

Duluth

Public Schools

DULUTH PUBLIC SCHOOLS REGISTRATION FORM

Student Last Name: _____ First Name: _____ Middle Name: _____

Birthdate: _____ Gender: ☐ Male ☐ Female Entering Grade: _____ Start Date: _____

Resident District (if not Duluth Public Schools - ISD709): _____

If not a resident of ISD709, has an Open Enrollment Agreement been completed and sent to the Assistant Superintendent's Office? ☐ Yes ☐ No

Last school attended: _____ City: _____ State: _____ Zip: _____

Has your child ever registered under a different name? ☐ Yes - Previous name: _____ ☐ No

ADDITIONAL STUDENT INFORMATION

Country of Birth: ☐ USA ☐ Other (specify): _____ Date of entry to USA: _____

Date of first enrollment in USA school: _____

Has this student completed three or more years of school in the USA? ☐ Yes ☐ No

The McKinney-Vento Homeless Education Assistance Act and the Duluth Public Schools assures the educational rights for homeless and highly mobile students. Please answer the questions below that best describe your living situation (Check all that apply).

- ☐ In a shelter (family shelter, domestic violence, youth shelter) or transitional housing ☐ On the street ☐ Camping
☐ In a motel, hotel or weekly rate housing ☐ Live with friends or relatives because you cannot find or afford housing
☐ In an abandoned building, a car, park or public space ☐ Live with friends or relatives because you are an unaccompanied youth

As part of the McKinney-Vento Homeless Education Assistance Act, Minnesota public and charter schools must provide services that remove barriers to enrollment, attendance and educational success of students. Would you like someone to contact you regarding community supports? ☐ Yes ☐ No

Student's parent or sibling is reservist or recent retiree from the armed forces? ☐ Yes ☐ No

Student's parent is or has been on active duty in the past year? ☐ Yes ☐ No Start date: _____ End date: _____

Parent Name: _____ Branch: _____

Does your child receive any services in the following areas (Check all that apply)?

- ☐ Title 1 ☐ Gifted/Talented ☐ English Learner (EL) ☐ Special Education - Individual Education Plan (IEP) ☐ ADA Section 504 Plan
☐ Other (specify): _____

FAMILY INFORMATION - PRIMARY HOUSEHOLD

The primary residence of your students. Student information, mailings and parent portal access will be provided to custodial adults at this address.

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Primary Phone: (____) _____

Primary Parent/Guardian Information – Parent(s)/Guardian(s) living in primary household with students.

Full Legal Name (Last, First, Middle) _____

Birthdate: _____ Gender: ☐ Male ☐ Female

Relationship to Student: _____ ☐ Custodial Adult

Email Address: _____

Cell Phone: (____) _____ Work Phone: (____) _____

K-12 Transportation: ☐ Primary household address ☐ Child care address: _____ ☐ Parent provides transportation

Full Legal Name (Last, First, Middle) _____

Birthdate: _____ Gender: ☐ Male ☐ Female

Relationship to Student: _____ ☐ Custodial Adult

Email Address: _____

Cell Phone: (____) _____ Work Phone: (____) _____

Please list all members of the primary household (parent/guardian, adults & children)

Full Legal Name - List Students First (Last, First, Middle)	Birthdate (mm/dd/yy)	Gender (Check)	Relationship to Student (sibling, grandparent, aunt, etc.)	School Attending	Grade
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

Continued: Please list all members of the primary household (parent/guardian, adults & children)

Full Legal Name - List Students First (Last, First, Middle)	Birthdate (mm/dd/yy)	Gender (Check)	Relationship to Student (sibling, grandparent, aunt, etc.)	School Attending	Grade
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

SECOND PARENT/GUARDIAN MAILING – Parent/Guardian not living in the primary household with student. By completing this section, you are giving permission to send student information and mailings to the second parent/guardian. A custodial adult will receive parent portal access.

Full Legal Name (Last, First, Middle)	Student name(s) pertaining to this second parent/guardian	Shared Primary Household
Street Address: _____	_____	<input type="checkbox"/>
City: _____ State: _____ Zip: _____	_____	<input type="checkbox"/>
Birthdate: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/>
Relationship to Student(s): _____ <input type="checkbox"/> Custodial Adult	_____	<input type="checkbox"/>
Email Address: _____	_____	<input type="checkbox"/>
Cell Phone: (____) _____ Work Phone: (____) _____	_____	<input type="checkbox"/>

EMERGENCY INFORMATION

If unable to reach parent or guardian, please call (local contact):

Name _____	Cell Phone (____) _____	Work Phone (____) _____
Name _____	Cell Phone (____) _____	Work Phone (____) _____

In case of a serious accident or illness and I cannot be reached, I authorize the doctor listed below (local contacts) to provide the necessary treatment:

Name of Medical Doctor _____	Phone (____) _____
Name of Dentist _____	Phone (____) _____

In case of an emergency requiring immediate medical attention and school authorities cannot locate me or the above listed physician, I hereby authorize my child to be taken to: ☐ Essentia Health ☐ St. Luke's ☐ Other _____

I CERTIFY THE INFORMATION PROVIDED ON THIS CENSUS FORM IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ Parent/Guardian Signature	_____ Date
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FOR OFFICE USE ONLY

School accepting registration _____ Date _____

Legal name and birthdate verified by: ☐ Birth Certificate ☐ Hospital Souvenir Certificate ☐ Last Year's Attendance Record ☐ SLC Registry Verification
☐ Passport ☐ Permanent School Record ☐ Other Scholastic Record

Legal address verified by: ☐ Property Tax Statement ☐ Signed Lease ☐ Purchase Agreement ☐ Statewide Enrollment Options Form ☐ Homeless

School assigned _____ Student ID _____ Date _____ Staff initials _____

FOR ECS OFFICE USE ONLY

Screen Date: _____ Screen Time: _____

Student Number: _____ ☐ New ☐ Previous MARSS ID: _____

Enter Calendar: _____ Enter Access: _____ Enter IC-005: _____

SAC: 41-Screen by District 42-CTC/EPSDT 43-Head Start 44-Private Provider 45-Conscientious Objector (Not screening)

Status End Code: 60-No Referral 61-Referral to Spec Ed 62-Referral to Health Care Provider 63-Referral to Spec Ed and Health Care Provider
64-Referral to Early Childhood Program 65-Referral, Parent Declined 66-Rescreen Planned

District Verification of Information:

I hereby verify that the above information is true and correct to the best of my knowledge: _____

Coordinator of Early Childhood Screening Signature

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 Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
2. My student speaks:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
3. My student understands:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
4. My student has consistent interaction in:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> 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 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.

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.¹

[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/
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.

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

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

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

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.¹

☐ **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.

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.¹

☐ **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.

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.¹

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

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.¹

☒ **Yes**

☐ **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Print/Save