



Monticello Middle School

800 East Broadway – Monticello, MN 55362
Phone (763) 272-2100 – Fax (763) 272-2109

GRADE 7 CLASS REGISTRATION

STUDENT: A CLASS SCHEDULE WILL BE PREPARED USING THE INFORMATION BELOW:

NAME: _____
(FIRST) (MIDDLE) (LAST)

DATE OF BIRTH: ____/____/____ CIRCLE ONE: MALE FEMALE

PARENT/GUARDIAN _____
(FIRST) (MI) (LAST)

THE FOLLOWING CLASSES ARE REQUIRED FOR ALL SEVENTH GRADE STUDENTS:

- A. English
 - B. American History
 - C. Life Science
 - D. Math - (Math placement determined by academic records.)
 - a. Pre-Algebra
 - b. Pre-Algebra Concepts
 - c. Linear Algebra
 - d. Algebra 1
 - E. Art - 1 Semester
 - F. Technology Education - 1 Semester
 - G. Physical Education
 - H. Health
 - I. M & M
- ESL - English as a Second Language Program? CIRCLE ONE: YES OR NO
IEP - Individual Education Plan? CIRCLE ONE: YES OR NO

SELECT ONE ELECTIVE FROM THE OPTIONS BELOW:

Electives are offered every other day, all year.

- _____ A. Band Instrument Choice _____
- _____ B. Choir
- _____ C. Orchestra Instrument Choice _____
- _____ D. Spanish

SIGNATURE: _____

SIGNATURE: _____
(Student)

(Parent)



Monticello Public Schools #882 Registration & Census

Office Use Only:

Today's date _____ Personnel initials _____

Start date _____ Student ID # _____

Previous School attended _____

***Please enter legal names* Primary household-parent/guardian household. If other than father or mother please provide papers to show legal guardianship**

Parent/Guardian Last Name (Maiden name also if Monticello grad)	First Name	Middle Name	Gender M/F	Cell Phone	Work Phone	Emergency Priority	Email Address
Street Address				City		State	Zip

Secondary household – parent/guardian household (if applicable – divorce, separation, etc.)

Parent/Guardian Last Name (Maiden name also if Monticello grad)	First Name	Middle Name	Gender M/F	Cell Phone	Work Phone	Emergency Priority	Email Address
Street Address				City		State	Zip

Please list in order of birth all children living with this family – infant through high school

Last Name	First Name	Middle Name	Birth Date mm/dd/yy	Gender M/F	Federal and State Ethnicity **See below		Student's Race **Below Q2	Parental Restrictions Y/N (paperwork will be required)	Enrolling Grade	Student Lives With: Mother, Father Aunt, Uncle Grandparent, Legal Guardian Other (please list)
					Q1	Region				

****Ethnicity & Race (Federal and State)**

Q1. Is the student(s) Hispanic/Latino? **(Y)** Yes, Hispanic/Latino **(N)** No, not Hispanic/Latino (if Yes, Region is required)

Q2. I declare the student's race to be: *****Choose one or all that apply.**

(A) American Indian/Alaska Native **(B)** Asian **(C)** Black or African American **(D)** Native Hawaiian or Other Pacific Islander **(E)** White

Have any children listed attended Monticello area public schools? ___ Yes ___ No		Minnesota School? ___ Yes ___ No
If yes, list student(s) here:		
Have any of your children registered under a different name than what is listed on this application? ___ Yes ___ No Other name _____		

Emergency Contacts - other than parent/guardian (emergency contacts will be called in order listed)

Last Name	First Name	Relationship to Student	Cell Phone	Work Phone	City, State

Daycare Name	Daycare Phone Number	Address

Have you moved to this school district for temporary or seasonal agricultural work (migrant)? ___ Yes ___ No

Do you currently reside with another family or person other than family, or in a temporary housing facility? ___ Yes ___ No

Currently, does the student (s) have a parent, guardian, sibling or relative in the military? ___ Yes ___ No

If yes, whom _____ (Example: Mother, Father, Brother or Sister)

Special Service Information

Do any of your children currently receive special education services (IEP)? ___ Yes ___ No	ASD	Autism Spectrum Disorder	GT	Gifted/Talented	HI	Hearing Impairment	504
Does your child receive special transportation? ___ Yes ___ No	DD	Developmental Delay	EBD	Emotional/Behavior Disorder	IEP	Individual Education Plan	Title I
If yes, what service (s) does he/she receive?	VI	Visual Impairment	SMI	Severe Multiple Impairment	SLD	Specific Learning Disability	EL
	SL	Speech/Language	TBI	Traumatic Brain Injury	DCD	Development Cognitive Disability	

