

WELCOME

to Roseville Area Schools!

We are excited to meet your student! Here is a list of steps to prepare for kindergarten in September 2025:

Join us for the Welcome to Kindergarten event Tuesday, March 4, 2025, 6:00-7:30 p.m. at the school your child will be attending in September. Meet school staff, see classrooms and get questions answered about health, student services, childcare, transportation and more. You can turn in enrollment paperwork and necessary documents at that time.



Enroll! Scan the QR code for online enrollment access OR complete, sign, and return enclosed forms in the enclosed pre-paid envelope, email to enrollment@isd623.org, fax to 651-635-1659, or drop off at 1251 County Rd B2 W in Roseville. We'll also need the following:

1. Age Verification (birth certificate, passport, or visa)
2. Proof of Residence (driver's license, utility bill, or purchase/lease agreement)
3. Immunization records as required by state law

If you haven't already, please call 651-487-4378 to schedule an Early Childhood Screening as required by state law. If your student was screened in a district other than Roseville, please submit a copy of the screening results page at the time of enrollment.

Contact Roseville Area Schools with questions. Email enrollment@isd623.org or call 651-635-1626.



CENSUS FORM

ROSEVILLE AREA SCHOOLS

Date: _____

School: _____

ADDRESS INFORMATION

Head of Household 1: _____ Gender: M F Birth Year: _____

Head of Household 2: _____ Gender: M F Birth Year: _____

Email: _____

Street _____ Unit/Apt. # _____ City _____ Zip _____

Telephone: _____ Home Language: _____

Have you lived in this district previously? (circle one) Yes No

If yes, at what address: Street _____ Unit/Apt. # _____ City _____ Zip _____

FAMILY INFORMATION

LIST NAMES OF ALL IMMEDIATE FAMILY MEMBERS RESIDING AT THIS ADDRESS.

Please include the student(s) you are currently enrolling in this list.

First Name	Middle Name	Last Name	Gender	Grade	Birth Date	School Attending

PLEASE SEND COMPLETED FORMS TO:

Central Enrollment, Roseville Area Schools, 1251 County Road B2 West, Roseville MN 55113

Phone: 651-635-1626 | Fax: 651-635-1659 | Email: enrollment@isd623.org



ENROLLMENT FORM

ROSEVILLE AREA SCHOOLS

Office Use Only

Form completed on:	Enrollment year:	School/School Number:	Student ID:
First Day of Enrollment:	Age Verification 1. Birth Certificate 2. Visa/Passport 3. Other	Proof of residence: 1. Drivers License 2. Utility 3. Other	Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Records requested from: Data requested:

Student LAST Name (Legal):	Student FIRST Name (Legal):	Student MIDDLE Name (Full):	Student Birth Date:
Enrolling Grade:	Nickname (optional):	Has this student ever registered under a different name? <input type="checkbox"/> No <input type="checkbox"/> Yes (Name: _____)	
Student Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Previously attended Roseville Schools? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Primary Phone: (____) _____ Student Lives With: Mother Father Other _____

Address: _____ Street Apt. _____
 _____ City Zip Code _____

List all schools the student has attended (MOST RECENT SCHOOLS FIRST):

Name of School	City and State	Grades Attended	Type of School Last Attended (check one)
			<input type="checkbox"/> MN Public <input type="checkbox"/> Out of State Public <input type="checkbox"/> Nonpublic <input type="checkbox"/> Charter
			<input type="checkbox"/> MN Public <input type="checkbox"/> Out of State Public <input type="checkbox"/> Nonpublic <input type="checkbox"/> Charter

Date first entered the United States (only if born outside the United States)	U.S. school entry data (only if born outside the United States)

1. Is this student in foster care? Yes No
If yes, is the Student a Ward of the County or State? (legal documentation required) Yes No
2. Would your child be a first generation college student? Yes No
3. Have you moved into the school district within the last 36 months for temporary or seasonal agricultural or fishing work? Yes No
4. Has your child previously missed six or more months of school? Yes No
5. Is this student receiving Special Education Services (an IEP)? Yes No
6. Does this student have a 504 Accommodation Plan? Yes No
7. Is the student considered a 'Military-Connected Youth? Yes No
8. Is the current address for you or the student a temporary living arrangement? Yes No

*(If yes, please answer next question)

What caused the temporary living arrangement? _____

Military-Connected Youth is defined as a youth having an immediate family member, including a parent or sibling, who is currently in the armed forces either as a reservist or on active duty or has recently retired from the armed forces.

