



Little Falls Community Schools New Student Registration Form

For Office Use Only
School Name: _____ Teacher: _____
Student#: _____ Effective Date: _____

Student Legal LAST Name		Student Legal FIRST Name (No nicknames)		Student Legal MIDDLE Name		DOB (mm/dd/yyyy)	
Has this child ever attended school in our district?				Military Family		Legal Gender	
☐ No ☐ Yes If yes, When/Where:				☐ Yes ☐ No		☐ M ☐ F	
Does the student receive any other services?		☐ Special Ed		☐ EL/ESL/ELD		☐ 504 Plan	
		☐ Title 1				☐ Other	
Please Explain:							
Transportation/Busing: ☐ No ☐ Yes Please fill out the district transportation form regardless if public transportation/busing is needed at www.lfalls.k12.mn.us/enroll							
Student's PRIMARY Household							
If there are any custody arrangements, please let the school office know and provide legal documents.							
Address				City		State	
						Zip	
Student lives with (check ALL that apply): ☐ Parent ☐ Guardian ☐ Step-Parent ☐ Foster Parent ☐ Relative/Other (Please List):							
Primary Household Parent/Guardian 1				Primary Household Parent/Guardian 2			
Name (Last, First, MI)				Name (Last, First, MI)			
Email				Email			
Cell Phone				Cell Phone			
Work Phone				Work Phone			
Student's SECONDARY Household							
Note: Legal documentation is required if school information should NOT be sent to this household. I.E: Attendance, Report cards, ETC.							
Address				City		State	
						Zip	
Student lives with (check ALL that apply): ☐ Parent ☐ Guardian ☐ Step-Parent ☐ Foster Parent ☐ Relative/Other (Please List):							
Secondary Household Parent/Guardian 1				Secondary Household Parent/Guardian 2			
Name (Last, First, MI)				Name (Last, First, MI)			
Email				Email			
Cell Phone				Cell Phone			
Work Phone				Work Phone			
Please list additional members of the Primary & Secondary Household (siblings)							
Full Legal Name (Last, First, Middle)		DOB (mm/dd/yyyy)		Household		Grade	
				☐ Primary ☐ Secondary			
				☐ Primary ☐ Secondary			
				☐ Primary ☐ Secondary			
				☐ Primary ☐ Secondary			
				☐ Primary ☐ Secondary			
				☐ Primary ☐ Secondary			
Emergency Contacts: Please list up to two additional emergency contacts not listed above.							
Full Legal Name (Last, First		Cell Phone		Work Phone		Relationship to Student	

Please Complete Both Sides

Student's Previous School Enrollments (list the most recent first)				
Name of School	City and State	Grade(s)	Date Enrolled	School Phone, Email or Fax (if known)
If student is enrolling in grades 9-12, please make sure to list ALL high schools previously enrolled in for credit purposes.				

Student's Ethnicity	
Due to differences in State and Federal reporting guidelines, it is necessary to make selection(s) in all three sections below.	
1. For Federal reporting, check <u>ONE</u> Is the student Hispanic or Latino? ☐ Yes ☐ No	2. For Federal reporting, check all responses that apply. (Must check <u>ONE</u>) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African America ☐ Native Hawaiian or Other Pacific Islander ☐ White
3. For State reporting, select <u>YES</u> to at least <u>ONE</u> of the following:	
Is the student American Indian or Alaska Native? ☐ Yes (please select all that apply) ☐ Decline to indicate ☐ Cherokee ☐ Other North American Indian Tribal Affiliation ☐ Anishinaabe/Ojibwe ☐ Dakota/Lakota ☐ Unknown ☐ No	Is the student Asian? ☐ Yes (please select all that apply) ☐ Decline to indicate ☐ Asian Indian ☐ Burmese ☐ Chinese ☐ Filipino ☐ Hmong ☐ Karen ☐ Korean ☐ Other Asian ☐ Vietnamese ☐ Unknown ☐ No
Is the student American Indian from South or Central America? ☐ Yes ☐ No	Is the student black or African American? ☐ Yes (please select all that apply) ☐ Decline to indicate ☐ African-American ☐ Ethiopian-Other ☐ Ethiopian-Oromo ☐ Liberian ☐ Nigerian ☐ Other black ☐ Somali ☐ Unknown ☐ No
Is the student Native Hawaiian or Other Pacific Islander? ☐ Yes ☐ No	Is the student white? ☐ Yes ☐ No

Home Language Questionnaire		
	Check the phrase that best describes your student:	Indicate the language(s) other than English:
My student first learned:	☐ Language(s) other than English. ☐ English and language(s) other than English. ☐ Only English	
My student speaks:	☐ Language(s) other than English. ☐ English and language(s) other than English. ☐ Only English.	
My student understands:	☐ Language(s) other than English. ☐ English and language(s) other than English. ☐ Only English.	
My student has meaningful and consistent exposure to:	☐ Language(s) other than English. ☐ English and language(s) other than English. ☐ Only English.	

Parent/Guardian Signature	Parent/Guardian PRINTED Name	Date
Data provided on this registration form will be used by personnel in the Little Falls Community Schools to identify the student and family for school placement, open enrollment and transportation. You are not required to respond to all requests for information on this form; however, be advised that incomplete information may limit the ability of the Little Falls Community Schools to fully provide education services. I certify the information given above is true and complete to the best of my knowledge. Please provide this form and a copy of the students birth certificate to the school office.		

Email completed form to registration@lfalls.k12.mn.us