



For office use only							
School	First Day of Enrollment	Last Location of Attendance	Entry Code	Grade	FT or PT	SAC	Resident District
<b>Student Information</b>							
Student Last Name:		First Name:		Middle Name:		Nickname:	
Birth Date:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Entering Grade:		Start Date:	
Resident District:				If not a resident of ISD192, has an Open Enrollment Agreement been completed and sent to Student Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If a resident of ISD192, please provide Proof of Residency (Utility Bill, Letter from a Government Agency, Lease Agreement or Purchase Agreement [Dated within 60 days of enrollment, signed and showing the purchase date]).							
Have you moved into this school district within the last 36 months for temporary or seasonal agricultural or fishing work? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Early Childhood Screening is required for your child's entry into public school kindergarten. Has your child completed screening (3-5 years old) with ISD192? <input type="checkbox"/> Yes <input type="checkbox"/> No - In which District was your child screened?							
Has your child previously attended a Minnesota School? <input type="checkbox"/> Yes - Name of District: _____ Year(s): _____ <input type="checkbox"/> No							
Has your child ever registered under a different name? <input type="checkbox"/> Yes - Previous name: _____ <input type="checkbox"/> No							
A copy of your child's birth certificate is required for registration. Have you previously submitted a copy of your child's birth certificate to District 192? If not, please submit a copy with your registration. <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Kindergarten Only</b>							
Farmington Area Public Schools provides a full-day Kindergarten program for its students and your Kindergarten student is automatically registered with the submission of this form. Minnesota statute grants parents the right to an alternative half-day program instead. If you desire to place your child in this half-day alternative, please indicate here. <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Primary Household</b>				<b>Date Moved In:</b>			
Address:		City:		State:	Zip:	Home Phone:	
<b>Primary Household Adult 1</b>							
Last Name:		First Name:		Middle Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
						Other Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Relationship to Student:		Date of Birth:		E-mail Address:			
<b>Primary Household Adult 2</b>							
Last Name:		First Name:		Middle Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
						Other Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Relationship to Student:		Date of Birth:		E-mail Address:			

Please Complete Next Page ➤

**Other Children/Members in Primary Household**

Last Name:	First Name:	Middle Name:	Gender:	Relationship to Student:	Birth Date:
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		

<b>Additional Household</b>			<b>Date Moved In:</b>		
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Home Phone:</b>	

<b>Additional Household Adult 1</b>					
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Gender:</b>	<b>Other Phone:</b>	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Cell <input type="checkbox"/> Work	
<b>Relationship to Student:</b>		<b>Date of Birth:</b>		<b>E-mail Address:</b>	

<b>Additional Household Adult 2</b>					
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Gender:</b>	<b>Other Phone:</b>	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Cell <input type="checkbox"/> Work	
<b>Relationship to Student:</b>		<b>Date of Birth:</b>		<b>E-mail Address:</b>	

<b>Other Children/Members in Additional Household</b>					
Last Name:	First Name:	Middle Name:	Gender:	Relationship to Student:	Birth Date:
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		

<b>Emergency Contacts (Other than those listed above)</b>					
<b>Name:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	<b>Home Phone:</b>	<b>Relationship to Student:</b>	

<b>Medical Information</b>					
Health Conditions and Allergies: _____					
Daily Medication(s): _____					
Taken For: _____					
<ul style="list-style-type: none"> <li>• Parent permission and a doctor's order are required to administer medications, including over-the-counter medications. Permission forms are available in the health office and on the district website (<a href="http://www.farmington.k12.mn.us">www.farmington.k12.mn.us</a>).</li> <li>• If your child becomes ill or injured the school will attempt to call the parent/guardian at home or at work. If you cannot be reached the school will attempt to call one of the emergency numbers listed above.</li> <li>• In case of serious accident/injury/illness, 911 will be called if necessary.</li> <li>• To ensure the safety of your child this information may be shared with school district or emergency personnel.</li> </ul>					

Please Complete Next Page ➤

**Federal Designations**

**\*Racial/Ethnic Background of Student (Check ONLY one box):**

- American Indian or Alaska Native
- Asian or Pacific Islander
- Hispanic
- Black, not of Hispanic origin
- White, not of Hispanic origin

**Federal Race/Ethnicity categories required by No Child Left Behind. Complete Parts A and B:**

**Part A – Check ONLY one:**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

**Part B – Check ALL that apply:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**\* Home Primary Language** (see information on last page) In order to help your child learn, your child’s teachers need to determine which language your student uses most. Please answer the following questions:

Which language did your child learn first?

- English     Other (specify): \_\_\_\_\_

Which language is most often spoken in your home?

- English     Other (specify): \_\_\_\_\_

Which language does your child usually speak?

- English     Other (specify): \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**If born outside of USA:**

Date of entry to USA: \_\_\_\_\_

Date of first enrollment in USA School: \_\_\_\_\_

Has this student completed three or more years of school in the USA?

- Yes     No

**American Indian Students Only**

In order to apply for a formula grant under the Indian Education Program, your child’s district must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this information to the district. However, if you choose not to submit the information, the school cannot count your child for funding under the program. This form will become part of your child’s school record and will not need to be completed each year. This information will be maintained at the school and information will not be released without your written approval. **Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribes or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1) or (3) considered by the Secretary of the Interior to be and Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.**

Name of Tribe, Band or Group: \_\_\_\_\_ Tribe, Band or Group is: (check one below)

- Federally recognized incl. Alaska Native    • State recognized    • Terminated    • Organized Indian Group Meeting #5 above

Name of individual with tribal membership: \_\_\_\_\_

Individual named is    • Child    • Child’s parent    • Child’s Grandparent

Proof of membership or enrollment number (if readily available) \_\_\_\_\_ OR other (explain) \_\_\_\_\_

Name and address of organization maintaining membership for the tribe, band or group:

**Please Complete and Sign Next Page ➡**

**Additional Student Information (Optional)**

Is this student:

- Homeless
- Ward of the State
- Immigrant
- Foreign Exchange
- Military-Connected Youth

Does your child receive any services in the following areas? Check all that apply:

- Special Education - Individual Education Plan (IEP)
- ADA Section 504 Plan (Includes Health Plans)
- Title-I
- English Learner (EL)
- Gifted/Talented
- Other \_\_\_\_\_

**I hereby verify that the above information is true and correct to the best of my knowledge and belief. I understand that completing this form enrolls my student in the Farmington Area Public Schools and grants permission to obtain all student records pertaining to my child.**

**Parent/Guardian Signature:**

**Date:**

**EXPLANATION OF PRIVATE INFORMATION REQUESTED ON THIS FORM**

In accordance with the Federal Data Privacy Act of 1974 and the State of Minnesota Privacy Law, you are not required to provide the information noted with an asterisk (\*). There will be no adverse effect on you or your student if you do not choose to provide it. However, your cooperation in providing this information will ensure its accuracy and help to facilitate equitable educational opportunities for all students. Be assured that we will use the information in a manner that respects the privacy of our students and families.

**\*Home Primary Language:** In order to assist school districts to provide equal opportunity for a meaningful education to all students, Minnesota law requires that schools count and report the primary language of their students.

**\*Racial/Ethnic Background:** This information is needed to comply with state and federal reporting requirements relating to equity in education. Your cooperation in providing this information will ensure that we have accurate data on your child.