Homelessness-is defined as an individual who lacks a fixed, regular and adequate nighttime residence. This includes: a) children/youth sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelter; are abandoned in hospitals; b) children/youth who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings (examples: cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings).

Students experiencing homelessness are eligible for assistance through the McKinney-Vento Act

Parent/Guardian Data**Parent/Guardian #1****Parent/Guardian #2**

Name (First, MI, Last)		Name (First, MI, Last)	
Relationship to Student		Relationship to Student	
Street Address, City, Zip		Street Address, City, Zip	
Cell Phone Number		Cell Phone Number	
Work Phone Number		Work Phone Number	
Employer/Occupation		Home Phone Number	
Email Address		Employer/Occupation	
		Email Address	

Does the family need an interpreter present at school conferences?

Yes No

Language: _____

Interpreter needed for: Mother Father Guardian Other

Second mailing guardian information (joint or non-custodial guardian living outside of the household):

Name (First, MI, Last)		Cell Phone Number	
Relationship to Student		Work Phone Number	
Street Address, City, Zip		Employer/Occupation	
Home Phone Number		Email Address	

If custodial issues are involved, please provide the information requested below:

Are there any restrictions legally placed upon non-custodial parent's right to information about, or dealings with, the student named on this form?

Yes No (If yes, a copy of the decree needs to be on file at the school. Please send it to the principal.)

If separated or divorced, which parent(s) or person has legal custody of student: Mother Father Guardian Other
(_____)

May we contact non-custodial parent in emergency? Yes No (If no, a copy of a decree needs to be on file at school.)

Is the student allowed to leave with non-custodial parent? Yes No (If no, a copy of a decree needs to be on file at school.)

Emergency Contacts**Name of a person to call in an emergency other than a person the student lives with:**

Name (First, MI, Last)		Name (First, MI, Last)	
Relationship to Student		Relationship to Student	
Home Phone Number		Home Phone Number	
Cell Phone Number		Cell Phone Number	
Work Phone Number		Work Phone Number	

Signature of Parent/Guardian

Relationship to Student

Date

Minnesota Migrant Education Program

Parent Employment Survey

Versión en español en el otro lado de la hoja

The information provided below is used to identify students who may qualify to receive additional educational services. A program employee may contact you for further information if needed. All information is kept confidential.

Child's Name: _____ District: _____ Date: _____

Birthdate: _____ School: _____ Grade: _____





1. In the past three years, has your family lived in another school district? This includes other school districts in Minnesota, or another state or country.

Yes _____ **(CONTINUE TO #2)** **No** _____ **(STOP HERE)**

2. In the past three years, has anyone in your household had a job working with any of these products or activities (not including on your own property) on a farm, in a field, greenhouse nursery or factory?

Yes _____ **(CONTINUE TO #3)** **No** _____ **(STOP HERE)**

Please check all that apply below:

 <p><input type="checkbox"/> Any Crops</p> <p>Examples: corn, peas, potatoes, beans, wheat, sugar beets, fruits, soybeans, hemp, alfalfa, etc. or field preparations</p>	 <p><input type="checkbox"/> Any Livestock</p> <p>Examples: cattle, pigs, sheep, chickens, turkeys, dairy</p>
 <p><input type="checkbox"/> Processing agricultural products</p> <p>Examples: (Sorting, packing, cutting, etc.) corn, potatoes, meat, fruit, trees, etc.</p>	 <p><input type="checkbox"/> Other agriculture</p> <p>Examples: Forestry, nursery plant care, fishing</p>

3. Parents' Names: _____ Phone: _____

Address: _____ City: _____

Please list all other children in the household less than 22 years of age (include children under 5):

Name	Birthdate	School	Grade



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

Student Information

Student's Full Name (Last, First, Middle):	Birth Date or Student ID:
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	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="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 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

ROSEVILLE AREA SCHOOLS

Student's First Name: _____ Student's Middle Name/Initial: _____ Student's 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*):

Decline to indicate

Colombian

Ecuadorian

Guatemalan

Mexican

Puerto Rican

Salvadoran

Spaniard/Spanish/Spanish-American

Other Hispanic/Latino Unknown

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*):

Decline to indicate

Cherokee

Other North American Indian Tribal Affiliation

Anishinaabe/Ojibwe

Dakota/Lakota

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/Guardian Name

Date

Parent/Guardian Signature



STUDENT HEALTH INFORMATION E-12

Please complete all information.

