

STUDENT CENSUS & ENROLLMENT FORM

School/Program: _____ Grade: _____ Start date: _____

Student Name: _____ DOB: _____ Male Female

Age: _____ Birthplace: _____ If born outside USA, entry date: _____

Address: _____ Phone: _____

Last grade completed: _____ Where: _____

Previously Attended School in MN? _____ If yes, School District: _____

School Transferring From: _____ Attended Preschool: Yes No

Did student receive Special Education Classes? Yes No Did student have an IEP? Yes No

Ethnicity: American Indian/Alaskan Native Asian/Pacific Islander Hispanic Black White

Home Language(s): _____ Interpreter? Yes No Written translation? Yes No

Bus AM: _____ PM: _____ Transport info (other than home) _____

Parent will transport Will walk Other _____

PARENT/GUARDIAN

Full Name _____ Male Female

Relationship to student: _____ Phone: _____ Notifications: voice text

Workplace: _____ Phone: _____ Ask for: _____

Full Name _____ Male Female

Relationship to student: _____ Phone: _____ Notifications: voice text

Workplace: _____ Phone: _____ Ask for: _____

NOTES: _____

EMERGENCY CONTACT (other than parent/guardian)

#1 Full Name _____ Male Female

Relationship to student: _____ Phone: _____

Address: _____

#2 Full Name _____ Male Female

Relationship to student: _____ Phone: _____

Address: _____

OTHER HOUSEHOLD MEMBERS

Full name: _____ Male Female

DOB: _____ Age: _____ Grade: _____ Relationship to student: _____

Full name: _____ Male Female

DOB: _____ Age: _____ Grade: _____ Relationship to student: _____

Full name: _____ Male Female

DOB: _____ Age: _____ Grade: _____ Relationship to student: _____

Full name: _____ Male Female

DOB: _____ Age: _____ Grade: _____ Relationship to student: _____

Full name: _____ Male Female

DOB: _____ Age: _____ Grade: _____ Relationship to student: _____

Full name: _____ Male Female

DOB: _____ Age: _____ Grade: _____ Relationship to student: _____

Signature: _____ **Date:** _____