

# STUDENT REGISTRATION FORM



Student (LEGAL) Name: \_\_\_\_\_  
Last First Middle

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

## EDUCATION HISTORY

Has the student previously attended South St. Paul Public Schools?  No  Yes \_\_\_\_\_

Has the student attended another district?  No  Yes \_\_\_\_\_

No  Yes \_\_\_\_\_  
Name of school and dates attended

Yes \_\_\_\_\_  
District name and name of most recent school

\_\_\_\_\_  
Preferred School for new enrollment

\_\_\_\_\_  
City, State, Country

Is the student currently receiving any special services?

\_\_\_\_\_  
Phone number

Intervention Services  504 Plan  Gifted

Is the student currently suspended or expelled from another school?

Special Education  English Learner

No  Yes: \_\_\_\_\_

Brief explanation why

## STUDENT RESIDENCE INFORMATION

### Primary Household

#### Parent/Legal Guardian 1

Name: \_\_\_\_\_  
Last First Middle

Birth date: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Military/Veteran  No  Yes, branch: \_\_\_\_\_ Start Date: \_\_\_\_\_

#### Military Status:

Active, deployed  Active, not deployed  Discharged  Inactive  Injured  Retired  Student Military Identifier Only  Transitioning Out

#### Parent/Legal Guardian 2 Check if same address as above. If not, fill out secondary address below.

Name: \_\_\_\_\_  
Last First Middle

Birth date: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Military/Veteran  No  Yes, branch: \_\_\_\_\_ Start Date: \_\_\_\_\_

#### Military Status:

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## HOUSEHOLD INFORMATION

List ALL other children living at the primary address

LEGAL Last Name	First Name	Middle Initial	Gender (M/F)	Birth date (mm/dd/yyyy)	School and Grade (if enrolled)	Your Relationship to child
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## EMERGENCY CONTACTS

Please list all emergency contacts you would like associated with your student(s). They will be the only people permitted to pick up your student(s) from school. Additional contacts may be added throughout the school year by contacting your school site.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

## MEDICAL INFORMATION

Please list any medical conditions the student has

\_\_\_\_\_

Please provide information about your child's primary health care provider in case we need to contact them

Primary Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

## HOUSING

A student living in shared, temporary or irregular housing or in spaces not usually used for sleeping may be considered homeless and qualify for educational and other benefits under the McKinney-Vento Act. Is this the case for this student?

Yes, this student is homeless

No, this student is not homeless

If you selected "yes," the District Homeless Liaison will contact you with additional information about your rights, benefits, and resources.

A student is categorized as participating in Foster Care if a child welfare agency has placed the child in a foster care family home, foster home of relative, group home, emergency shelter, residential facility, or pre-adoptive home. Is this the care for this student?

Yes, this student is in foster care

No, this student is not in foster care

If you selected "yes," the District Foster Liaison will contact you with additional information about your rights, benefits and other resources.

## TRIBAL ENROLLMENT

South St. Paul Public Schools may be eligible for grants from the Office of Indian Education to help fund our Indian Educational Programs. Such as grants are based on the number of our students with tribal membership.

If you answer "Yes" below, we will ask you to complete the Indian Student Eligibility Certification Form (Form 506). While you are not required to submit this form, we cannot count your eligible child for funding unless you do. This form is kept with our Indian Education Program and is confidential. It only has to be completed once per student.

Does this student have an active enrollment with a United States Tribe?

- Yes, this student has an active enrollment in a United States Tribe  
 No, this student is not have an active enrollment in a United States Tribe

If you selected "yes," the American Indian Cultural Liaison will contact you with additional information about your rights, benefits and other resources.

## STUDENT DIGITAL EQUITY SURVEY

This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. SSPPS may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside the classroom or school building. It is important we gather accurate information from every student so each student and family has the equipment, help and support needed.

The information you provide in this survey will be collected by the Minnesota Department of Education (MDE) data reporting system. MDE may provide state- or school-level summary data—without personal, identifying information—to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. South St. Paul Public Schools will not share your personal, identifying information provided in this survey with others without your consent.

### Digital Device Access:

What type of electronic device does this student have access to?

Date of Survey: \_\_\_\_\_

- Desktop/laptop  Tablet  Chromebook  Smartphone  None  Other

Who provided this student's device?

- Personal  School  Other

Is this device shared?

- Shared  Not Shared  Unknown

### Internet Access:

Can this student access the Internet on their device at home?

- Yes  No- Not Available  No- Not Affordable  No- Other

What kind of Internet service do you have at home?

- Residential Broadband  Cellular  School-Provided Hot Spot  Satellite  Dial-Up  Unknown  Other

Can this student stream a video on their device without pauses?

If Other, what kind? \_\_\_\_\_

- Yes- No Issues  Yes- But Not Consistent  No

## PARENT/GUARDIAN SIGNATURE

This information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian

*The information requested on this form will be used for school district purposes and to comply with state reporting requirements. In accordance with the "Minnesota Data Privacy Act," directory information (name, address, phone number, gender, date of birth) can be released and made public.*