## SAC **Enrollment Date** Student ID **CENTURY MIDDLE SCHOOL** PHONE: 218-237-6300 501 HELTEN AVENUE Fax: 218-237-6349 LLA **MARSS Number Resident District** PARK RAPIDS, MN 56470 **Student Information** LEGAL Last Name LEGAL First Name LEGAL Middle Name Gender □ Male □Female Grade Mailing Address **Physical Address** Date of Birth Zip Has student ever attended a MN public school? City State □ Yes □ No Home Phone School student is transferring from: Please list name/address/city/state/zip/phone number **Legal Father of Student Step-Father of Student** Name (Last, First, MI) Name (Last, First, MI) Address Address Zip State Zip City State City Home Phone Lives With □ Home Phone Lives With П Cell Phone Contact Allowed □ Cell Phone Contact Allowed Work Phone **Education Rights** Work Phone □ Employer **Employer** Has Custody Has Custody Release to? Yes No E-mail Address: Release to? Yes E-mail Address: **Legal Mother of Student Step-Mother of Student** Name (Last, First, MI) Name (Last, First, MI) Address Address Zip City Zip City State State Home Phone Lives With Home Phone Lives With Cell Phone Cell Phone Contact Allowed □ Contact Allowed П Work Phone Education Rights Work Phone **Education Rights**

Employer		Has Custody 🗆	Employer	Has Custody	
E-mail Address:		Release to? Yes No	E-mail Address:	Release to? Yes No	
Complete this section if student lives with s	omeone oth	er than parents	Music Option for Grades 6, 7, & 8 only (please check one)		
Name (Last, First, MI)			□ Band		
Address			□ Choir		
City	State	Zip	□ Band & Choir		
Home Phone		Lives With	□ General Music		
Cell Phone		Contact Allowed	Migrant Worker		
Work Phone		Education Rights	Have you moved to this school district within the last 36		
Employer		Has Custody 🗆	months for temporary or seasonal agricultural or fishing		
Would you like the school to send correspondence to non-custodial parent? Yes No			work? Yes No		
E-mail Address:		Release to? Yes No	Student Support Services		
<b>Emergency Contact</b> #	(other than	n parent/guardian)	Please check the services that this student receives:		
Name (Last, First)			□ Speech/Hearing		
Address			☐ Occupational Therapy/Physical Therapy		
City	State	Zip □ Emotional Behavioral Disorder (EBD)			
Home Phone		Relationship to student:	□ Learning Disabled		
Cell Phone			□ EMH/TMH		
Work Phone		Release to? Yes No	□ OHI		
<b>Emergency Contact #</b>	<b>2</b> (other tha	n parent/guardian)	□ None of the above		
Name (Last, First)			*Please check all that apply so we car	schedule your child	
Address			according to their IEP requirements.		
City	State	Zip			
Home Phone		Relationship to student:			
Cell Phone					
Work Phone		Release to? Yes No			