



# REGISTRATION PACKET

## 2024 - 2025

colheights.k12.mn.us/enroll

**Student's Name:** \_\_\_\_\_

First Name

Middle Name

Last Name

### REQUIREMENTS

**Birth Certificate**  
Copy

**Immunization Records**  
Copy

**Proof of Address & ID**  
Copy-Any utility bill

**Early Childhood Screening**  
Call for an appt. 763-528-4517  
ONLY PreK and Kindergarten

*Please call or email to check on availability if you live outside of Columbia Heights School District*

### PreK-3

Must be 3 years old by 9/1/24  
Preferred Time: Mark 1<sup>st</sup> and 2<sup>nd</sup> choice.

Mondays - Wednesdays -Fridays  
AM \_\_\_\_\_  
8:00am - 10:30am

Mondays - Wednesdays -Fridays  
PM \_\_\_\_\_  
11:30am - 2:00pm

Tuesdays -Thursdays  
AM \_\_\_\_\_  
8:00am - 10:30 am

Tuesdays -Thursdays  
PM \_\_\_\_\_  
11:30am - 2:00pm

\*This program has a monthly fee, based on a slide fee scale.

### PreK-4

Must be 4 years old by 9/1/24  
Preferred Time: Mark 1<sup>st</sup> and 2<sup>nd</sup> choice.

**Highland**

**Valley View**

**North Park**

AM \_\_\_\_\_

PM \_\_\_\_\_

Full Day\*\* \_\_\_\_\_

7:55am-10:25am

11:45am-2:15pm

7:55am-2:15pm

\*\*Full day program is only available for Columbia Heights residents who live in the school boundaries. First come first served. Space is limited.

Must be 5 years old by 9/1/24

**Highland**

**Valley View**

**North Park**

### Kindergarten

or grades:

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>rd</sup>

5<sup>th</sup>

Breakfast: 7:20AM

School Hours: 7:55AM to 2:20PM

### Columbia Academy

6<sup>th</sup>

7<sup>th</sup>

8<sup>th</sup>

Breakfast: 7:45AM

School Hours: 8:20AM to 3:15PM

### Columbia Heights High School

9<sup>th</sup>

10<sup>th</sup>

11<sup>th</sup>

12<sup>th</sup>

Breakfast: 7:45AM School Hours: 8:20AM to 3:05PM

### OFFICE USE ONLY

START DATE: \_\_\_\_\_ ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Columbia Heights Resident: Yes No *If No, Date Submitted* \_\_\_\_\_

