



# 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 <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (mm/dd/yyyy)		Effective Date of Move (If Applicable)	
Does this student have any Native American lineage? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has this student ever attended Forest Lake Area Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Year _____ School(s) _____					
Has this student ever attended any other Minnesota public school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Year _____ School(s) _____					
School last attended _____ <i>School Name                      District #                      Address                      City/State/Zip</i>					
If Kindergarten, has this student been preschool screened? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Communications:

Is an interpreter preferred for communication with anyone in your family?  Yes  No

If yes, Language: \_\_\_\_\_ Family Member(s): \_\_\_\_\_

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 ever received help learning English?  Yes  No

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

In the sections below please include all who have a legal responsibility for the student. (Attach additional copies of this form if needed.)

**PARENT OR GUARDIAN**

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**PARENT OR GUARDIAN**

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First Name:

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Gender

 M  F

Birth Date

Relationship

Home Address:

City/State/Zip:

Legal Guardian:

 Yes  No

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Work Phone: ( ) -

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Cell Phone: ( ) -

 Primary Not Listed OK to Contact

In the following section please list all others living in the household. (Continued on the next page if needed.)

**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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Current School \_\_\_\_\_ 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**

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