



REGISTRATION PACKET

2025 - 2026

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 9/1/25
Preferred Time: Mark 1st and 2nd choice.

Mondays - Wednesdays - Fridays

Mondays - Wednesdays - Fridays

AM _____

8:00am - 10:30am

PM _____

11:30am - 2:00pm

Tuesdays - Thursdays

Tuesdays - Thursdays

AM _____

8:00am - 10:30 am

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 9/1/25
Preferred Time: Mark 1st and 2nd choice.

Highland

Valley View

North Park

AM _____

7:55am-10:25am

PM _____

11:45am-2:15pm

Full Day** _____

7:55am-2:15pm

****Full day program** is only available for qualifying Columbia Heights residents. First come first served. **Space is limited.**

Half day program cost \$345/month for non-qualifying families. First come first served. **Space is limited.**

Must be 5 years old by 9/1/25

Highland

Valley View

North Park

Kindergarten

or grades:

1st

2nd

3rd

4rd

5th

Breakfast: 7:25AM

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

Columbia Academy

6th

7th

8th

Breakfast: 8:05AM

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

Columbia Heights High School

9th

10th

11th

12th

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

OFFICE USE ONLY

START DATE: _____ **ID #:** _____ **DOB:** _____

Columbia Heights Resident: Yes No _____
Date Submitted

Boundary Exception: Yes No _____
Date Submitted

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): _____

E.C.S. Yes _____ No _____
District and Date Date appointment

American Indian Homeless Foster Parent

Parent Incarcerated Parent migrant or seasonal agricultural laborer

Social Worker At Risk Legal Papers

NOTES: _____

PACKET COMPLETE

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> First		Middle			Last		
Birth Date Month Day Year		Grade	Sex M F		Home Language English Somali Spanish Arabic Oromo Other _____		Homeless YES NO
Student's Primary Address Apt/Lot #			City		State MN	Zip code	Move in Date
Student Lives with		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				
School most recently attended by student			District		School Type: Public Charter Private Home School None		
Address of previous school		City	State	Zip code	School Phone number		Date last attended
Special Services - Check all that apply 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> First		Middle			Last		Sex F M	Birth Date
Phone Number 1 Cellular	Phone Number 2 Work	Phone Number 3 Home	Email					
Address the same as student? YES NO If No, address needed:			City	State	Zip code			
Relation to student Mother Father Other _____		Lives with	Contact Allowed	Ed. Rights	Has Custody	Release to		

PARENT GUARDIAN # 2

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

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.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 _____

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 ó 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 ó 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 ó 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="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:

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.



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)

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

NO BUS

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 49th 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