

**ROCK RIDGE PUBLIC SCHOOLS STUDENT ENROLLMENT FORM**

1405 PROGRESS PARKWAY, VIRGINIA, MN 55792

ENROLLMENT CHOICE

- ☐ PARKVIEW (PK-2, VIRGINIA CAMPUS) ☐ LAURENTIAN (PK-6, EVELETH CAMPUS)
☐ NORTH STAR (3-6, VIRGINIA CAMPUS) ☐ ROCK RIDGE HIGH SCHOOL

SCHOOL ENROLLMENT INFORMATION

LEGAL NAME _____ GRADE _____
LAST FIRST FULL MIDDLE
BIRTHDATE ____/____/____ GENDER ☐ MALE ☐ FEMALE
BORN IN THE USA ☐ YES ☐ NO IF NO, WHICH COUNTRY _____
ADDRESS _____
STREET ADDRESS CITY STATE ZIP
MAILING _____
STREET ADDRESS CITY STATE ZIP
STUDENT CELL PHONE NUMBER _____
CURRENTLY LIVES WITH ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ OTHER
WILL STUDENT UTILIZE DISTRICT TRANSPORTATION TO/FROM THEIR AM: ☐ YES PM: ☐ YES
RESIDENT ADDRESS? AM: ☐ NO PM: ☐ NO

SCHOOL ENROLLMENT INFORMATION

PREVIOUSLY ATTENDED ROCK RIDGE, VIRGINIA, OR EVELETH-GILBERT ☐ YES ☐ NO
MN PUBLIC SCHOOL ☐ YES ☐ NO
LAST SCHOOL ATTENDED _____
NAME OF SCHOOL ADDRESS CITY STATE ZIP
PHONE NUMBER FAX NUMBER

DOES STUDENT RECEIVE SPECIAL EDUCATION SERVICES? ☐ YES ☐ NO
DOES STUDENT RECEIVE 504 SERVICES? ☐ YES ☐ NO
HAS STUDENT RECEIVED AN EARLY CHILDHOOD SCREENING? (PRE-K AND KINDERGARTEN ONLY) ☐ YES ☐ NO

GUARDIAN/FAMILY INFORMATION

MILITARY FAMILY ☐ YES ☐ NO ACTIVELY DEPLOYED ☐ YES ☐ NO
MIGRANT FAMILY ☐ YES ☐ NO
PRIMARY HOME LANGUAGE ☐ ENGLISH ☐ OTHER (PLEASE SPECIFY) _____
STUDENT'S LEGAL GUARDIAN ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER
☐ OTHER _____
PARENT/LEGAL GUARDIAN #1 NAME _____
RELATIONSHIP TO STUDENT _____ PARENT EMAIL _____
PARENT/LEGAL GUARDIAN ADDRESS _____
STREET ADDRESS CITY/STATE/ZIP
EMPLOYER _____ WORK PHONE _____
HOME PHONE _____ CELL PHONE _____
PARENT/LEGAL GUARDIAN #2 NAME _____
RELATIONSHIP TO STUDENT _____ PARENT EMAIL _____
PARENT/LEGAL GUARDIAN ADDRESS _____
STREET ADDRESS CITY/STATE/ZIP
EMPLOYER _____ WORK PHONE _____
HOME PHONE _____ CELL PHONE _____

OTHER FAMILY MEMBERS K-12 LIVING AT HOME

FULL NAME	_____	BIRTHDATE	_____	GENDER	_____
FULL NAME	_____	BIRTHDATE	_____	GENDER	_____
FULL NAME	_____	BIRTHDATE	_____	GENDER	_____
FULL NAME	_____	BIRTHDATE	_____	GENDER	_____

EMERGENCY CONTACTS (IF PARENTS/GUARDIANS CANNOT BE REACHED)

FULL NAME	_____	RELATIONSHIP	_____	PHONE	_____
FULL NAME	_____	RELATIONSHIP	_____	PHONE	_____
FULL NAME	_____	RELATIONSHIP	_____	PHONE	_____

LANGUAGE SURVEY

MY STUDENT FIRST LEARNED:	<input type="checkbox"/> LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	<input type="checkbox"/> ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	<input type="checkbox"/> ONLY ENGLISH
MY STUDENT SPEAKS:	<input type="checkbox"/> LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	<input type="checkbox"/> ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	<input type="checkbox"/> ONLY ENGLISH
MY STUDENT UNDERSTANDS:	<input type="checkbox"/> LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	<input type="checkbox"/> ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	<input type="checkbox"/> ONLY ENGLISH
MY STUDENT HAS CONSISTENT INTERACTION IN:	<input type="checkbox"/> LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	<input type="checkbox"/> ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	<input type="checkbox"/> ONLY ENGLISH

