

Bluff View Elementary School ISD 0813

1156 W. Lakewood Ave.

Lake City, MN 55041

www.lake-city.k12.mn.us

STUDENT REGISTRATION/CHANGE OF STATUS FORM

Today's Date _____

Student's Legal Name _____ Grade _____

Birth date _____ Birthplace _____ Gender: Male Female

Father's Name _____ Address _____

Mother's Name _____ Address _____

Telephone (Home) _____ Work (Mom) _____ Work (Dad) _____

Cell Phone (Mom) _____ (Dad) _____ (Other) _____

Email(Mom) _____ Email(Dad) _____

Student Lives With: Mother Father Both Other _____

Last school attended? Name of School _____ City _____ State _____

Name(s) of other children in family (under 21)

Name	Birth date	Birthplace
------	------------	------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

In compliance with the federal Improving America's Schools Act (IASA, Title I – Part C, Section 1309),
Please provide us with the following information: Have you moved to the Lake City School District, within the last 36
months for temporary or seasonal agricultural or fishing work? Yes No

Does student have: 504 IEP If IEP, name Primary Disability _____ Instructional Setting _____

Kindergarten and 1st Grade Only

Has your child received an Early Childhood Screening? Yes No If yes, date/location _____

Parent Signature _____ Date _____

Disclaimer

*This information is used for reporting to the MN Department of Education and ethnic composition for administrative and Office of Civil Rights purposes. It will be treated in accordance with the Federal Data Privacy Act of 1974 and State of Minnesota Privacy Law (M.S. Section 13), if you do not provide this information no district services will be withheld.

***office use only**

Enrollment Forms:

- Registration
- Census
- Request for Records (signed by parent)
- Health/Emergency Card
- Student Handbook
- Application for Educational Benefits
- Transportation/Bus

Additional information needed for the enrollment process:

- Immunization records
- Student records(from previous school)
- Birth certificate(copy)

(OVER)

FOR OFFICE USE ONLY –

School Student # _____ Gr. _____ Teacher _____

MARSS # _____

Lang. _____ *Language – English (11), Laotian (28), Hmong (50), German (17), Spanish (45), Vietnamese (51), Chinese (07),
Russian (40), Japanese (24),

ESL _____yes _____no

Prev. Dist. # _____ Last. Loc. _____ Res. Dist. _____ Aid Cat. _____

Start Date _____