

# ISD 256 – RED WING PUBLIC SCHOOLS ENROLLMENT FORM

Send form to: Enrollment Secretary  
Red Wing District Office  
2451 Eagle Ridge Drive, Red Wing MN 55066  
Phone: 651-385-4500 / Fax: 651-385-4510

District Use  
Student ID# \_\_\_\_\_  
School: \_\_\_\_\_

## Student's LEGAL name (as it appears on their birth certificate)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Grade Registering for \_\_\_\_\_ Desired Start Date \_\_\_\_\_

Last School Attended \_\_\_\_\_ City & State of last school \_\_\_\_\_

Last date attended \_\_\_\_\_

**Early childhood** screening is required for your child's entry into public school kindergarten. Has your child completed screening (3-5 years old) with ISD #256? Yes  - If no, in which district was your child screened \_\_\_\_\_

**Ethnicity: Is this student Hispanic/Latino?** \_\_\_YES \_\_\_NO

## Racial/Ethnic Background of Student (check all that apply)

American Indian or Alaska Native  Hispanic  Black/African American  Asian or Pacific Islander  White

## Home Primary Language

Your child's teachers need to determine which language your child uses the most. Please answer the following questions.

Which language does your child usually speak at home?  English  Spanish  Other \_\_\_\_\_

In which language do you prefer to receive written school communications?  English  Spanish  Other \_\_\_\_\_

In which language do you prefer to receive oral school communications?  English  Spanish  Other \_\_\_\_\_

In which language do you prefer parent/teacher conferences?  English  Spanish  Other \_\_\_\_\_

## Additional Student Information

### Has the Student ever received any of the following services?

Special Education (an IEP) Yes  No

504 Plan Yes  No

English Learner Yes  No

Gifted/Talented Yes  No

Other: \_\_\_\_\_

Was the student born in the U.S.? Yes  No

Has student attended ISD 256 before? Yes  No

Has student attended a public-school district before? Yes  No  # \_\_\_\_\_

Is the student a military-connected youth? Yes  No

(immediate family member, parent or sibling, currently active or retired)

Have you moved to this district within the last 36 months for temporary

agricultural or fishing work? Yes  No

Is there a court order in place? Yes  No  If so, please provide a copy

## Student's Primary Household Address Information (this is the address where the student resides the majority of the time)

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Student Lives With

Check all that apply:  Mother  Father  Stepmother  Stepfather  Legal Guardian  other \_\_\_\_\_

NOTE- if this primary household address is outside of the Red Wing School District, please complete an Open Enrollment Form

**Parent/Guardian #1** (please put person that will be responsible for school-related communication as #1)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to student: \_\_\_ Parent \_\_\_ Legal Guardian \_\_\_ Step Parent \_\_\_ Foster Home \_\_\_ Other (please specify)  
Address (if different than student) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ PO BOX # \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email Address \_\_\_\_\_  
Are you an active military personnel? \_\_\_ YES \_\_\_ NO

**Parent/Guardian #2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to student: \_\_\_ Parent \_\_\_ Legal Guardian \_\_\_ Step Parent \_\_\_ Foster Home \_\_\_ Other (please specify)  
Address (if different than student) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ PO BOX # \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email Address \_\_\_\_\_  
Are you an active military personnel? \_\_\_ YES \_\_\_ NO

**List additional preschool children residing in the home:**

First, Middle, Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
First, Middle, Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

**School History:** (please complete the following as accurately as possible. Also, include any treatment program schools)

Elementary School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Middle School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
High School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Additional Information: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_