Student's Name: _____	
Birth Date: _____	Grade: _____

Please check all past and current health concerns that apply to this student. Provide details below.

<p>Cardiovascular</p> <input type="checkbox"/> Anemia <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Heart Condition <input type="checkbox"/> Sickle Cell <p>Gastrointestinal/Urinary</p> <input type="checkbox"/> Celiac Disease <input type="checkbox"/> Colostomy <input type="checkbox"/> Constipation <input type="checkbox"/> Crohn's <input type="checkbox"/> Diarrhea <input type="checkbox"/> GERD/Reflux <input type="checkbox"/> G/J Tube <input type="checkbox"/> Irritable Bowel <input type="checkbox"/> Kidney Condition <input type="checkbox"/> Nausea, frequent <input type="checkbox"/> Urinary Catheter <input type="checkbox"/> Urinary tract infection <input type="checkbox"/> Urostomy <input type="checkbox"/> Vomits easily	<p>Mental/Behavioral Health</p> <input type="checkbox"/> ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Autism (ASD) <input type="checkbox"/> Depression <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Self-harm <input type="checkbox"/> Substance Use (<input type="checkbox"/> alcohol, <input type="checkbox"/> drugs, <input type="checkbox"/> smoking, <input type="checkbox"/> vaping) <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Tics <input type="checkbox"/> Trauma History <input type="checkbox"/> Other mental, behavioral, emotional, or social concerns <p>Musculoskeletal</p> <input type="checkbox"/> Bone/Joint Condition <input type="checkbox"/> Wheelchair/Mobility Device	<p>Neurological</p> <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Fetal exposure to drugs/alcohol <input type="checkbox"/> Headaches/Migraines <input type="checkbox"/> Head Injury/Concussion <input type="checkbox"/> Seizures <input type="checkbox"/> Shunt/Hydrocephal <input type="checkbox"/> Spina Bifida <p>Respiratory</p> <input type="checkbox"/> Asthma <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Tracheostomy <p>Vision/Hearing</p> <input type="checkbox"/> Ear Infections (recurrent) <input type="checkbox"/> Ear/PE Tubes <input type="checkbox"/> Eye Condition <input type="checkbox"/> Wears glasses/contacts <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Hearing aid/implant	<p>Systemic</p> <input type="checkbox"/> Allergies (list below) <input type="checkbox"/> Life threatening/epi pen <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Eczema <input type="checkbox"/> Genetic Condition <input type="checkbox"/> Hospitalization (in past year) <input type="checkbox"/> Lead poisoning <input type="checkbox"/> Medical Device <input type="checkbox"/> Premature Birth (<35 weeks) <input type="checkbox"/> Skin Condition <input type="checkbox"/> Sleep Concerns <input type="checkbox"/> Special Diet <input type="checkbox"/> Student Pregnant/Lactating <input type="checkbox"/> Surgical History <input type="checkbox"/> Weight/Growth Concerns <input type="checkbox"/> Other (describe below) <input type="checkbox"/> Difficulty accessing medical/dental care
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Please provide details for EVERY box checked above, and additional information you would like the Health Office to have.

Student is allergic to:	Reaction is:	Medications to take for reaction:

Medications – Please list all medications your student takes.

Health Provider/Clinic: _____	Clinic Phone: _____
Parent/Guardian Signature: _____	Date: _____
Relationship to Child: _____	Parent Phone: _____

Are Your Kids Ready?

Minnesota K-12 Immunization Law

Students are required to receive certain vaccines for school or submit an exemption. This requirement applies for all public, private, online, and home schools in Minnesota. Look for your child's grade in the chart below and see how many total doses of each vaccine are needed for their grade.

