

## DULUTH PUBLIC SCHOOLS REGISTRATION FORM

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

### 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

**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  Camping  
 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 or has been on active duty in the past year?**  Yes  No Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ 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><b>Full Legal Name</b> (Last, First, Middle) _____          Birthdate: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female          Relationship to Student: _____ <input type="checkbox"/> Custodial Adult          Email Address: _____          Cell Phone: (____) _____ Work Phone: (____) _____          K-12 Transportation: <input type="checkbox"/> Primary household address <input type="checkbox"/> Child care address: _____</p>	<p><b>Full Legal Name</b> (Last, First, Middle) _____          Birthdate: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female          Relationship to Student: _____ <input type="checkbox"/> Custodial Adult          Email Address: _____          Cell Phone: (____) _____ Work Phone: (____) _____  <input type="checkbox"/> Parent provides transportation</p>
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#### 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	_____	_____	_____

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

Full Legal Name - List Students First (Last, First, Middle)	Birthdate (mm/dd/yy)	Gender (Check)	Relationship to Student (sibling, grandparent, aunt, etc.)	School Attending	Grade
_____	_____	<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.

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

**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:  Essentia Health  St. Luke's  Other \_\_\_\_\_

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

\_\_\_\_\_  
 Parent/Guardian Signature Date

**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 \_\_\_\_\_

**FOR ECS OFFICE USE ONLY**

Screen Date: \_\_\_\_\_ Screen Time: \_\_\_\_\_  
 Student Number: \_\_\_\_\_  New  Previous MARSS ID: \_\_\_\_\_  
 Enter Calendar: \_\_\_\_\_ Enter Access: \_\_\_\_\_ Enter IC-005: \_\_\_\_\_

**SAC: 41**-Screen by District **42**-CTC/EPSTDT **43**-Head Start **44**-Private Provider **45**-Conscientious Objector (Not screening)  
**Status End Code: 60**-No Referral **61**-Referral to Spec Ed **62**-Referral to Health Care Provider **63**-Referral to Spec Ed and Health Care Provider  
**64**-Referral to Early Childhood Program **65**-Referral, Parent Declined **66**-Rescreen Planned

**District Verification of Information:**

I hereby verify that the above information is true and correct to the best of my knowledge: \_\_\_\_\_

Coordinator of Early Childhood Screening Signature

The Duluth Public Schools does not discriminate on the basis of race, color, creed, national origin, sex, sexual orientation, age, marital status, status with regard to public assistance, religion or disability in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Office of the Assistant Superintendent, 215 North First Avenue East, Duluth, MN 55802, Phone: 218-336-8739. For further information please view: www.ISD709.org/district/non-discrimination-notice or call 1-800-421-3481.