



INDEPENDENT
SCHOOL
DISTRICT 701

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

HIBBING PUBLIC SCHOOLS SECONDARY
ENROLLMENT FORM
(Grades 6 through 12)

STUDENT INFORMATION

Legal Last Name		Sex: (circle one)	Male	Female
First Name		Enrolling into which grade (circle one)	6th	7th 8th 9th 10th 11th 12th
Middle Name		Birth Date: (Month/Day/Year)		
Alternate Last Name		Preferred Name		
Primary Address				
Secondary Address				

Please indicate the name of the school the student is currently attending or last attended and the withdrawal date below:

Name _____ Exit date _____

Has the student ever been enrolled in a Hibbing Public School? Yes No

Student Lives with:	Special Needs:
Both Parents Split time between parents Guardian/Foster	Mother Father IEP 504 PLAN Does this student have special needs that require additional services (such as an aide)? If yes, please indicate. Yes _____ No

Please list names and 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

Parent/Guardian Contact Information

	Parent/Guardian #1	Parent/Guardian #2
First and Last Name		
Relationship		
Phone Number		
Home Address		
Mailing Address		
Email Address		

Additional Emergency Contacts

	Additional Emergency Contact #1	Additional Emergency Contact #2	Additional Emergency Contact #3
First and Last Name			
Phone Number			
Relationship			

Enrolling Into:

- ☐ Hibbing High School
☐ Alternative Learning Program (Night School)

DISTRICT USE ONLY

- ☐ Full-Time ALP ☐ DUAL ALP & HHS Start Date: _____

Hibbing High School reserves the right to determine the placement of students to ensure their academic success and well-being. Placement decisions are based on the students, academic history, evaluations of social, emotional, and behavioral needs, and input from educational professionals, including teachers, counselors, and support staff. Our goal is to create an educational environment that supports the individual needs of each student while fostering their overall growth and development. Please note that this placement may include enrollment in the Alternative Learning Program (night school) if it is deemed more appropriate.

Legal Parent/Guardian Signature _____ Date: _____