STUDENT REGISTRATION

FOREST LAKE AREA SCHOOLS ISD #831

FOR OFFICE USE ONLY

Student No _____ Family No _____ School _____

Homeroom _____ Tchr/Coun _____

Res School _____ Last Locn _____ Entry Date _____

STUDENT INFORMATION

Last Name (Legal Name)	**First Name**	**Middle Name**	**Grade**

Home Address (Student Resides Here)	**Unit #**	**City, State & Zip Code**

Home Phone ( ) -	**Gender** ☐ M ☐ F	**Birthdate** (mm/dd/yyyy)	**Effective Date of Move** (If Applicable)

Race/Ethnic Background: Race/Ethnic data is used to comply with federal and state civil rights laws and statistical reports.	**Hispanic/Latino** (select only one) ☐ Hispanic ☐ Non-Hispanic	**State Ethnicity** (select only one) ☐ American Indian/Alaskan ☐ Asian/Pacific Islander ☐ Hispanic ☐ Black, not Hispanic ☐ White, not Hispanic	**Race** (select one or more) ☐ American Indian/Alaskan ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Pacific Islander

Does this student have any Native American lineage? ☐ Yes ☐ No

Has this student ever attended Forest Lake Area Schools? ☐ Yes ☐ No

If yes, Year _____ School(s) _____

Has this student ever attended any other Minnesota public school? ☐ Yes ☐ No

If yes, Year _____ School(s) _____

School last attended _____

School Name *District #* *Address* *City/State/Zip*

If Kindergarten, has this student been preschool screened? ☐ Yes ☐ No If yes, district _____

GENERAL INFORMATION

Residency Information:

Have you moved into the school district in the last 36 months for temporary or seasonal agricultural or fishing work?

☐ Yes ☐ No

Is your current address a temporary living arrangement? ☐ Yes ☐ No If yes, please answer the following two questions:

Is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

Do you and your student lack a fixed, regular, adequate nighttime residence? ☐ Yes ☐ No

Is your current address a foster home for the student listed above? ☐ Yes ☐ No

Is your current address a group home for the student listed above? ☐ Yes ☐ No

Home Language Questionnaire:

Which language did the student learn first? ☐ English ☐ Other: _____

Which language is most often spoken in your home? ☐ English ☐ Other: _____

Which language does the student usually speak? ☐ English ☐ Other: _____

Is an interpreter required to communicate with anyone in your family? ☐ Yes ☐ No If yes, Language:: _____

Family Members: _____

Would you prefer information to be sent home in a language other than English? ☐ Yes ☐ No If yes, Language:: _____

Other Information:

What is the student's country of birth? ☐ US ☐ Other: _____

Does this student have a diploma or transcript from another country? ☐ Yes ☐ No If yes, country _____

Has this student received Special Education services of any kind? ☐ Yes ☐ No Is there a current IEP? ☐ Yes ☐ No

Does this student currently have a 504 or health accommodation plan? ☐ Yes ☐ No

Has this student been expelled? ☐ Yes ☐ No Is this student a military-connected youth? ☐ Yes ☐ No

STUDENT

Last Name (Legal Name)	**First Name**	**Middle Name**

HEAD OF HOUSEHOLD #1 (where student resides)

Last Name:	**First Name**	**MI**	**Gender** ☐ M ☐ F	**Birth Date**	**Relationship**
Home Address:		**City/State/Zip:**			
Legal Guardian: ☐ Yes ☐ No	**Email Address:**				This email will be used for school communications.
Work Phone: ( ) -		☐ **Primary**	☐ **Not Listed**	☐ **OK to Contact**	
Home Phone: ( ) -		☐ **Primary**	☐ **Not Listed**	☐ **OK to Contact**	
Cell Phone: ( ) -		☐ **Primary**	☐ **Not Listed**	☐ **OK to Contact**	

HEAD OF HOUSEHOLD #2 (where student resides)

Last Name:	**First Name**	**MI**	**Gender** ☐ M ☐ F	**Birth Date**	**Relationship**
Home Address:		**City/State/Zip:**			
Legal Guardian: ☐ Yes ☐ No	**Email Address:**				This email will be used for school communications.
Work Phone: ( ) -		☐ **Primary**	☐ **Not Listed**	☐ **OK to Contact**	
Home Phone: ( ) -		☐ **Primary**	☐ **Not Listed**	☐ **OK to Contact**	
Cell Phone: ( ) -		☐ **Primary**	☐ **Not Listed**	☐ **OK to Contact**	

LIST ALL OTHERS LIVING IN HOUSEHOLD

Last Name _____ First Name _____ Middle _____
Relationship to Head of Household _____
Current School _____ Gender ☐ M ☐ F Birthdate _____ (mm/dd/yyyy)
Current Grade _____

Last Name _____ First Name _____ Middle _____
Relationship to Head of Household _____
Current School _____ Gender ☐ M ☐ F Birthdate _____ (mm/dd/yyyy)
Current Grade _____

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Relationship to Head of Household _____
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Current School _____ Gender ☐ M ☐ F Birthdate _____ (mm/dd/yyyy)
Current Grade _____

_____ _____
Parent/Guardian Signature *Date*

Minnesota Statutes and rules require the school district to keep accurate records and updated personal records for all pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 831. Certain information, known as "directory information," is available to the public unless the district receives a written request from a parent to withhold this information. Minnesota law requires that you provide immunization information to your student's school.

STUDENT

Last Name (Legal Name)	**First Name**	**Middle Name**

LIST ALL OTHERS LIVING IN HOUSEHOLD

Last Name _____ First Name _____ Middle _____
Relationship to Head of Household _____ Gender ☐ M ☐ F Birthdate _____ (mm/dd/yyyy)
Current School _____ Current Grade _____

Last Name _____ First Name _____ Middle _____
Relationship to Head of Household _____ Gender ☐ M ☐ F Birthdate _____ (mm/dd/yyyy)
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