

**Independent School District #2397
Le Sueur-Henderson Public Schools**



**Student Registration Form
K-12**

School Use Only

Entry Date _____
 MARSS ID _____
 Birth Verification _____
 Start Date _____
 Service Type: Primary or Part-Time _____
 Graduation Year _____
 Resident District _____
 MARSS Entry Code _____
 Teacher _____
 Grade _____
 Enrolling School _____

Student Information-Student's full legal name as it appears on birth certificate

Last Name _____ First _____ Middle _____ Suffix _____

Gender _____ Date of Birth _____ Grade _____ Nickname _____

Racial/Ethnic Background – Please complete all questions 1-3

1. For federal reporting purposes, is the student Hispanic or Latino? A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin- regardless of race. _____ YES _____ NO

2. For federal reporting purposes, **check all boxes that apply for student:**

- American Indian or Alaskan Native**- a person having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition.
- Asian**-a person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes China, India, Japan, Korea, the Philippine Islands and Samoa.
- 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, North Africa or the Middle East.

The above part of the question is about ethnicity, NOT RACE. No matter what you selected above, please continue to answer number 3 by circling one or more to indicate what you consider your student's (or your) race to be.

3. For state reporting purposes, **please circle one** that best describes the student's primary racial/ethnic background: **American Indian, Alaskan Native, Asian, Pacific Islander, Hispanic, Black, White**

Student's Birth Country _____ Date Student Entered United States _____

Has the student attended school in the US for more than 3 years? ___Yes ___No

Student Enrollment Information

Preschool Screening-is required for your child's entry into public school kindergarten or first grade.

Has your child received a comprehensive health & developmental screening as a preschooler? Yes No
If Yes, screening date: _____ (3-5 years old)

If Yes, check type of Provider: ___ Child/Teen Checkups ___ Head Start ___ Private Provider ___ Another District ___ Conscientious Objector

If Yes, Name of Provider or District: _____

Last School Attended _____
(School Name) (City) (State)

1. Has your student ever attended a public school in Minnesota before? ___ Yes ___ No
2. If Yes, name of Minnesota School or District _____
3. Is this student participating in a Foreign Exchange Program? ___ Yes ___ No
4. If Yes, Name of Foreign Exchange Program _____
5. Does this student currently receive Gifted and Talented services? ___ Yes ___ No
6. Have you recently moved to this school district within the last 36 months for Temporary or seasonal agricultural or fishing work? ___ Yes ___ No
7. Is this student currently homeless (lacks a fixed, regular and adequate nighttime residence)? ___ Yes ___ No
8. Is this student a Ward of the State (parental rights have been terminated by court order)? ___ Yes ___ No
9. Does this student currently live in District 2397? ___ Yes ___ No
10. If No, what District does the student live in? _____
11. If No, has a Non-Resident Agreement been completed & sent to the Superintendent's office? ___ Yes ___ No
12. **Does this student currently have an IEP (Individual Education Plan)?** ___ Yes ___ No

Primary Household Information-list family members who reside at the same address with student

Primary Resident Address of Student _____

Mailing Address of Student-*If Different* From Resident Address _____

Student Home Landline Phone _____ Student Cell Phone _____

County of Residence _____

Student Lives With: Both Parents or Mother or Father or Mother & Step-Father or Father and Step-Mother or Foster Parents or Host Family or Other-Please Specify Relationship

Please Circle

.....
Parent/Guardian 1 resides at the same address with students. Use full legal name as it appears on driver's license.

1. Last Name _____ First Name _____ Middle Name _____

Gender _____ Relationship to Student _____ Legal Guardian? ___ Yes ___ No

The Guardian above will have rights and access to all student's education records and will receive information in the following manner: Mailing, Portal and Email. ___ Yes ___ No

Cell Phone _____ Work Phone _____ Email _____

Does the student's parent/guardian need interpreter services? ___ Yes ___ No Preferred Language _____

Maiden Name _____ Did you attend school in the Le Sueur-Henderson District at any time? Yes or No (if applicable) _____ (Please Circle)

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Parent/Guardian 2 *complete only if resides at primary address listed above. Use full legal name as it appears on driver's license.*

2. Last Name _____ First Name _____ Middle Name _____

Gender _____ Relationship to Student _____ Legal Guardian? ___ Yes ___ No

The Guardian above will have rights and access to all student's education records and will receive information in the following manner: Mailing, Portal and Email. ___ Yes ___ No

Cell Phone _____ Work Phone _____ Email _____

Does the student's parent/guardian need interpreter services? ___ Yes ___ No Preferred Language _____

Maiden Name _____ Did you attend school in the Le Sueur-Henderson District at any time? Yes or No (If applicable) _____ (Please Circle)

List Legal Names of other children, including pre-school age, who reside at the student's address

Last name-as appears on Birth certificate	First Name	Middle Name	Gender M/F	Date of Birth	Relationship To Student	Name of School Attending

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Student Name _____

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Additional Parent/Guardian Information. PARENTS NOT LISTED ON PAGE 2, AND DO NOT LIVE AT THE PRIMARY ADDRESS. Use parent's full legal name as it appears on driver's license. The Family Education and Privacy Rights Act provide that educational records are available to parents of a student. Legal documentation is required for custody limitations.

Does the student reside with parent/guardian part-time during the school year? _____ Yes _____ No
Secondary Non-Household

3. Last Name _____ First Name _____ Middle Name _____
Gender _____ Relationship to Student _____ Legal Guardian? ___ Yes ___ No

The Guardian above will have rights and access to all student's education records and will receive information in the following manner: Mailing, Portal and Email. ___ Yes ___ No

Cell Phone _____ Work Phone _____ Email _____

Home Landline Phone _____ Parent/Guardian Resident Address _____

Parent/Guardian Mailing Address-If different from resident address _____

Does the student's parent/guardian need interpreter services? ___ Yes ___ No Preferred Language _____

OPTIONAL - Emergency Contact-other than people listed above or on previous pages

Last Name _____ First Name _____ Middle Name _____

Gender _____ Relationship to Student _____ Home Landline Phone _____

Cell Phone _____ Work Phone _____

****SIGNATURE REQUIRED****

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

****Parent/Guardian Signature:** _____ **Date** _____

The data requested on the registration forms will be maintained as part of your child's educational and directory records. Some data is required (such as name, address, and birthdates). Other information requested is not required (such as emergency contacts) but will help us to serve you and your child more efficiently. The information you provide may be shared with other staff within the school district and the Minnesota Department of Education whose jobs require access or other agencies as provided by law. Student educational records are considered private under Minnesota's Data Practices Act. Student directory information is designated per the School District's Data Privacy Policy.

Entered into Infinite Campus by: _____ **Date:** _____