

Eastern Carver County Schools

Exceptional, personalized learning

Student Registration Form K-12



SCHOOL USE ONLY

Student ID _____
MARSS ID _____
Birth Verification _____
Primary Language _____
School _____
Start Date _____
Entry Code _____
Service Type: _____ Primary or Part-time
Resident District _____
Graduation Year _____
Kindergarten _____
(KD, KY, LAA)

Section I. Student Information - student's full legal name as it appears on birth certificate

Last Name _____ First _____ Middle _____ Suffix _____

Gender _____ Date of Birth _____ Grade _____ Nickname _____

Anticipated Start Date: _____

If you are interested in La Academia Spanish Immersion or Kinder Academy, please indicate below. Keep in mind that your child's registration will not be complete until you submit all required enrollment materials and attend an informational meeting with your program of choice.

Kindergarten Special Program Preference, if applicable: Kinder Academy La Academia - Spanish Immersion

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

1. Is the student Hispanic or Latino? Yes No

2. What is the student's race? Choose one or more.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

3. Please check one that best describes the student's primary racial/ethnic background:

- American Indian or Alaskan Native, Asian or Pacific Islander, Hispanic, Black, White

Student's Birth Country _____

Date Student First Entered United States _____

Has the student attended school in the United States for more than 3 years? Yes No

Racial/Ethnic Descriptions

Hispanic or Latino-A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin-regardless of race.

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.

Section II. Student Enrollment Information

Kindergarten Only

Preschool Screening – is required by law for your child’s entry into public school kindergarten or first grade.

- Has your child received a comprehensive health and developmental preschool screening? Yes No
(3-5 years old)
- a. If Yes, screening date: _____
- b. If Yes, check type of Provider: Child/Teen Checkups Head Start Private Provider School District Conscientious Objector
- c. If Yes, Name of Provider or District : _____

Last School Attended

K-12 (not preschool) _____
(School Name) (City) (State)

1. Has your student ever attended a public school in Minnesota before? Yes No
 a. If Yes, name of Minnesota School or District. _____
2. Is this student participating in a Foreign Exchange Program? Yes No
 a. If Yes, name of Foreign Exchange Program. _____
3. Is this student a military-connected youth? Yes No
4. Does this student currently receive Gifted and Talented services? Yes No
5. Is this student currently homeless (lacks a fixed, regular and adequate nighttime residence)? Yes No
(If “Yes” please fill out Temporary Housing Form)
6. Is this student a Ward of the State (parental rights have been terminated by court order)? Yes No
(Does not include foster homes)
7. Does this student currently live in District 112? Yes No
 a. If No, what District does the student live in? _____
 b. If No, has an Open Enrollment Agreement been completed and sent to the Welcome Center? Yes No
8. Does your child currently receive specialized services on an Individual Education Plan (IEP)? Yes No
 a. If Yes, please identify the areas of service or primary disability area. _____
 b. Do you have a copy with you today? Yes No
9. Does your child currently receive accommodations through a 504 plan? Yes No

Home Primary Language. Please respond to the questions below by checking the appropriate box.

1. Which language did your child learn first? English Other: _____
2. Which language is most often spoken in your home? English Other: _____
3. Which language does your child usually speak? English Other: _____
4. Has this child ever received ELL (English Language Learner) or Bilingual services? Yes No

Student Name _____

Section III. Student Primary Household Information-list family members who reside at the same address with student.

Current Primary Home Address of Student _____

Mailing Address of Student - If Different From Home Address _____

If Applicable, Anticipated Date Moving into District 112 _____

New Primary Home Address Upon Move into District 112 _____

Student Home Landline Phone _____

Student Cell Phone _____

Student Lives With: Both Parents Mother Father Mother and Stepfather Father and Stepmother Foster Parents Host Family Other-Please Specify Relationship Below

Parent/Guardian/Adult-who resides at the same address with the student. Use full legal name as it appears on driver's license.

Last Name _____ (Current Name/Maiden Name) First Name _____ Middle Name _____

Gender _____ (M/F) Date of Birth _____ Birth Country _____ Relationship to Student _____

Legal Guardian Yes No Biological parents & other adults with court appointed rights (documentation required) are legal guardians.

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

Cell Phone _____ Work Phone _____ Email _____

Does the student's parent/guardian need interpreter services? _____ Preferred Language _____

Parent/Guardian/Adult-who resides at the same address with the student. Use full legal name as it appears on driver's license.

Last Name _____ (Current Name/Maiden Name) First Name _____ Middle Name _____

Gender _____ (M/F) Date of Birth _____ Birth Country _____ Relationship to Student _____

Legal Guardian Yes No Biological parents & other adults with court appointed rights (documentation required) are legal guardians.

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

Cell Phone _____ Work Phone _____ Email _____

Does the student's parent/guardian need interpreter services? _____ Preferred Language _____

List Legal Names of other children from birth through grade 12, 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

Student Name _____

Additional Parent/Guardian Information. PARENTS NOT LISTED ABOVE AND DO NOT LIVE AT THE STUDENTS ADDRESS. Use parent's full legal name as it appears on driver's license.

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

Last Name _____ First Name _____ Middle Name _____
(Current Name/Maiden Name)

Gender _____ Date of Birth _____ Birth Country _____ Relationship to Student _____
(M/F)

Legal Guardian Yes No Biological parents & other adults with court appointed rights (documentation required) are legal guardians.

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

Cell Phone _____ Work Phone _____ Email _____

Does the student's parent/guardian need interpreter services? _____ Preferred Language _____

Home Landline Phone _____

Parent/Guardian Resident Address _____

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

****SIGNATURE REQUIRED****

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

** Parent/Guardian Completing Form: _____ 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.

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.

PLEASE COMPLETE ALL PAGES AND RETURN TO:
Eastern Carver County Schools District Education Center
ATTN: Welcome Center
11 Peavey Rd Chaska, MN 55318

Welcome Center Phone Number: 952-556-6112
FAX: 952-556-6109
Email: WelcomeCenter@District112.org

**** NAME OF PARENT/GUARDIAN COMPLETING REGISTRATION FORM IS MANDATORY**
Note: Information on Data Privacy Act available on request.