Name of Child	Service Currently Receiving (see list above)	Name of Child	Service Currently Receiving (see list above)

Photo/Video Release: I/We give permission for the school to use my child's photo and name in any school program/publicity release or website.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Boundaries: Does the student's legal parent(s) live within the Monticello School District boundaries? If no, an open enrollment form needs to be completed unless student is homeless or a ward of the county or state.	<input type="checkbox"/> Yes <input type="checkbox"/> No What school district do you reside in?
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Kindergarten Only – the following section applies to students entering Kindergarten

The State of Minnesota requires that all children are screened before starting school. Has the student received Early Childhood Screening?	<input type="checkbox"/> Yes Screening Location: <input type="checkbox"/> No
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Has your child attended any of the following?	<input type="checkbox"/> Preschool	<input type="checkbox"/> Head Start	<input type="checkbox"/> Early Childhood Family Education (ECFE)
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If yes, where and how long?

I certify the information given above is true and complete to the best of my knowledge

Parent/Guardian Printed Name	Signature	Date



REQUEST FOR RECORDS

~ *Monticello Middle School* ~
Monticello Public Schools #882

Student Last Name	First Name	MI	Birthdate	Enrolling Grade
Prior district/school	City, State	School contact name and phone		

Transfer to district:

District Name	District Number	District Type	Student Start Date	MARSS
Monticello Public Schools	882	01		

Please send the following records:

- Administrative records [student's name, birthdate, parent/guardian info, address, phone numbers]
- Transcripts/report cards or exit grades if between grading periods
- Include immunization records
- Standardized testing results
- MARSS number
- Discipline recor
- Special Services, IEP, psychological reports, CD evaluations/summaries
- ELL/LEP records
- Other information that may be helpful in the placement of the student
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Please email [preferred], mail, or fax to the school contact indicated below:

Mail	Contact Name	Email	Phone	Fax
Monticello Middle School 800 East Broadway Monticello MN 55362	Chris Schyma	chris.schyma@monticello.k12.mn.us	763-272-2100	763-272-2109

STUDENT HEALTH REGISTRATION FORM
MONTICELLO PUBLIC SCHOOLS HEALTH SERVICES

Student Name: _____ Grade _____

MEDICAL HISTORY

1. Have you ever been told by a physician or a health care professional that your child has:
 - a. Asthma _____
 - b. Diabetes _____
 - c. Heart Condition _____
 - d. Seizure Disorder _____
 - e. Skin Condition _____
 - f. Shunt _____
 - g. Other _____
2. Does your child experience any of the following?
 - a. Nose bleeds _____
 - b. Constipation/Diarrhea _____
 - c. Frequent Headaches _____
 - d. Other _____
3. Does your child have a life-threatening health condition? Yes _____ No _____
Please explain: _____
4. Allergies (*Please note if these are food intolerances/sensitivities instead of allergies)
 - a. Food(s): _____ List/explain: _____
 - b. Latex: _____ List/explain: _____
 - c. Insects: _____ List/explain: _____
 - d. Animals: _____ List/explain: _____
 - e. Plants: _____ List/explain: _____
5. Medication:
 - a. Does your child take any medication? Yes _____ No _____If yes, name of medication(s): _____
 - b. Will the medication be needed at school? Yes _____ No _____
 - c. Purpose of medication(s): _____
6. Hearing/Vision
 - a. Do you have concerns about your child's hearing? Yes _____ No _____
 - b. Does your child have a hearing aid? Yes _____ No _____
 - c. Do you have concerns about your child's vision? Yes _____ No _____
 - d. Does your child wear glasses and/or contacts? Yes _____ No _____
7. KI consent
 - a. I consent to have the school nurse or their designee, administer Potassium Iodide (KI) to my child during a nuclear emergency. Yes _____ No _____

In case of illness or mild accidents, we will contact the parent/guardian at home and/or at work. If we do not get a response in a reasonable period of time, the person(s) designated on the emergency form will be contacted. In case of a severe emergency, an ambulance will be called and we will attempt to call you as soon as possible.

I have read and understand the information on the other side of this form

Parent/Guardian Signature: _____ Date: _____

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

All Students Must Register For Transportation



Part of registering to attend Monticello Schools includes completing Transportation Registration, even if you will not be using the bus every day. In order to be eligible to use the bus for field trips during the year, students must be registered for transportation.

Please go to hoglundtransportation.com. Use the link for your student's grade level to complete the transportation registration.

Any questions regarding transportation, please call Hoglund Transportation at 763-295-3604 or email at Hoglund@hoglundtransportation.com.

