

**WATERVILLE-ELYSIAN-MORRISTOWN PUBLIC SCHOOLS
STUDENT ENROLLMENT FORM**

Student Information				
Student Last Name:		First Name:	Middle Name:	Preferred Name:
Birthdate:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Entering Grade:	Start Date:	
Resident District (if not WEM Public Schools):		If not a resident of ISD 2143, has an Open Enrollment Agreement been completed and sent to the District Office? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>KINDERGARTEN ONLY: Early Childhood Screening is required for your child's entry into public school Kindergarten. Has your child completed screening (3-5 years old)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, where:</i> _____ <i>Screening Date:</i> _____ <i>(please provide documentation)</i>				
Has student ever attended WEM Schools?		<input type="checkbox"/> Yes	Last Grade or Yr Enrolled	<input type="checkbox"/> No
Has student ever attended ANY Minnesota School?		<input type="checkbox"/> Yes - Name of School & District	Last Grade or Yr Enrolled	<input type="checkbox"/> No
Previous school attended: _____				
		Name of School	City/State	Phone
Has student ever registered under a different name?		<input type="checkbox"/> Yes - Previous Name		<input type="checkbox"/> No
Federal Designations				
**Racial/Ethnic Background of Student (Check ONLY one box) <input type="checkbox"/> American Indian or Alaska Native Fill in one: <input type="checkbox"/> Not North American Indian <input type="checkbox"/> North American Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin		*Home Primary Language (see information on reverse side) In order to help your child learn, your child's teachers need to determine which language your student uses most. Please answer the following questions. Which language did your child learn first? <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____ Which language is most often spoken in your home? <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____ Which language does your child usually speak? <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____		
Federal Race/Ethnicity categories required by No Child Left Behind. Complete Parts A and B Part A - Check ONLY one <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino Part B - Check ALL that apply <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Country/Place of Birth: _____ If born outside of USA: Date of entry to USA: _____ Date child entered school in USA: _____ Date child entered school in Minnesota: _____ Has this student completed three or more years of school in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Student Information				
Is this student? <input type="checkbox"/> Homeless <input type="checkbox"/> Ward of the State <input type="checkbox"/> Immigrant / Refugee <input type="checkbox"/> Migrant <input type="checkbox"/> Foreign Exchange (Optional) <input type="checkbox"/> Military Connected Youth		Does your child receive any services in the following areas? Check all that apply: <input type="checkbox"/> Special Education - Individual Education Plan (IEP) <input type="checkbox"/> ADA Section 504 Plan <input type="checkbox"/> Title-1 <input type="checkbox"/> English Learner (EL) <input type="checkbox"/> Other _____		

Please Complete and Sign Back of Form ∞

Primary Household			Date Moved In:		
Address:	Apt#	City:	State:	Zip:	Home Phone:

Primary Household Adult 1 (Please include maiden name or other names used here:					
Last Name	First Name	Middle Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____	
Relationship to Student:			Date of Birth	E-mail Address	

Do parents/guardians have full legal rights? Yes No Are there any No Contact or other Legal Orders in effect? Yes* No
*If Yes, Documentation Must Be Provided.

Primary Household Adult 2 (Please include maiden name or other names used here:					
Last Name	First Name	Middle Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____	
Relationship to Student:			Date of Birth	E-mail Address	

Other Members in Primary Household under 21 years of age (if additional space is required, attach a separate sheet)							
Last Name	First Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to student	School	Grade
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			

Secondary Household			If additional mailing is needed, check here: <input type="checkbox"/>			Date Moved In:		
Address:	Apt#	City:	State:	Zip:	Home Phone:			

Secondary Household Adult 1 (Please include maiden name or other names used here:					
Last Name	First Name	Middle Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____	
Relationship to Student:			Date of Birth	E-mail Address	

Does this parent/guardian have full legal rights? Yes No Are there any No Contact or other Legal Orders in effect? Yes* No
*If Yes, Documentation Must Be Provided.

Secondary Household Adult 2 (Please include maiden name or other names used here:					
Last Name	First Name	Middle Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____	
Relationship to Student:			Date of Birth	E-mail Address	

Does this parent/guardian have full legal rights? Yes No Are there any No Contact or other Legal Orders in effect? Yes* No
*If Yes, Documentation Must Be Provided.

Emergency Contacts (Other than those listed above) At least one phone number must be provided.				
Name (Last, First, MI)	Work Phone	Cell Phone	Home Phone	Relationship to student

I hereby verify that the above information is true and correct to the best of my knowledge and belief. I understand that completing this form enrolls my student in the Waterville-Elysian-Morristown Public Schools and grants permission to obtain all student records pertaining to my child.

Parent/Guardian Signature:	Date:
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EXPLANATION OF PRIVATE INFORMATION REQUESTED ON THIS FORM
In accordance with the Federal Data Privacy Act of 1974 and the State of Minnesota Privacy Law, you are not required to provide the information noted with an asterisk (*); There will be no adverse affect on you or your student if you do not choose to provide it. However, your cooperation in providing this information will ensure its accuracy and help to facilitate equitable educational opportunities for all students. Be assured that we will use the information in a manner that respects the privacy of our students and families.

*Home Primary Language: In order to assist school districts to provide equal opportunity for a meaningful education to all students, Minnesota law requires that schools count and report the primary language of their students
**Racial/Ethnic Background: This information is needed to comply with state and federal reporting requirements relating to equity in education Your cooperation in providing this information will ensure that we have accurate data on your child.