

ST. CLOUD PUBLIC SCHOOLS STUDENT REGISTRATION FORM

If you need assistance in filling out this form, please call 320-253-9333

Today's Date: _____ Grade entering: _____ School: _____

STUDENT INFORMATION

Student's Legal
 Last Name _____ First Name _____ Middle Name _____ Date of birth _____ Gender Male Female

Student's Address _____ Apt. # _____ Student's Home Phone (include area code) _____

City _____ State _____ Zip Code _____ County _____ Country of birth _____

Are you staying in a shelter or other temporary housing? YES NO

Student's Ethnicity: (check one) <small>Dual reporting required by Federal Law 2008-2009 school year</small> <input type="checkbox"/> 1. American Indian/Alaskan native <input type="checkbox"/> 2. Asian/Pacific Islander <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. Black (not Hispanic origin) <input type="checkbox"/> 5. White (not Hispanic origin)	Student's Race: 1. Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the student's race? (check all that apply) <input type="checkbox"/> 2. American Indian or Alaskan Native <input type="checkbox"/> 3. Asian <input type="checkbox"/> 4. Black or African American <input type="checkbox"/> 5. Native Hawaiian or Pacific Islander <input type="checkbox"/> 6. White	Student's Language: Language student first learned to speak: _____ Language student normally uses at home: _____ Language parent most frequently uses to speak with child: _____ Language student normally uses with friends: _____
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PARENT/GUARDIAN INFORMATION

Parent/Guardian's Last Name _____ First Name _____ Relationship to student _____ Home Phone _____
 Address _____ City _____ State _____ Zip Code _____ Cell Phone _____
 Employer/Occupation _____ E-mail Address _____ Work Phone _____ Ext _____

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Student lives with: (Check all that apply)
 Mother Mother & _____ Guardian Ward of the State Alone
 Father Father & _____ Foster Parents Spouse Other: _____

EDUCATION/SCHOOL HISTORY

School District where child received **Early Childhood Screening:** _____
 Date first enrolled in US school: _____ First enrolled in MN school: _____
 Does the student have any **special needs?** (i.e. special ed., ELL, health, etc.) YES NO If yes, please identify: _____
 Has the student ever attended a public school in St. Cloud? YES NO If yes, what school(s)? _____
School most recently attended, if other than a St. Cloud Public School: **School Name:** _____
 City: _____ Phone: _____ Date last attended: _____

