provide names and telephone numbers of individuals that can be contacted locally for emergency purposes if parents cannot be reached.

Emergency Contact #1: Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Emergency Contact #2: Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Emergency Contact #3: Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Physician/Medical Office \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**SCHOOL CHOICE** - Please check the school your student will attend. If choosing an elementary school, please rank your first and second choice. Final student placement for elementary school is subject to Administrative approval.

Little Falls Community High School 9-12  
Contact: (320) 616-2202

Lincoln Elementary School K-2 Choice: \_\_\_\_\_  
Contact: (320) 616-6202

Little Falls Community Middle School 6-8  
Contact: (320) 616-4202

Dr. S. G. Knight Elementary School K-5 (Randall) Choice: \_\_\_\_\_  
Contact: (320) 616-5202

Lindbergh Elementary School 3-5 Choice: \_\_\_\_\_  
Contact: (320) 616-3202

\_\_\_\_\_  
Signature of Person Registering Student

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

School Accepting Registration \_\_\_\_\_ Student's Starting Date \_\_\_\_\_

Legal Name and Birth Date verified by \_\_\_\_\_ birth certificate \_\_\_\_\_ passport \_\_\_\_\_ other \_\_\_\_\_

MARSS State ID Number \_\_\_\_\_ Date Entered into Student System \_\_\_\_\_

**Please note:** Information will be used for the administration and management of this student's educational program. You are encouraged, but not legally required to, complete all items on this form. All data is private. It will only be shared with district staff who need the information to best serve your student and for legally 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.

**Kindergarten:** Any child is eligible for kindergarten who is or will be 5 years old on or before September 1 or any child who transfers into this system during the school year who has attended a regular kindergarten class in another school district. **Birth Certificate:** A legal birth certificate, passport, I-94 or other similar identification form must be brought to the school district at the time of registration if entering Kindergarten or registering for the first time in a MN school. Such certificates will be returned to you promptly. **Immunization Certificate:** Minnesota State Law (Statute 121A.15) requires all children at the time of initial entry to public school to submit a signed statement from a physician or public immunization clinic stating that the child has been immunized against Diphtheria, Tetanus, Pertussis, Mumps, Rubeola (hard, red) Measles, Rubella (German) Measles, Polio, Varicella and Hepatitis B. Exemptions to the law are available to anyone who has a medical concern or a conscientious objection to receiving the vaccine. A notarized form must be on file for those choosing exemption.

## 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.<sup>1</sup>

*[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/<br>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.*

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

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

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**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.<sup>1</sup>

**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.

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**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.<sup>1</sup>

**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.

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**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.<sup>1</sup>

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

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**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.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

Print/Save

### 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:
	<b>Check the phrase that best describes your student:</b>	<b>Indicate the language(s) other than English in space provided:</b>
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.

# Little Falls Community Schools

## District Office

Little Falls Community Schools  
14750 Riverwood Drive  
Little Falls, MN 56345  
(320) 632-2000 Main Line  
(320) 632-2002 Kelly Preusser  
kpreusser@lfalls.k12.mn.us

## Community Services

14800 Riverwood Drive  
Little Falls, MN 56345  
(320) 632-7900 Main Line  
(320) 632-7902 Sarah Rustad  
srustad@lfalls.k12.mn.us

## High School/CEC

1001 Fifth Ave SE  
Little Falls, MN 56345  
(320) 616-2200 Main Line  
(320) 616-2202 Jill Moore  
(320) 632-7952 (CEC)  
jmoore@lfalls.k12.mn.us

## Dr. SG Knight Elementary

504 Minnesota Ave  
Randall, MN 56475  
(320) 616-5200 Main Line  
(320) 616-5200 Jeanine Pantzke  
jpantzke@lfalls.k12.mn.us

## Lincoln Elementary

300 6<sup>th</sup> St. SW  
Little Falls, MN 56345  
(320) 616-6200 Main Line  
(320) 616-6202 Sharon Farber  
sfarber@lfalls.k12.mn.us

## Lindbergh Elementary

101 9<sup>th</sup> St. SE  
Little Falls, MN 56345  
(320) 616-3200 Main Line  
(320) 616-3202 Sabrina Hanfler  
shanfler@lfalls.k12.mn.us

## Middle School

1000 1<sup>st</sup> Ave NE  
Little Falls, MN 56345  
(320) 616-4200 Main Line  
(320) 616-4202 Sandy Rudek  
srudek@lfalls.k12.mn.us