MCKINNEY-VENTO REPORTING REQUIREMENTS

CHECK THE BOX THAT MOST ACCURATELY DESCRIBES THE STUDENT/FAMILY LIVING ARRANGEMENT

- | | |
|---|---|
| <input type="checkbox"/> STAYING IN A SHELTER | <input type="checkbox"/> MIGRANT WORKER |
| <input type="checkbox"/> MOTEL/HOTEL DUE TO LOSS OF HOUSING | <input type="checkbox"/> TRANSITIONAL HOUSING UNIT |
| <input type="checkbox"/> UNACCOMPANIED YOUTH; NOT IN PHYSICAL CUSTODY OF A PARENT OR LEGAL GUARDIAN | <input type="checkbox"/> SHARING HOUSING OF OTHERS DUE TO LOSS OF HOUSING, ECONOMIC HARDSHIP/SIMILAR REASON |
| <input type="checkbox"/> UNSHELTERED (LIVING IN A CAR, ABANDONED BUILDING, ETC.) | <input type="checkbox"/> OTHER (PLEASE EXPLAIN): |
| <input type="checkbox"/> NONE OF THESE APPLY; THE STUDENT IS NOT HOMELESS | |

STATE REPORTING REQUIREMENTS – CHECK ONE

- ☐ AMERICAN INDIAN (PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA AND MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY RECOGNITION)
- ☐ NOT NORTH AMERICAN INDIAN (STUDENT IS CENTRAL OR SOUTH AMERICAN INDIAN, WHITE, ASIAN, ETC.)

STATE/FEDERAL REPORTING REQUIREMENTS – CHECK ALL THAT APPLY

HISPANIC/LATINO		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, CHOOSE ALL THAT APPLY	<input type="checkbox"/> DECLINE TO INDICATE <input type="checkbox"/> COLOMBIAN <input type="checkbox"/> ECUADORIAN	<input type="checkbox"/> GUATEMALAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> SPANIARD/SPANISH/SPANISH-AMERICAN	<input type="checkbox"/> SALVADORAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> OTHER HISPANIC/LATINO <input type="checkbox"/> UNKNOWN
AMERICAN INDIAN OR ALASKA NATIVE		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, CHOOSE ALL THAT APPLY	<input type="checkbox"/> DECLINE TO INDICATE <input type="checkbox"/> ANISHINAABE/OJIBWE	<input type="checkbox"/> CHEROKEE <input type="checkbox"/> DAKOTA/LAKOTA	<input type="checkbox"/> OTHER NORTH AMERICAN INDIAN TRIBAL AFFILIATION <input type="checkbox"/> UNKNOWN
AMERICAN INDIAN FROM SOUTH OR CENTRAL AMERICA		<input type="checkbox"/> YES	<input type="checkbox"/> NO
ASIAN		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, CHOOSE ALL THAT APPLY	<input type="checkbox"/> DECLINE TO INDICATE <input type="checkbox"/> CHINESE <input type="checkbox"/> KAREN	<input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> KOREAN	<input type="checkbox"/> BURMESE <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> HMONG <input type="checkbox"/> OTHER ASIAN <input type="checkbox"/> UNKNOWN
BLACK OR AFRICAN AMERICAN		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, CHOOSE ALL THAT APPLY	<input type="checkbox"/> DECLINE TO INDICATE <input type="checkbox"/> ETHIOPIAN-OTHER <input type="checkbox"/> SOMALI	<input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> LIBERIAN <input type="checkbox"/> OTHER BLACK	<input type="checkbox"/> ETHIOPIAN-OROMO <input type="checkbox"/> NIGERIAN <input type="checkbox"/> UNKNOWN
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WHITE		<input type="checkbox"/> YES	<input type="checkbox"/> NO

PERMISSIONS

I GIVE THE DISTRICT PERMISSION TO PHOTOGRAPH/VIDEOTAPE MY CHILD	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I UNDERSTAND THAT IF MY CHILD HAS OVERDUE LIBRARY BOOKS, HE/SHE MAY NOT BORROW MORE BOOKS UNTIL THE OVERDUE BOOKS ARE RETURNED. I ALSO UNDERSTAND THAT IF THE BOOKS ARE LOST, I MAY HAVE TO REPLACE THEM.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I GIVE PERMISSION FOR MY CHILD TO ATTEND ANY SCHOOL-SPONSORED FIELD TRIPS THAT OCCUR DURING SCHOOL HOURS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I HAVE READ AND UNDERSTAND THE STUDENT INFORMATION TECHNOLOGY USE AGREEMENT (FOUND ON THE DISTRICT WEBSITE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I HAVE READ AND UNDERSTAND MY STUDENT'S SCHOOL HANDBOOK (FOUND ON THE DISTRICT WEBSITE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PARENT/GUARDIAN NAME (PRINT): _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____