Boundary Exception: Yes No *If Yes, Date Submitted* \_\_\_\_\_

#### Enclosed in Packet:

Birth Certificate

Proof of Address & ID

Records Request Sent: \_\_\_\_\_

Immunization Records

Bus Yes No SE

Dean Appointment: \_\_\_\_\_

Lunch Form \_\_\_\_\_  
Date filled

Early Entrance Yes No

EL Test date (if applicable): \_\_\_\_\_

Early Childhood Screening Yes \_\_\_\_\_  
District and Date

No \_\_\_\_\_  
Date appointment

**Packet Complete**

MISSING: \_\_\_\_\_

NOTES: \_\_\_\_\_

IEP: Yes No SE Coordinator \_\_\_\_\_

EL: Yes No **Level:** \_\_\_\_\_  
Screener Needed

# Student Enrollment Form



DATE: \_\_\_\_\_ 763-528-4426 SaavedraL@colheights.k12.mn.us 763-571-2176

## STUDENT INFORMATION

<i>Student's Legal Name</i> <b>First</b>		<b>Middle</b>			<b>Last</b>			
<b>Birth Date</b> Month    Day    Year		<b>Grade</b>	<b>Sex</b> M    F		<b>Home Language</b> English Somali    Spanish Arabic    Oromo Other _____			<b>Homeless</b> YES    NO
<b>Student's Primary Address</b> <b>Apt/Lot #</b>			<b>City</b>		<b>State</b> MN	<b>Zip code</b>	<b>Move in Date</b>	
<b>Student Lives with</b>		Mother Grandfather	Father Legal Guardian	Stepmother Stepfather Foster Parents	Uncle	Aunt Other _____	Grandmother	
Do you live out of the district?    YES    NO			Has the student previously attended Columbia Heights Schools?    YES    NO					
Has the student attended any Minnesota Public School?    YES    NO			Active Duty Parent    YES    NO					
<b>School most recently attended by student</b>			<b>District</b>		<b>School Type:</b> Public    Charter Private    Home School    None			
Address of previous school		<b>City</b>	<b>State</b>	<b>Zip code</b>	<b>School Phone number</b>		<b>Date last attended</b>	
<b>Special Services - Check all that apply</b> Individual Education Plan (IEP)    504 Plan    Autism    Gifted/Talented Emotional/Behavior Disorder (EBD)    English Learner    Speech/Language    Deaf/Hard of hearing Visual Impaired    Physically Impaired    Mentally Impaired    Other _____    None								

## PARENT GUARDIAN # 1

<i>Full Legal Name:</i> <b>First</b>		<b>Middle</b>			<b>Last</b>		<b>Sex</b> F    M	<b>Birth Date</b>
<b>Phone Number 1</b> Cellular	<b>Phone Number 2</b> Work	<b>Phone Number 3</b> Home		<b>Email</b>				
<b>Address the same as student?</b> YES    NO If No, address needed:			<b>City</b>		<b>State</b>	<b>Zip code</b>		
<b>Relation to student</b> Mother    Father Other _____		<b>Lives with</b>	<b>Contact Allowed</b>	<b>Ed. Rights</b>	<b>Has Custody</b>	<b>Release to</b>		

## PARENT GUARDIAN # 2

<i>Full Legal Name:</i> <b>First</b>		<b>Middle</b>			<b>Last Name</b>		<b>Sex</b> F    M	<b>Birth Date</b>
<b>Phone Number 1</b> Cellular	<b>Phone Number 2</b> Work	<b>Phone Number 3</b> Home		<b>Email</b>				
<b>Address the same as student?</b> YES    NO If No, address needed:			<b>City</b>		<b>State</b>	<b>Zip code</b>		
<b>Relation to student</b> Mother    Father Other _____		<b>Lives with</b>	<b>Contact Allowed</b>	<b>Ed. Rights</b>	<b>Has Custody</b>	<b>Release to</b>		

## SIBLINGS OR OTHER CHILDREN LIVING IN THE SAME HOUSE

Last Name	First Name	Middle	Sex	Birth Date	School	Grade
1 _____	_____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____

## OFFICE ONLY

ID # _____	SCHOOL # _____	START DATE: _____	Last Lon: _____	Prev. MN Dist.: _____
Res. District: _____	Aid Cat: _____	BUS:    YES    NO    SE	BUS Code: _____	BC    Legal Papers

## Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: # 13 Columbia Hts. Public Schools 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 \_\_\_\_\_

**Electronic Signature:** \*By typing your full name you attest that you are the legal parent or guardian and agree that the information provided is accurate to best of your knowledge.



# EMERGENCY RECORD

## EXPEDIENTE DE SALUD

**For Office Use Only**

Student ID: \_\_\_\_\_

Family ID: \_\_\_\_\_

Teacher: \_\_\_\_\_

**Student full name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Nombre del estudiante Teléfono

**Grade:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Sex:**  M  F **Language:** \_\_\_\_\_  
Grado Fecha de nacimiento Sexo Idioma

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** **MN** **Zip:** \_\_\_\_\_  
Dirección Ciudad Estado Código postal

**Parent or Guardian 1:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
Nombre Mamá/Papá o Tutor Relación con el estudiante