Required Immunizations	Kindergarten to Sixth Grade	Seventh Grade to Eleventh Grade	Twelfth Grade
Hepatitis B (Hep B)	3 Doses	3 Doses	3 Doses
Polio (IPV)	4 Doses	4 Doses	4 Doses
Measles, mumps, rubella (MMR)	2 Doses	2 Doses	2 Doses
Varicella (Chickenpox)	2 Doses	2 Doses	2 Doses
Diphtheria, tetanus, and pertussis (DTaP)	5 Doses	5 Doses	5 Doses
Tetanus, diphtheria, and pertussis (Tdap)		1 Dose	1 Dose
Meningococcal ACWY (MenACWY)		1 Dose	2 Doses

Note: The number of doses may be different if your child is behind schedule. If your child has fallen behind on their vaccinations it is not too late to catch-up, talk to their health care provider.

Recommended but not required for school

Influenza (flu), COVID-19, Human Papillomavirus (HPV), Meningococcal B (MenB) and other vaccines are recommended for children to ensure they are fully protected. Talk to your health care provider about when your child should receive these immunizations. For more information visit [CDC: Vaccine Schedules For You and Your Family \(www.cdc.gov/vaccines/imz-schedules/index.html\)](https://www.cdc.gov/vaccines/imz-schedules/index.html).

Tips for parents and guardians

- Make sure your child has received all of the required immunizations before their first day of school or submit an exemption.
- Submit a copy of your child's immunization record to their school. You can get a copy of their record from the clinic or find their record on [Find My Immunization Record \(www.health.state.mn.us/people/immunize/miic/records.html\)](https://www.health.state.mn.us/people/immunize/miic/records.html).
- Please complete the reverse side if your child requires an exemption for medical reasons or if you are opting for a non-medical exemption due to personal beliefs.



[Vaccines for Infants, Children, and Adolescents \(www.health.state.mn.us/people/immunize/basics/kids.html\)](https://www.health.state.mn.us/people/immunize/basics/kids.html)

Medical and non-medical exemptions

Instructions for documenting medical or non-medical exemptions and history of chickenpox (varicella)

Follow steps 1 and 2 below to document a medical exemption, non-medical exemption, or history of chickenpox.

1. Place an X in the box to indicate a medical or non-medical exemption. If you are exempting your child from more than one vaccine, mark each vaccine you are exempting them from with an X.
2. Obtain signatures for exemptions or history of chickenpox disease.

Required Immunizations	Medical	Non-Medical
Hepatitis B (Hep B)		
Polio (IPV)		
Measles, mumps, rubella (MMR)		
Varicella (Chickenpox)		
Diphtheria, tetanus, and pertussis (DTaP)		
Tetanus, diphtheria, and pertussis (Tdap)		
Meningococcal ACWY (MenACWY)		

Medical exemption: A health care provider must review and sign a medical exemption. A health care provider includes a licensed physician, nurse practitioner, or physician assistant.

By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____
(of health care practitioner)

Date: _____

Non-medical exemption: A parent/guardian must sign for a non-medical exemption and the form must be signed and stamped by a notary. A child is not required to have an immunization that is against their parent or guardian's beliefs. Choosing not to vaccinate may put the health of your child or others they are around at risk. Unvaccinated children who are exposed to a vaccine preventable disease may be required to stay home from school and other activities for up to 21 days to protect themselves and others.

By my signature I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs and I understand that they may be required to remain out of school and other activities for up to 21 days if exposed to a vaccine preventable disease.

Signature: _____ Date: _____
(of parent/guardian)

Non-medical exemptions must also be signed and stamped by a notary:

Notary Stamp

This document was acknowledged before me on

_____ (date),

by _____
(name of parent or guardian)

Notary Signature:

State of _____
County of _____

History of chickenpox (varicella) disease: If a child has previously had chickenpox, they are not required to receive the varicella vaccine. A health care provider must sign this form if the disease happened after Sept. 1, 2010. If the child had chickenpox before Sept. 1, 2010, a parent or guardian may sign this form.

My signature below means that I confirm this child does not need the varicella vaccine because they had chickenpox in the month and year _____

Signature: _____ Date: _____
(of health care practitioner, representative of a public clinic, or parent/ guardian)