



MINNEWASKA AREA SCHOOLS

25122 State Highway 28
 Glenwood, MN 56334
 P: 320-239-1320 F: 320-239-1363
 www.minnewaska.k12.mn.us

STUDENT REGISTRATION/INFORMATION FORM

District # 2149

Student's Legal Last Name		Student's Legal First Name:	
Middle Name		Nick Name	
Birthdate	BC	Grade:	Gender Male Female
School most recently attended by student (Name, District #, City, State) School name: District: City/State		Dates of Attendance	
Is this student a new or returning student to Minnewaska District? New Returning		Registration is for: Current School Year _____ Next School Year: _____	

Primary/Secondary Language Information 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): _____	
By selecting no race you are granting us permission to choose one for you. Ethnicity/Race two part question Is this student (or are you) Hispanic/Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>At least one of the following must be checked. If more than one race is identified you will be considered multiracial.</i> <input type="checkbox"/> American Indian (North or South America) or Alaska Native –a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment. <input type="checkbox"/> Asian- a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines Islands, Thailand and Vietnam. <input type="checkbox"/> Black or African American -a person having origins in any of the Black Racial groups of Africa <input type="checkbox"/> Native Hawaiian or other Pacific Islander -a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. <input type="checkbox"/> White -a person having origins in any of the original peoples of Europe, the Middle East or North Africa.	
If your child has an active IEP? Please identify student's primary disability <input type="checkbox"/> Speech/Language Impaired <input type="checkbox"/> Developmental Cognitive Disabilities (mild) <input type="checkbox"/> Developmental Cognitive Disabilities (Severe) <input type="checkbox"/> Physically Impaired <input type="checkbox"/> Deaf-Hard of Hearing <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Specific Learning Disabilities <input type="checkbox"/> Emotional/Behavioral Disorders (EBD) <input type="checkbox"/> Deaf-Blind <input type="checkbox"/> Other Health Disabilities <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Traumatic Brain Injury Disabled <input type="checkbox"/> Severely Multiple Impaired <input type="checkbox"/> 504 Plan <input type="checkbox"/> No IEP Student has been identified as or is receiving services for: <input type="checkbox"/> Special Education <input type="checkbox"/> Active Individual Education Plan (please provide current copy) <input type="checkbox"/> ELL(English Language Learner) <input type="checkbox"/> Title	

I CERTIFY THAT THE INFORMATION I PROVIDED IS TRUE AND CORRECT:

FAMILY INFORMATION School reach is an automated phone service used to make mass contact calls for school information. Example: late starts, early outs, snow days, reminders of special days or meetings, lunch balances etc. Please check the boxes by the phone numbers on which you want to receive School Reach phone calls .

Street Address	Mailing address (if different than street address)	City, State, Zip	Home Phone School Reach <input type="checkbox"/>	Student Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other (describe)	Student is resident of District 2149 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Parent/Guardian #1 (mother) Last Name	First Name	Cell # Work #	School Reach <input type="checkbox"/> Relationship to Student (mother, father, grandparent etc.) Email School Reach <input type="checkbox"/>	Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other (please describe)		
Resident Parent/Guardian #1 (father) Last Name	First Name	Cell# Work #	School Reach <input type="checkbox"/> Relationship to Student (mother, father, grandparent etc.) Email School Reach <input type="checkbox"/>	Mailing address if different than street address:		
Add 2nd Household Mailing-Parent/Guardian #2 (non resident mother/father, considered the mailing parent) <i>The Family Education Records and Privacy Act provides that educational records are made available to each parent of a student.</i>		Mailing Parent/Guardian #2 Name: Address:	City, State, Zip	Phone School Reach <input type="checkbox"/>		
Name of persons to call in an emergency other than a person the student lives with and who can pick up the student if necessary:						
Census: Other Household Members under school age		Emergency Name	Relationship	Phone Number		
Census: Name	Birthdate	Census: Name	Birthdate	Emergency Name	Relationship	Phone Number