**Cellular** \_\_\_\_\_ **Work** \_\_\_\_\_ **Home** \_\_\_\_\_ **Child Lives With:** \_\_\_\_\_  
Celular Trabajo Teléfono Casa Vive con el estudiante

**E-mail** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_  
Correo electrónico Lugar donde trabaja

**Parent or Guardian 2:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
Nombre Mamá/Papá o Tutor Relación con el estudiante

**Cellular** \_\_\_\_\_ **Work** \_\_\_\_\_ **Home** \_\_\_\_\_ **Child Lives With:** \_\_\_\_\_  
Celular Trabajo Teléfono Casa Vive con el estudiante

**E-mail** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_  
Correo electrónico Lugar donde trabaja

**Does student have any?**  Asthma  Allergies  Diabetes  Seizures  Heart Problems  Hearing  Vision  
¿El estudiante tiene? Asma Alergias Diabetes Convulsiones Prob. del Corazón Oído Visión

**Other Health Problem(s):** \_\_\_\_\_ **Explain all checked items** \_\_\_\_\_  
Otros problemas médicos Explique los que marco:

**Medications at home:** \_\_\_\_\_ **Medication at school:** \_\_\_\_\_  
Medicamentos en la casa Medicamentos en la escuela

**IN CASE OF AN EMERGENCY** (Two contacts who would care for this child in case a parent or guardian cannot be reached)  
**EN CASO DE EMERGENCIA** (Dos contactos que podrían cuidar a su hijo(a) en caso de que no podamos localizar a los padres o tutores)

**Contact 1:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
Nombre del contacto 1 Teléfono Relación con el estudiante

**Contact 2:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
Nombre del contacto 2 Teléfono Relación con el estudiante

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Médico de la familia Teléfono

**Hospital Preference:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Hospital de preferencia Teléfono

Our procedure will be to contact the parent at home or at work. You will be asked to pick up the child and provide proper care. If we cannot reach you we will call the friend, relative, or neighbor that you have listed above and ask them to care for your child. In extreme emergency, an ambulance will be called and your child will be taken to the nearest hospital. The cost of this will be covered by the parents.

Nuestro procedimiento es contactar a los padres en casa o en el trabajo. Se le pedirá que recoja al niño(a) y proporcionarle la atención adecuada. Si no lo podemos contactar llamaremos a los contactos que Usted anotó aquí y les pediremos cuidar a su hijo. En caso de emergencia extrema se llamará a una ambulancia y su hijo será llevado al hospital más cercano. El costo será cubierto por los padres.

**Parent or Guardian Signature \***: \_\_\_\_\_ **Date:** \_\_\_\_\_  
Firma Mamá/Papá o Tutor Fecha

**Electronic Signature: \*** By typing your full name you attest that you are the legal parent or guardian and agree that the information provided is accurate to best of your knowledge.



# 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: (First, Middle, Last)	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="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="radio"/> 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="radio"/> 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="radio"/> 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="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:

**Electronic Signature:** \*By typing your full name you attest that you are the legal parent or guardian and agree that the information provided is accurate to best of your knowledge.

\* 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.



# Columbia Heights Public Schools

## EL REGISTRATION FORM FOR ENGLISH LEARNERS

### FORMULARIO DE INSCRIPCIÓN PARA ESTUDIANTE DE INGLÉS

Student's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Nombre completo \_\_\_\_\_ Fecha de Inicio \_\_\_\_\_  
First Name Middle Name Last Name

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F  
Escuela Grado Fecha de nacimiento Edad Sexo

Birth Country: \_\_\_\_\_ U.S. Entry Date: \_\_\_\_\_ Interpreter needed YES NO  
Pais de origen Fecha de entrada a USA Necesita Interpreter Sí No

Student's First Language: \_\_\_\_\_ Language Used Most in Home: \_\_\_\_\_  
Primer idioma del estudiante Idioma más usado en el hogar

