

## STUDENT REGISTRATION FORM



**WABASHA-KELLOGG SCHOOLS DISTRICT**

PHONE: 651-565-3559 / EXT. 251 & 252 (HS) / EXT. 211 & 212 (ELEM)  
 FAX: 651-565-2769

TODAY'S DATE: \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_\_

GRADE ENROLLING IN: \_\_\_\_\_

Student's Legal Last Name _____	Student's Legal First Name _____	Student's Legal Middle Name _____	DATE OF BIRTH (MONTH/DAY/YEAR) _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Has this student ever attended any Minnesota School? YES ___ NO ___ Where _____
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Student Address _____ City _____ State _____ Zip _____	Phone: (Check one) ___ Home ___ Cell _____	Social Security # (Optional) _____
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<p><b>Student lives with (check appropriate boxes):</b>  <input type="checkbox"/> Both Parents   <input type="checkbox"/> Father   <input type="checkbox"/> Mother   <input type="checkbox"/> Other (please specify): _____</p> <p><b>Parents marital status:</b>  <input type="checkbox"/> Living together   <input type="checkbox"/> Separated   <input type="checkbox"/> Divorced</p>	<p>Have you moved into the district within the last 3 years for seasonal work?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Are you a new U.S. Resident?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   From which country? _____</p> <p>Date student entered the U.S. _____</p>
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<p><b>LEGAL GUARDIAN #1</b>   Relationship to Student: _____</p> <p>Legal Last Name _____   Legal First Name _____   Gender <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Address (if different than Student) _____ Lot/Apt # _____ City _____ State _____ Zip _____</p> <p>Primary Phone (Check one) ___ Home ___ Cell _____   Work Phone _____</p> <p>Email address _____</p>	<p><b>LEGAL GUARDIAN #2</b>   Relationship to Student: _____</p> <p>Legal Last Name _____   Legal First Name _____   Gender <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Address (if different than Student) _____ Lot/Apt # _____ City _____ State _____ Zip _____</p> <p>Primary Phone (Check one) ___ Home ___ Cell _____   Work Phone _____</p> <p>Email address _____</p>
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<p><b>Student Support Services Information:</b>   Does student receive support from the following programs?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Autism Spectrum Disorder</td> <td><input type="checkbox"/> Specific Learning Disability</td> </tr> <tr> <td><input type="checkbox"/> Development Cognitive Disorder-Mild</td> <td><input type="checkbox"/> Other health Disorder</td> </tr> <tr> <td><input type="checkbox"/> Emotional/Behavioral Disorder</td> <td><input type="checkbox"/> Speech/Language Impairment</td> </tr> <tr> <td><input type="checkbox"/> Development Cognitive Delay-Severe</td> <td><input type="checkbox"/> Physical Impairment</td> </tr> <tr> <td><input type="checkbox"/> Deaf/Hard of hearing</td> <td><input type="checkbox"/> Visual Impairment</td> </tr> <tr> <td><input type="checkbox"/> 504 Accommodation Plan</td> <td><input type="checkbox"/> Title I</td> </tr> <tr> <td><input type="checkbox"/> Traumatic Brain Injury</td> <td><input type="checkbox"/> Early Childhood Special Education</td> </tr> </table> <p><b>Does your child require special transportation:</b>                  Wheelchair   Car seat   Other: _____</p>	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Development Cognitive Disorder-Mild	<input type="checkbox"/> Other health Disorder	<input type="checkbox"/> Emotional/Behavioral Disorder	<input type="checkbox"/> Speech/Language Impairment	<input type="checkbox"/> Development Cognitive Delay-Severe	<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Deaf/Hard of hearing	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> 504 Accommodation Plan	<input type="checkbox"/> Title I	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Early Childhood Special Education	<p><b>Home Language</b></p> <p>First language used by student _____</p> <p>Language used by student at home _____</p> <p>Language used by parents at home _____</p>	<p><b>ETHNIC/RACE</b></p> <p><b>Complete the back of this form</b></p>
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Specific Learning Disability															
<input type="checkbox"/> Development Cognitive Disorder-Mild	<input type="checkbox"/> Other health Disorder															
<input type="checkbox"/> Emotional/Behavioral Disorder	<input type="checkbox"/> Speech/Language Impairment															
<input type="checkbox"/> Development Cognitive Delay-Severe	<input type="checkbox"/> Physical Impairment															
<input type="checkbox"/> Deaf/Hard of hearing	<input type="checkbox"/> Visual Impairment															
<input type="checkbox"/> 504 Accommodation Plan	<input type="checkbox"/> Title I															
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Early Childhood Special Education															

**Request for Health and Educational Records:**  
 School most recently attended by student \_\_\_\_\_ District # \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

**Other:**  
 Parent Signature \_\_\_\_\_

## Please complete all 3 sections:

### Part A. Is this student Hispanic/Latino? *(Choose only one)*

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

### Part B. What is the student's race? *(Choose one or more)*

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America including Central America, and who maintains tribal affiliation or community attachment)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- Black or African American** (A person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)
- White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

### Part C. Yes No **The student is a military connected youth** (Having immediate family member; parent, sibling, who is currently in the armed forces either as a reservist or on active duty or has recently retired from the armed forces)