Enrollment Form - Grand Rapids Area Schools - District 318

MARSS ID #	Local ID #	Start Date	Assigned School	Grade	Intake Date

Name:

Student Information

LAST Name (Legal)	FIRST Name (Legal)	Full MIDDLE Name	Nickname or Preferred Name	Birth Date

Gender Male ☐ / Female ☐	Birth Country:		Date student entered the United States:	
Language child first learned:	Language spoken in the home:	Language child usually speaks:	Is English read in the home? Yes ☐ / No ☐	Receiving ESL Services? Yes ☐ / No ☐

Federal Ethnicity (please mark one)	For Federal reporting purposes, please check all races that apply for student:	Services
Is the student's ethnicity Hispanic or Latino? Yes ☐ / No ☐ (Cuban, Mexican, Puerto Rican, Sourth or Central American or other spanish culture or origin, regardless of race.)	☐ American Indian / Alaskan Native ☐ Asian ☐ Black / African American ☐ Native Hawaiian / Pacific Islander ☐ White	Does student receive special education services? Yes ☐ / No ☐ Does student have a 504 Accomodation Plan? Yes ☐ / No ☐

If child has any health concerns we should be aware of, please list:

Previous Enrollments

Has student previously attended any school in this district? Yes ☐ / No ☐	School	Grade
Has student previously attended any other school district in Minnesota? Yes ☐ / No ☐	District	Grade

Has student ever registered under a different name? If so, please provide:

Prior school information, most recent first:

Name of School	Year / Grade	Public/Private	FT / PT	City and State	Phone and Fax
	/				/
	/				/
	/				/

PRIMARY Residence

All information and mailings will be sent to the primary household.

Student lives with (check all that apply)	Holds legal custody?	Legal Guardian?
☐ Natural Father	☐	☐
☐ Natural Mother	☐	☐
☐ Stepfather	☐	☐
☐ Stepmother	☐	☐
☐ Foster Parents	☐	☐
☐ OTHER (Please list):	☐	☐

Primary Parent/Guardian Information	Primary Parent/Guardian Information
Name	Name
Physical Address	Mailing Address
City / State / Zip	City / State / Zip
County / Resident School District / Resident District verified?	
Home Phone / Unlisted? ☐	E-mail
Cell Phone	Cell Phone
Place of employment	Place of employment
Work Phone / Pager	Work Phone / Pager

Military Connected Youth? (Do you have an immediate family member, including a parent or sibling, currently in the Armed Forces?) Yes ☐ / No ☐

Have parental rights been terminated (Ward of State)? Yes ☐ / No ☐ (if Yes, please provide legal documentation)

Social Worker Name	Social Worker Phone Number

Student's SECONDARY Household (if applicable, or birth parent household if primary residence is foster)

Request school information to be sent to this household also? Yes ☐ / No ☐

Relationship to student:	Holds legal custody?	Legal guardian?
☐ Natural Father	☐	☐
☐ Natural Mother	☐	☐
☐ Stepfather	☐	☐
☐ Stepmother	☐	☐
☐ OTHER (Please list):	☐	☐

Name	Name
Address	
City / State / Zip / County / Resident School & District	
Home Phone / Unlisted? ☐	E-mail
Cell Phone	Cell Phone
Place of Employment	Place of Employment
Work Phone / Pager	Work Phone / Pager

***** Note: Please notify the school office and provide legal documentation if there is a custodial issue. *****

Bussing Information

Name:

Bussing Information: Walker ☐ Bus ☐	# of miles from school:	

Census

Please list all other permanent members (adults & children) in student's household.

Full Legal Name (Last, First, Middle)	Birthdate	Gender	Relationship	Age / Grade	School
				/	
				/	
				/	
				/	
				/	
				/	
				/	
				/	

Emergency Contacts

Emergency Contact outside of home	Relationship	Phone Number	Cell/Pager Number

We will try to reach a parent/legal guardian at home or work BEFORE calling the emergency contacts.

Daycare Contacts

Daycare Contact Name	Relationship	Phone Number	Cell/Pager Number
Address	City	State	Zip
Daycare Schedule (which days per week)			

Additional Information

If the student is entering kindergarten, have they received Early Childhood Screening? Yes ☐ / No ☐

If YES, where?

Is the student homeless? Yes ☐ / No ☐

The following questions apply to secondary school students:

Is the student a Teen Parent? Yes ☐ / No ☐

Is the student a Displaced Homemaker? Yes ☐ / No ☐

As the LEGAL parent or guardian, I certify the information provided here is true and complete to the best of my knowledge.

LEGAL Parent/Guardian Printed Name

LEGAL Parent/Guardian Signature

Date

Non-discrimination Statement: Independent School District 318 does not discriminate on the basis of race, color, creed, religion, national origin, sex, age, marital status, status with regard to public assistance, sexual orientation, or disability in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies:
Section 504 Coordinator: Tony Pierce, 450 Columbus Ave, Cohasset, MN 55721, 218-327-5860, tpierce@isd318.org
Title IX Coordinator: Colleen Schussman, 820 NW 1st Avenue, Grand Rapids, MN 55744, 218-327-5708, cschussman@isd318.org.

Tennison Warning: You have been asked to supply private information concerning your child. Pursuant to M.S. 12.04, school districts are required to inform parent/guardian how this information will be used. All information collected will be private and confidential. This information will help us aid your child in case of an emergency or health concern. We may need to phone you or other designated people. You may refuse to supply the requested information. This may greatly hinder us in helping your child. Information that you provide to our schools will only be available to staff who work directly with your child or to emergency response personnel. Data privacy laws protect confidentiality.

Grand Rapids Area Schools - District 318

Central Student Enrollment • Administrative Services • 650 SW 7th Avenue • Grand Rapids, MN 55744

Phone: 218-327-5707 • Fax: 218-327-5865

For District Use Only

❑ Birth Verification	❑ Emergency Card	❑ Child Nutrition	❑ Psychologist	❑ Records Requested
❑ Immunizations	❑ Perm File Folder	❑ Indian Ed	❑ Social Worker	Phone:
❑ EC Screening	❑ School Office	❑ Transportation	❑ Principal	Fax:
	❑ Special Ed	❑ MARSS	❑ Teacher	