Language Used Most by Student: \_\_\_\_\_  
Idioma más usado por el estudiante

Language(s) student can: Read: \_\_\_\_\_ Write: \_\_\_\_\_  
Idioma que el estudiante puede Leer Escribir

Language(s) Parent Reads: \_\_\_\_\_ English Speaking Contact: \_\_\_\_\_  
Idioma que los padres leen Contacto que habla inglés (Name/ Nombre) (Telephone / Telefono)

#### Educational History – Historia Educacional

Where did the student live in his/her country? \_\_\_\_\_ City \_\_\_\_\_ Small Town \_\_\_\_\_ Rural (farm) \_\_\_\_\_  
¿Dónde vivió el estudiante en su país? Ciudad Pequeño pueblo Zona rural (granja)

Did the student spend time in a refugee camp? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ How Long? \_\_\_\_\_  
¿El estudiante paso tiempo en un campo de refugiados? No Sí Cuanto tiempo

Does the student have any problem that may affect learning? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Details: \_\_\_\_\_  
¿Tiene el estudiante algún problema que pueda afectar su aprendizaje? No Sí Detalles

Has the student had a serious illness or accident? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Details: \_\_\_\_\_  
¿El estudiante ha tenido alguna enfermedad o accidente serio? No Sí Detalles

Number of years the student has studied English: \_\_\_\_\_ Date Last attended School: \_\_\_\_\_  
Número de años que el estudiante ha estudiado inglés Último día que asistió a la escuela

Did the student have EL in a previous school? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
¿El estudiante tenía servicios de EL en la escuela anterior? Sí No

Please record all school experiences. Begin with the most recent.  
Por favor escriba todas las escuelas previas. Empezee con la más reciente.

Name of previous school \_\_\_\_\_  
Nombre de la escuela previa

School location (City/Country) \_\_\_\_\_  
Ciudad/País

#### OFFICE ONLY -SOLO PARA USO DE LA OFICINA-

ACCESS SCREENER OTHER POSSIBLE SLIFE YES NO IEP YES NO EL YES NO

ASSESSMENTS	SCORE	LEVEL
Listening		
Speaking		
Reading		
Writing		
Adjusted Overall CPL		

Recommended EL Level				
1	2	3	4	5
STATUS				
EL	Ineligible	Refusal	Exited	

Screener needed YES NO Newcomer \_\_\_\_\_ MARSS# \_\_\_\_\_ ID # \_\_\_\_\_  
Country

NOTES: \_\_\_\_\_



# QUESTIONNAIRE ONLY for PK-3,PK-4 or KINDERGARTEN

## CUESTIONARIO SOLO PARA PK-3,PK-4 o KINDER

DOES NOT APPLY  
NO APLICA

The information you provide will be helpful as we establish class lists for the next school year.

La información que ustedes provean será útil al establecer las listas de los salones de clase para el próximo año escolar.

Student's Name: \_\_\_\_\_ Male Female  
Nombre completo (First) (Middle) (Last) Masculino Femenino

Date of birth: \_\_\_\_\_ Early Childhood Screening Yes No First Language: \_\_\_\_\_  
Fecha de Nacimiento (Month/Day/Year) Examen de Ingreso Idioma Principal

Years in Daycare: \_\_\_\_\_ Where: \_\_\_\_\_  
Años en la guardería Dónde

Years in Preschool: \_\_\_\_\_ Where: \_\_\_\_\_  
Años en el preescolar Dónde

Parent/Guardian Names: \_\_\_\_\_  
Nombre de los padres

### English

Please check the statements that most accurately describe your child.

