ROCK RIDGE PUBLIC SCHOOLS STUDENT ENROLLMENT FORM

1405 WOLVERINE WAY, VIRGINIA, MN 55792

ENROLLMENT CHOICE

- ☐ PARKVIEW (PK-2, VIRGINIA CAMPUS)
- ☐ NORTH STAR (3-6, VIRGINIA CAMPUS)
- ☐ LAURENTIAN (PK-6, EVELETH CAMPUS)
- ☐ ROCK RIDGE HIGH SCHOOL
- ☐ LIFE & LEARNING CENTER (K-12+)

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 RESIDENT ADDRESS? AM: ☐ YES PM: ☐ YES AM: ☐ NO PM: ☐ NO

SCHOOL ENROLLMENT INFORMATION

PREVIOUSLY ATTENDED ROCK RIDGE, VIRGINA, 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 _____

LANGUAGE SURVEY

MY STUDENT FIRST LEARNED:	☐ LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ONLY ENGLISH
MY STUDENT SPEAKS:	☐ LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ONLY ENGLISH
MY STUDENT UNDERSTANDS:	☐ LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ONLY ENGLISH
MY STUDENT HAS CONSISTENT INTERACTION IN:	☐ LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH (PLEASE LIST):	☐ ONLY ENGLISH

MCKINNEY-VENTO REPORTING REQUIREMENTS

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

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

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 ☐ YES ☐ NO

IF YES, CHOOSE ALL THAT APPLY
☐ DECLINE TO INDICATE ☐ GUATEMALAN ☐ SALVADORAN ☐ OTHER HISPANIC/LATINO
☐ COLOMBIAN ☐ MEXICAN ☐ PUERTO RICAN ☐ UNKNOWN
☐ ECUADORIAN ☐ SPANIARD/SPANISH/SPANISH-AMERICAN

AMERICAN INDIAN OR ALASKA NATIVE ☐ YES ☐ NO

IF YES, CHOOSE ALL THAT APPLY
☐ DECLINE TO INDICATE ☐ CHEROKEE ☐ OTHER NORTH AMERICAN INDIAN TRIBAL AFFLIATION
☐ ANISHINAABE/OJIBWE ☐ DAKOTA/LAKOTA ☐ UNKNOWN

AMERICAN INDIAN FROM SOUTH OR CENTRAL AMERICA ☐ YES ☐ NO

ASIAN ☐ YES ☐ NO

IF YES, CHOOSE ALL THAT APPLY
☐ DECLINE TO INDICATE ☐ ASIAN INDIAN ☐ BURMESE ☐ OTHER ASIAN
☐ CHINESE ☐ FILIPINO ☐ VIETNAMESE ☐ UNKNOWN
☐ KAREN ☐ KOREAN ☐ HMONG

BLACK OR AFRICAN AMERICAN ☐ YES ☐ NO

IF YES, CHOOSE ALL THAT APPLY
☐ DECLINE TO INDICATE ☐ AFRICAN-AMERICAN ☐ ETHIOPIAN-OROMO
☐ ETHIOPIAN-OTHER ☐ LIBERIAN ☐ NIGERIAN
☐ SOMALI ☐ OTHER BLACK ☐ UNKNOWN

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ YES ☐ NO

WHITE ☐ YES ☐ NO

PERMISSIONS

I give the district permission to photograph/videotape my child.	☐ YES	☐ 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.	☐ YES	☐ NO
I give permission for my child to attend any school-sponsored field trips that occur during school hours.	☐ YES	☐ NO
I have read and understand the student information technology use agreement (found on the district website).	☐ YES	☐ NO
I have read and understand my student's school handbook (found on the district website).	☐ YES	☐ NO

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