

DULUTH PUBLIC SCHOOLS REGISTRATION FORM

FOR OFFICE USE ONLY



School accepting registration _____ Date _____

Legal name and birthdate verified by: Birth Certificate Health Care Professional Hospital Souvenir Certificate Last Year's Attendance Record
 Passport Permanent School Record Other Scholastic Record SLC Registry Verification

Legal address verified by: Property Tax Statement Signed Lease Purchase Agreement Statewide Enrollment Options Form Homeless

School assigned _____ Student ID _____ Date _____ Staff initials _____

STUDENT INFORMATION

Student Last Name: _____ First Name: _____ Middle Name: _____

Birthdate: _____ Gender: Male Female Entering Grade: _____ Start Date: _____

Resident District (if not Duluth Public Schools - ISD709): _____

If not a resident of ISD709, has an Open Enrollment Agreement been completed and sent to the Assistant Superintendent's Office? Yes No

Last school attended: _____ City: _____ State: _____ Zip: _____

Has your child ever registered under a different name? Yes - Previous name: _____ No

RACE/ETHNICITY DESIGNATIONS – Complete all questions A, B, and C

A. For state reporting purposes, please check the ONE response that best describes your child's race/ethnicity:

- American Indian (Person having origins in any of the original peoples of North America and maintains cultural identification through tribal affiliation or community recognition).
 NOT American Indian

B. For federal reporting purposes, please check the ONE response that best describes your child's race/ethnicity:

- Hispanic (Person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin - regardless of race).
 NOT Hispanic or Latino

C. For federal reporting purposes, please check ALL that apply describing your child's race:

- American Indian or Alaska Native (Person having origins in any of the original peoples of North and South America (including Central America) and maintain cultural identification through tribal affiliation or community attachment).
- Asian (Person having origins in any of the original peoples of Far East, Southeast Asia or the Indian subcontinent. This area includes Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand and Vietnam).
- Black or African American (Person having origins in any of the black racial groups of Africa).
- Native Hawaiian or Other Pacific Islander (Person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands).
- White (Person having origins in any of the original peoples of Europe, the Middle East or North Africa).

ADDITIONAL STUDENT INFORMATION

Country of Birth: USA Other (specify): _____ Date of entry to USA: _____

Date of first enrollment in USA school _____

Has this student completed three or more years of school in the USA? Yes No

Home Primary Language

In order to help your child learn, your child's teachers need to determine which language your student uses most. Please answer the following questions:

- (1) Which language did your child learn first? English Other (specify): _____
- (2) Which language is most often spoken in your home? English Other (specify): _____
- (3) Which language does your child usually speak? English Other (specify): _____

The McKinney-Vento Homeless Education Assistance Act and the Duluth Public Schools assures the educational rights for homeless and highly mobile students. Please answer the questions below that best describe your living situation (Check all that apply).

- In a shelter (family shelter, domestic violence, youth shelter) or transitional housing On the street
- In a motel, hotel or weekly rate housing Live with friends or relatives because you cannot find or afford housing
- In an abandoned building, a car, park or public space Live with friends or relatives because you are an unaccompanied youth

As part of the McKinney-Vento Homeless Education Assistance Act, Minnesota public and charter schools must provide services that remove barriers to enrollment, attendance and educational success of students. Would you like someone to contact you regarding community supports? Yes No

Student's parent or sibling is reservist or recent retiree from the armed forces? Yes No

Student's parent is active duty? Yes No Start date: _____ End date: _____ Branch: _____

Does your child receive any services in the following areas (Check all that apply)?

- Title 1 Gifted/Talented English Learner (EL) Special Education - Individual Education Plan (IEP) ADA Section 504 Plan
- Other (specify): _____

FAMILY INFORMATION

PRIMARY HOUSEHOLD – The primary residence of your students. Student information, mailings and parent portal access will be provided to custodial adults at this address.

Street Address: _____ Apt #: _____
 City: _____ State: _____ Zip: _____ Primary Phone: (____) _____

Primary Parent/Guardian Information – Parent(s)/Guardian(s) living in primary household with students.

<p>Full Legal Name <i>(Last, First, Middle)</i> _____</p> <p>Birthdate: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Relationship to Student: _____ <input type="checkbox"/> Custodial Adult</p> <p>Email Address: _____</p> <p>Cell Phone: (____) _____ Work Phone: (____) _____</p>	<p>Full Legal Name <i>(Last, First, Middle)</i> _____</p> <p>Birthdate: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Relationship to Student: _____ <input type="checkbox"/> Custodial Adult</p> <p>Email Address: _____</p> <p>Cell Phone: (____) _____ Work Phone: (____) _____</p>
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K-12 Transportation: Primary household address Child care address: _____ Parent provides transportation

Please list all members of the primary household (parent/guardian, adults & children)

Full Legal Name - List Students First <small>(Last, First, Middle)</small>	Birthdate <small>(mm/dd/yy)</small>	Gender <small>(Check)</small>	Relationship to Student <small>(sibling, grandparent, aunt, etc.)</small>	School Attending	Grade
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

SECOND PARENT/GUARDIAN MAILING – Parent/Guardian not living in the primary household with student. By completing this section, you are giving permission to send student information and mailings to the second parent/guardian. A custodial adult will receive parent portal access.

<p>Full Legal Name <i>(Last, First, Middle)</i> _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Birthdate: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Relationship to Student(s): _____ <input type="checkbox"/> Custodial Adult</p> <p>Email Address: _____</p> <p>Cell Phone: (____) _____ Work Phone: (____) _____</p>	<p>Student name(s) pertaining to this second parent/guardian</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Shared Primary Household</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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EMERGENCY INFORMATION

If unable to reach parent or guardian, please call *(local contact)*:

Name _____ Cell Phone (____) _____ Work Phone (____) _____
 Name _____ Cell Phone (____) _____ Work Phone (____) _____

In case of a serious accident or illness and I cannot be reached, I authorize the doctor listed below *(local contacts)* to provide the necessary treatment:

Name of Medical Doctor _____ Phone (____) _____
 Name of Dentist _____ Phone (____) _____

In case of an emergency requiring immediate medical attention and school authorities cannot locate me or the above listed physician, I hereby authorize my child to be taken to: St. Mary's/Duluth Clinic St. Luke's Other _____

I CERTIFY THE INFORMATION PROVIDED ON THIS CENSUS FORM IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Guardian

Date