#### PERSONAL DEVELOPMENT

##### 1. Separation from Parents

With Ease  
With Difficulty

##### 2. Interaction with Peers

Outgoing  
Shy

##### 3. Cares for Toileting Needs

With Ease  
With Difficulty

#### LEARNING READINESS

##### 1. Can say the ABC's

YES  
NO

##### 2. Can count to 10

YES  
NO

##### 3. Can write their first name

YES  
NO

##### 4. Can hold and cut w/scissor

YES  
NO

#### SOCIAL SKILLS

##### 1. Activity Level

Quiet  
Active  
Very Active

##### 2. Temperament

Pleasant  
Easily Upset  
Angry

##### 3. Attention Span

Focused  
Sometimes Distracted  
Easily Distracted

##### 4. Impulsiveness

Timid  
Watches, then tries  
Adventurous

##### 5. Cooperative Behavior

Always  
Sometimes  
Never

### Español

Por favor marque lo que describa mejor a su hijo(a).

#### DESARROLLO PERSONAL

##### 1. Separación de sus padres

Con facilidad  
Con dificultad

##### 2. Interacción con otros niños

Sociable  
Tímido

##### 3. Atiende sus necesidades de ir al baño

Con facilidad  
Con dificultad

#### PREPARACIÓN PARA EL APRENDIZAJE

##### 1. Sabe el abecedario

SÍ  
NO

##### 2. Cuenta hasta el 10

SÍ  
NO

##### 3. Escribe su nombre

SÍ  
NO

##### 4. Sostiene y corta con las tijeras

SÍ  
NO

#### HABILIDADES SOCIALES

##### 1. Nivel de actividad

Tranquilo  
Activo  
Muy activo

##### 2. Temperamento

Agradable  
Se molesta fácilmente  
Enojón

##### 3. Capacidad de poner atención

Se concentra  
A veces distraído  
Se distrae fácilmente

##### 4. Impulsividad

Tímido  
Observa y luego intenta  
Aventurero

##### 5. Disponibilidad para cooperar

Siempre  
A veces  
Nunca

WHAT WOULD YOU LIKE YOUR CHILD'S TEACHER TO KNOW? (Examples: strengths, limitations, special needs, fears, behavior)

¿Qué le gustaría que el profesor supiera de su hijo(a)? (Por ejemplo: fortalezas, limitaciones, necesidades especiales, temores, comportamiento)

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### MEDICAL OR HEALTH CONCERNS:

Preocupaciones médicas o de salud





# ENROLLMENT HISTORY

## LISTA DE LAS ESCUELAS ANTERIORES

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Nombre del estudiante Grado

**Please list all the schools that your child has been attending in the past years starting from the most recent one.**

Por favor nombre todas las escuelas a las que su hijo(a) ha asistido en los últimos años empezando por la más reciente.

School Name Nombre de la escuela	School location City/State/Country Ciudad/Estado/País	Grade that student was there Grado en que estuvo el estudiante



# TRANSPORTATION REGISTRATION

## FORMA DE TRANSPORTACIÓN

**Today's Date:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_  
 Fecha de hoy Escuela Primer día de clases

**Student Name:** \_\_\_\_\_ **Male** **Female**  
 Nombre del estudiante First Name Middle Name Last / Apellidos Masculino Femenino

**Student ID#:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Language:** \_\_\_\_\_  
 Grado Idioma

**Date of Birth:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
 Fecha de Nacimiento Teléfono

**Address:** \_\_\_\_\_  
 Dirección House/Bldg. # Street Apt # City, State Zip Code  
 # de casa Calle o Ave. Depto. # Ciudad-Estado Código postal

### Emergency Information

Información de emergencia

**Parent Name:** \_\_\_\_\_  
 Nombre completo Mamá o Tutor

**Phone #:** \_\_\_\_\_  
 Teléfono

**Relationship:** \_\_\_\_\_  
 Relación con el estudiante

**Parent Name:** \_\_\_\_\_  
 Nombre completo Papá o Tutor

**Phone #:** \_\_\_\_\_  
 Teléfono

**Relationship:** \_\_\_\_\_  
 Relación con el estudiante

### Emergency contact

**Name :** \_\_\_\_\_  
 Contacto de emergencia

**Phone #:** \_\_\_\_\_  
 Teléfono

**Relationship:** \_\_\_\_\_  
 Relación con el estudiante

### **ONLY FOR PK-4**

Sólo para PK4

**AM** 7:55 am – 10:25am

**PM** 11:45 am – 2:15pm

**FULL DAY** 7:55am – 2:15pm

Todo el día

### Daycare Information

Información de la Guardería

### **Fill out this section only if your student is being picked up or dropped off at an address other than home**

Llene esta sección sólo si su estudiante es recogido o es dejado en una dirección que no sea la de su casa

