



INDEPENDENT
SCHOOL
DISTRICT 701

Hibbing Public Schools
800 East 21st Street
Hibbing, MN 55746

HIBBING PUBLIC SCHOOLS
ELEMENTARY ENROLLMENT FORM
(Grades K through 5)

STUDENT INFORMATION

Legal Last Name		Sex: (circle one)	Male	Female
First Name		Enrolling into which grade (circle one)	K	1st 2nd 3rd 4th 5th
Middle Name		Birth Date: (Month/Day/Year)		
Alternate Last Name				
Primary Address				
Secondary Address				

Ethnicity: (This information is collected by the State of MN)	Special Needs:
☐ Black (not Hispanic) ☐ White ☐ American Indian ☐ Hispanic ☐ Asian ☐ Native Hawaiian or Other Pacific Islander Is this student Hispanic/Latino? ☐ Yes ☐ No	☐ IEP ☐ 504 PLAN ☐ TITLE ONE Does this student have special needs that require additional services (such as an aide)? If yes, please indicate. ☐ Yes ☐ No
Has this student attended a Hibbing school before?	Please indicate name of the school last attended and the withdrawal date below:
☐ Yes ☐ No	Name _____ Exit date _____
Student Language: Is English this student's primary language? If No, please indicate.	Migrant Worker: Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? (Required by State of MN)
☐ Yes ☐ No	☐ Yes ☐ No
Student Lives with:	Is this student currently homeless or displaced from the home and living at an alternative residence?
☐ Both Parents ☐ Split time between parents ☐ Mother ☐ Guardian/Foster ☐ Father	☐ Yes ☐ No

	Biological Father	Biological Mother	Legal Step-Parent	Guardian/Foster
First and Last Name				
Home Address				
Home Phone				
Employer				
Employer Phone				
Parents Email				

Please list names/birthdates of siblings living at home:

Guardian in the Military

☐ Either parent or guardian is on active duty in the military
☐ Either parent or guardian is a traditional member of the Guard or Reserve
☐ Either parent or guardian is a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32
☐ None of the above

Legal Parent/Guardian Signature:

Date:

DISTRICT USE ONLY

Birth Certificate Provided ☐ Yes ☐ No	State ID#	Student ID#
Records Requested _____	Records Received _____	Enrollment Date:
Email: School _____ Inac _____	Files sent to school: _____	iPad Requested _____