



Little Falls CEC New Student Registration Form

For Office Use Only	
Start Date:	Advisor:
Lunch #:	

Student Legal LAST Name	Student Legal FIRST Name (No nicknames)	Student Legal MIDDLE Name	DOB (mm/dd/yyyy)
Student Cell:		Student Email:	
Has this child ever attended school in our district? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, When/Where:		Military Family <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Gender <input type="checkbox"/> M <input type="checkbox"/> F
Does the student receive any other services?	<input type="checkbox"/> Special Ed	<input type="checkbox"/> EL/ESL/E LD	<input type="checkbox"/> 504 Plan
<input type="checkbox"/> Title 1 <input type="checkbox"/> Other			
Please Explain:			
Is busing needed for student? <input type="checkbox"/> No <input type="checkbox"/> Yes Transportation registration is required annually for ALL students. Please visit the district website 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): <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> 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): <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> 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 <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Grade School (If Attending)
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
		<input type="checkbox"/> Primary <input type="checkbox"/> 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>		2. For Federal reporting, check all responses that apply. (Must check <u>ONE</u>)		
Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African America <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 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? <input type="checkbox"/> Yes (please select all that apply) <input type="checkbox"/> <i>Decline to indicate</i> <input type="checkbox"/> <i>Cherokee</i> <input type="checkbox"/> <i>Other North American Indian Tribal Affiliation</i> <input type="checkbox"/> <i>Anishinaabe/Ojibwe</i> <input type="checkbox"/> <i>Dakota/Lakota</i> <input type="checkbox"/> <i>Unknown</i> <input type="checkbox"/> No		Is the student Asian? <input type="checkbox"/> Yes (please select all that apply) <input type="checkbox"/> <i>Decline to indicate</i> <input type="checkbox"/> <i>Asian Indian</i> <input type="checkbox"/> <i>Burmese</i> <input type="checkbox"/> <i>Chinese</i> <input type="checkbox"/> <i>Filipino</i> <input type="checkbox"/> <i>Hmong</i> <input type="checkbox"/> <i>Karen</i> <input type="checkbox"/> <i>Korean</i> <input type="checkbox"/> <i>Other Asian</i> <input type="checkbox"/> <i>Vietnamese</i> <input type="checkbox"/> <i>Unknown</i> <input type="checkbox"/> No		Is the student black or African American? <input type="checkbox"/> Yes (please select all that apply) <input type="checkbox"/> <i>Decline to indicate</i> <input type="checkbox"/> <i>African-American</i> <input type="checkbox"/> <i>Ethiopian-Other</i> <input type="checkbox"/> <i>Ethiopian-Oromo</i> <input type="checkbox"/> <i>Liberian</i> <input type="checkbox"/> <i>Nigerian</i> <input type="checkbox"/> <i>Other black</i> <input type="checkbox"/> <i>Somali</i> <input type="checkbox"/> <i>Unknown</i> <input type="checkbox"/> No
Is the student American Indian from South or Central America? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the student Native Hawaiian or Other Pacific Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the student white? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Language Questionnaire				
	Check the phrase that best describes your student:		Indicate the language(s) other than English:	
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			
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.			
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.			
My student has meaningful and consistent exposure to:	<input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> Only English.			
Parent/Guardian Signature				

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 student's birth certificate to the school office.