

Lake Superior School District #381  
Elementary Enrollment Form

Student Information			
Last Name	Date of Birth / /	Gender Male / Female	Grade
First Name (legal)	Middle Name	Preferred Name	
Has student ever registered under a different name? If so please provide:			
ETHNICITY – check only one		RACE – Check ALL that apply	
<input type="checkbox"/> 1 – Native American <input type="checkbox"/> 2 – Asian/Pacific Islander <input type="checkbox"/> 3 – Hispanic <input type="checkbox"/> 4 – Black, Not Hispanic <input type="checkbox"/> 5 – White, Not Hispanic		<input type="checkbox"/> 1 – Native American/Alaskan Native <input type="checkbox"/> 2 – Asian <input type="checkbox"/> 3 – Native Hawaiian/Pacific Islander <input type="checkbox"/> 4 – Black <input type="checkbox"/> 5 – White	
NAME(S) of PARENT(S)/LEGAL GUARDIAN(S): Please provide below			
Mother/Guardian/Foster or Host Parent (circle one)		Father/Guardian/Foster or Host Parent (circle one)	
Previous School Enrollments			
Name of School	Year/Grade	City/State	Contact & Phone
Has student attended school under a different name? If so please provide:			
Has student previously attended any school in this district? Y/N School: Grade:			
Additional Information			
Does the student receive Special Ed Services(IEP)? Y/N		Comment regarding your student:	
If the student is entering kindergarten, have they had Early Childhood Screening? Y/N		If so, list location and date:	
<b>If first time enrollment at ISD #381, please provide birth certificate</b>		Please provide screening results if done somewhere other than ISD #381	
Is the student homeless? Y/N			
Has the student been expelled from another school district? If so, what district? Date:			
Which language is primarily spoken in the home? <input type="checkbox"/> English <input type="checkbox"/> Other/please specify:			
Student's PRIMARY Residence			
Student lives with (check all that apply):		Mailing Address	Physical Address
Legal Custody: Legal Guard:		City/State/Zip	City/State/Zip
<input type="checkbox"/> Father	<input type="checkbox"/>	County	Home Phone: Unlisted <input type="checkbox"/>
<input type="checkbox"/> Mother	<input type="checkbox"/>	School District	
<input type="checkbox"/> Stepfather	<input type="checkbox"/>	Mother/Guardian	Father/Guardian
<input type="checkbox"/> Stepmother	<input type="checkbox"/>	Cell Phone	Cell Phone
<input type="checkbox"/> Foster Parents	<input type="checkbox"/>	E-mail	E-mail
<input type="checkbox"/> Host Parents	<input type="checkbox"/>	Place of Employment	Place of Employment
<input type="checkbox"/> Other Please list:	<input type="checkbox"/>	Work Phone	Work Phone
*If the student lives in foster care, please provide legal guardian's information below unless parental rights have terminated. Please provide legal documentation			Will student be bussed from this location: Y/N
<p><b>Tennison Warning:</b> You have been asked to supply private information concerning your child. Pursuant to M.S. 12.04, school districts are required to inform parent/guardians how this information will be used. All information collected will be private and confidential. This information will help us aid you child in case of an emergency or health concern. We may need to phone you or other designated people. You may refuse to supply the requested information. This may greatly hinder us in helping your child. Please note that in a crisis we might need to call 911 or law enforcement to help with your child. Information that you provide to our schools will only be available to staff who work directly with your child or to emergency response personnel. Data privacy laws protect confidentiality.</p>			

Student's SECONDARY Residence				
Student lives with (check all that apply):		Mailing Address	Physical Address	
Legal Custody: Legal Guard.		City/State/Zip	City/State/Zip	
<input type="checkbox"/> Father	<input type="checkbox"/>	County	Home Phone: Unlisted <input type="checkbox"/>	
<input type="checkbox"/> Mother	<input type="checkbox"/>	School District		
<input type="checkbox"/> Stepfather	<input type="checkbox"/>	Mother/Guardian	Father/Guardian	
<input type="checkbox"/> Stepmother	<input type="checkbox"/>	Cell Phone	Cell Phone	
<input type="checkbox"/> Foster Parents	<input type="checkbox"/>	E-mail	E-mail	
<input type="checkbox"/> Host Parents	<input type="checkbox"/>	Place of Employment	Place of Employment	
<input type="checkbox"/> Other Please list:	<input type="checkbox"/>	Work Phone	Work Phone	
<b>Instant Alert Contact(s) (phone # that you want to receive instant alert messages from ISD #381)</b>			Phone # _____	
<b>**NOTE: Please provide legal documentation if there is a custodial issue.**</b>			Will student be bussed from this location: Y/N	
Emergency Contacts (other than PARENTS/GUARDIANS)				
Full Name	Relationship to Student	Cell Phone	Home Phone	Work Phone
Daycare Contacts				
Daycare Contact Name	Phone #	Cell #	Days attending: (circle) M T W T F	
Address/City/State/Zip				
Health History				
Health concerns that the school should be aware of:				
Does your child have any of the following? Please circle Seizure disorder Diabetes Asthma ADD/ADHD				
Allergies? Please list::				
Is this student taking any prescription or nonprescription on a regular basis at home and/or school (including inhalers)? Yes No				
List medication, dose, times, and reason for taking:				
List major illnesses, operations, or injuries (w/dates) your child has had within the last 12 months:				
Is there any health condition which may limit your child's participation in any school activity? Y N If so, please explain:				
Name of student's physician:			Date of last physical exam:	
Name of student's dentist:			Date of last exam:	
If an emergency occurs while your child is at school, the school will attempt to inform you (or alternate emergency contact). If we are unable to reach you, we will assist your child in obtaining emergency medical care at the nearest medical care provider.				
I authorize ISD #381 to obtain emergency medical care for my child at the nearest emergency facility. I understand that the school district does not assume financial responsibility for medical care. <b>Parent Signature:</b>				
Medical/Hospitalization Insurance Policy ID #			Group #	
<b>I certify that the information provided here is true and complete to the best of my knowledge.</b>				
<b>Parent/Guardian Signature:</b>				
<b>Parent/Guardian Printed Name:</b>				