

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

Regardless of the answer above, please continue to answer by checking all that apply:

Racial/Ethnic Background of Student:

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

This information will be treated in accordance with Federal and State Privacy Laws.

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 _____

Is the student homeless? ____ YES ____ NO (defined as an individual who lacks a fixed, regular and adequate nighttime residence per McKinney-Vento Act)

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 (Primary parent/guardian information-with whom the student resides at the above address)

If you are a Legal Guardian or Foster Parent of student, please provide court document

Last Name _____ First Name _____

Relationship to student:

____ Parent ____ **Legal Guardian ____ Step Parent ____ **Foster Home ____ Other (please specify _____)

Cell # _____ Work # _____ Email Address _____

**If student is not residing with parent, please provide parent's information:

First Name _____ Last Name _____ Ph # _____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian #2

Last Name _____ First Name _____

Relationship to student:

____ Parent ____ Legal Guardian ____ Step Parent ____ Foster Home ____ Other (please specify _____)

Address (if different) _____

City _____ State _____ Zip _____ PO BOX # _____

Cell # _____ Work # _____ Email Address _____

List additional children residing in the home - ages birth to school age:

First, Middle, Last Name _____ Birthdate _____ Gender _____

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** _____

Minnesota Statutes and rules require the school district to keep accurate personal records for all pupils. The information will become part of the student's permanent record and will be available to appropriate staff members of ISD 256, the Minnesota Department of Education and the Department of Human Services. Refusing to provide this information will not affect your child's enrollment.