



MACCRAY Public Schools ISD 2180

711 Wolverine Drive
 PO Box 690
 Clara City, MN 56222
 320-847-2154
www.maccray.k12.mn.us

NEW STUDENT REGISTRATION

Student | Contact Information

Child's Name _____
Last First Middle

Grade: _____ Gender: Male _____ Female _____

Birth date: ____/____/____ Place of Birth: _____, _____
City State

Home Address: _____
Street Address City State Zip

Mailing Address: _____
 (If Different than physical address) PO Box City State Zip

Name of Parent	Student Resides With (X)	Employer	Daytime Phone	Cell Phone
Mother:				
Step Mother:				
Father:				
Step Father:				
Legal Guardian:				
Second Parent Address: (If different than listed above)		City	State	Zip

If the student lives with only one parent, should the other parent receive school information when mailed out?
 Yes _____ No _____

_____ Please check here if there is legal documentation prohibiting the non-custodial parent from seeing this child at school. Please provide documentation for our files.

Emergency Contact (First, Last Name) (Someone other than parent guardian)	Relationship	School Hours Phone #	Circle One:
			Home, Work, or Cell
			Home, Work, or Cell

Previous School	City	State	Zip	Last Date Attended

Will your child need bus transportation: Yes _____ No _____

Are you a resident of the MACCRAY School District? Yes _____ No _____ If no, which school district? _____

The school district will provide transportation, at the expense of the school district, for all resident students.

MACCRAY Public School notifies parents by phone, email and text. Parents can choose one, two or all methods of contact. Once your child is enrolled, you can activate and set up your parent portal from the link on the school's website www.maccray.k12.mn.us.

Please add any other important information we should know: i.e. allergies, medical issues or special concerns.

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Printed Name: _____

E-mail Address: _____@_____

Signature: _____ Date: _____

Racial and Ethnic Demographic Designation Form

Student's First Name _____ Student's Middle Name/Initial _____

Student's Last Name _____ Student's Date of Birth _____

Student's District/School _____

Parent Name _____ Date _____

Parent Signature _____

Please respond to all the bold questions below. *Italicized questions are optional.*

Q1. 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 and maintain cultural identification through tribal affiliation or community recognition. (This question is needed to calculate state aid/funding.)

- Yes** **No (If no, please move on to question 2.)**

Optional State Question (Will not be answered by school staff.):

1a. If yes, please select one or more of the following groups/categories. You may select more than one group.

- | | | |
|---|---|-------------------------------|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Dakota/Lakota | <input type="radio"/> Unknown |
| <input type="radio"/> Anishinaabe/Ojibwe | <input type="radio"/> Other North American Indian | |
| <input type="radio"/> Cherokee | <input type="radio"/> Tribal Affiliation | |

Q2. Is the student American Indian from South America (including Central America)?

- Yes (If yes, please move on to question 3.)** **No (If no, please move on to question 3.)**

Q3. 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** **No (If no, please move on to question 4.)**

Optional State Question (Will not be answered by school staff.):

3a. If yes, please select one or more of the following groups/categories. You may select more than one group.

- | | | |
|---|--------------------------------|-----------------------------------|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Filipino | <input type="radio"/> Vietnamese |
| <input type="radio"/> Asian Indian | <input type="radio"/> Hmong | <input type="radio"/> Other Asian |
| <input type="radio"/> Burmese | <input type="radio"/> Karen | <input type="radio"/> Unknown |
| <input type="radio"/> Chinese | <input type="radio"/> Korean | |

The purpose of collecting each group, how the information will be used and not used, and how the more detailed groups were identified can be found on the accompanying FAQ Document.

¹Federal Register, Vol. 72, No. 202/Friday, October 19 2007/Notices/59274

Q4. 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

No (If no, please move on to question 5.)

Optional State Question (Will not be answered by school staff.):

4a. If yes, please select one or more of the following groups/categories. You may select more than one group.

- | | | |
|---|---------------------------------------|-----------------------------------|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Ethiopian-Other | <input type="radio"/> Somali |
| <input type="radio"/> African-American | <input type="radio"/> Liberian | <input type="radio"/> Other Black |
| <input type="radio"/> Ethiopian-Oromo | <input type="radio"/> Nigerian | <input type="radio"/> Unknown |

Q5. 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

Yes

No (If no, please move on to question 6.)

Optional State Question (Will not be answered by school staff.):

5a. If yes, please select one or more of the following groups/categories. You may select more than one group.

- | | | |
|---|------------------------------------|---|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Mexican | <input type="radio"/> Spaniard/Spanish/Spanish-American |
| <input type="radio"/> Colombian | <input type="radio"/> Puerto Rican | <input type="radio"/> Other Hispanic/Latino |
| <input type="radio"/> Ecuadorian | <input type="radio"/> Salvadoran | <input type="radio"/> Unknown |
| <input type="radio"/> Guatemalan | | |

Q6. 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 (If yes, please move on to question 7.)

No (If no, please move on to question 7.)

Q7. 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

The purpose of collecting each group, how the information will be used and not used, and how the more detailed groups were identified can be found on the accompanying FAQ Document.

¹Federal Register, Vol. 72, No. 202/Friday, October 19 2007/Notices/59274

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 Name: (Last, First, Middle)		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:

* 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 forlegally 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.



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:

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

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

4. Primary Language: _____ Secondary Language: _____

Minnesota Migrant Education Program

Encuesta de Empleo para los Padres

English version on the other side

La información abajo es para identificar a estudiantes que puedan calificar para recibir servicios adicionales de educación. Es posible que un empleado del programa le contacte a usted para obtener más información. Toda la información es confidencial.

Nombre del niño: _____ Distrito: _____ Fecha: _____

Fecha de Nacimiento: _____ Escuela: _____ Grado: _____

1. ¿En los últimos tres años, ha vivido su familia en otro distrito escolar? Esto incluye otros distritos escolares en Minnesota, u otro estado o país.

Sí _____ (SIGA AL #2)

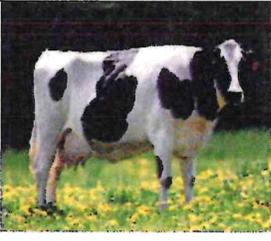
No _____ (PARE AQUÍ)

2. En los últimos tres años, ¿ha trabajado alguien en su hogar con alguno de estos productos o actividades en una granja, en el campo, en un invernadero, en un vivero o en una fábrica?

Si _____ (SIGA AL #3)

No _____ (PARE AQUÍ)

Por favor marque todos los que apliquen abajo:

	<input type="checkbox"/> Cualquier Cultivos Ejemplos: maíz, chicharos, papas, frijoles, trigo, remolacha azucarera, frutas, soja, cañamo, alfalfa, etc.o preparación de campo		<input type="checkbox"/> Cualquier ganado Ejemplos: vacas, cerdos, ovejas, pollos, lechería
	<input type="checkbox"/> Procesamiento de productos agrícolas. Ejemplos: (Clasificación, empaque, corte, etc.) maíz, papas, carne, frutas, árboles, etc.		<input type="checkbox"/> Otra agricultura Ejemplos: silvicultura, cuidado de plantas de vivero, pescar

3. Nombre de los padres: _____ Teléfono: _____

Dirección: _____ Ciudad: _____

Por favor liste a todos los niños menores de 22 años en la casa:

Nombre	Fecha de Nacimiento	Escuela	Grado

4. Idioma Primario: _____ Idioma Secundario: _____