**Pick-up:** \_\_\_\_\_  
 Para recogerlo House/Bldg. # Street Apt # City, State Zip Code  
 Dirección # de casa Calle o Ave. Depto. # Ciudad-Estado Código postal

**Drop-off:** \_\_\_\_\_  
 Para dejarlo House/Bldg. # Street Apt # City, State Zip Code  
 Dirección # de casa Calle o Ave. Depto. # Ciudad-Estado Código postal

**Daycare provider's name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
 Nombre de la guardería o persona Teléfono



# REQUEST FOR RECORDS

## SOLICITUD DE RECORDS

TODAY'S DATE: \_\_\_\_\_  
Fecha de hoy día

GRADE: \_\_\_\_\_  
Grado

STUDENTS FULL NAME: \_\_\_\_\_  
First/ Nombres Middle Name Last / Apellidos

BIRTHDATE: \_\_\_\_\_  
Fecha de Nacimiento

PHONE: \_\_\_\_\_  
Teléfono

PARENT/GUARDIAN NAME(S): \_\_\_\_\_  
Nombre del Padre, Madre o Tutor

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: MN ZIP: \_\_\_\_\_  
Dirección Ciudad Estado Código postal

PREVIOUS SCHOOL: \_\_\_\_\_  
Nombre de la última escuela

DISTRICT #: \_\_\_\_\_ DISTRICT ADDRESS: \_\_\_\_\_  
Distrito # Dirección escuela previa

PHONE: \_\_\_\_\_  
Teléfono de la última escuela

FAX: \_\_\_\_\_  
Fax de la última escuela



### OFFICE USE ONLY

#### SOLO PARA USO DE LA OFICINA

Need checked items **as soon as possible**. Student **cannot start school** until we receive these

- SCHOOL RECORDS** (Report cards/Transcript/Test records)
- SPECIAL EDUCATION RECORDS** (IEP and Evaluations) **(if applicable)**
- ACCESS TEST** Result/ EL Services **(if applicable)**
- Birth Certificate
- Immunizations Records/Health Records
- Attendance
- Discipline/Behavior Records
- Early Childhood Screening

**PLEASE SEND THE ABOVE RECORDS TO:**

**Columbia Heights Placement Center**

**SaavedraL@colheights.k12.mn.us**

1440 49<sup>th</sup> Ave. NE

Columbia Heights, MN 55421

Phone: 763-528-4426

Fax: 763-571-2176



**Thank you for choosing Columbia Heights Public Schools**  
Gracias por haber elegido Columbia Heights Public Schools

Student

Estudiante

DOB

Fecha de Nacimiento

Grade

Grado

School

Escuela

**To complete the registration packet don't forget to attach or send the required documents**

Para completar la inscripción no se olvide adjuntar o enviar los documentos requeridos

**Birth Certificate**

Copy

**Immunization Records**

Copy


**Proof of Address & ID**

Copy-Any utility bill


**Early Childhood Screening**

Call for an apt. 763-528-4517  
ONLY PK-4 and Kindergarten

**Open Enrollment if you live outside of Columbia Heights School District**

 763-528-4426

 SaavedraL@colheights.k12.mn.us

 763-571-2176

**Placement Center**

Leueen Saavedra

Cultural Liaison

**Columbia Heights Public Schools**

1440 49th Ave. NE

Columbia Heights, MN 55421

I certify (promise) that all information on this application is true.

Yo certifico (prometo) que toda la información en esta solicitud es verdadera