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 _____
Name of school and dates attended

Has the student attended another district? ☐ No ☐ Yes _____
District name and name of most recent school

_____
Preferred School for new enrollment

_____
City, State, Country

_____
Phone number

Is the student currently receiving any special services?

☐ Intervention Services ☐ 504 Plan ☐ Gifted
☐ Special Education ☐ English Learner

Is the student currently suspended or expelled from another school?

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

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: _____

Name: _____ Phone: _____ Relationship to Student: _____

Name: _____ Phone: _____ Relationship to Student: _____

Name: _____ Phone: _____ Relationship to Student: _____

TRANSPORTATION

In order to participate in the SSP transportation program, the requesting family must live within the boundary of SSPPS. To qualify for bussing, elementary students must live a minunum of 1.0 mile away from the designated school site and secondary students must live a minumum of 1.5 miles away from the designated school site.

Will your student need a bus assignment? ☐ Yes ☐ No

Please check the box(es) for the bus routes your student will need ☐ AM bus ☐ PM bus

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 is 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.

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: _____

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?

☐ Yes- No Issues ☐ Yes- But Not Consistent ☐ No If Other, what kind? _____

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.

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