



MONTICELLO PUBLIC SCHOOLS REGISTRATION FORM

FOR OFFICE USE ONLY	
Student ID # _____	Services _____
OE Y/N _____	Other _____

STUDENT INFORMATION – Please print & fill out this form completely

Legal LAST Name			Legal FIRST Name			Student Middle Name			
Street			City			State		Zip Code	
Legal Gender	M / F	Date of Birth	/	/	Enrolling Grade				
Student's Email					Student's Cell Number				

STUDENT ETHNICITY – Due to differences in State & Federal reporting guidelines, it is necessary to make selection(s) in all three sections below.

<p>Check ONE response only (Federal reporting)</p> <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> Hispanic or Latino	<p>Check ONE response only (State reporting)</p> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin
<p>Check ALL responses that apply (Federal reporting)</p> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	

PREVIOUS ENROLLMENTS (list the most recent first) including Monticello School Enrollment

Name of School	City and State	Grade	School Phone or Fax

STUDENT'S PRIMARY HOUSEHOLD *All information and mailings will be sent to the primary household*

Student lives with:
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Family (please list) <input type="checkbox"/> Other (please list)

Siblings	Male/Female	Date of Birth
Name		
Name		
Name		
Name		
Name		
Name		

1 st Primary Parent/ Guardian Information	
First & Last Name & Middle Initial	
Work Phone	
Cell Phone	
Home Phone	
Email	

2 nd Primary Parent/ Guardian Information	
First & Last Name & Middle Initial	
Work Phone	
Cell Phone	
Home Phone	
Email	

STUDENT'S SECONDARY HOUSEHOLD

Are there restrictions on non-custodial parent visitation or contact rights? Y / N
If there is a court order in effect, please provide our office with a copy.

<input type="checkbox"/> Mother	Street Address			
<input type="checkbox"/> Father	City	State	Zip Code	
<input type="checkbox"/> Other (Please List)				

Secondary Parent/Guardian Information	
First & Last Name & Middle Initial	
Work Phone	
Cell Phone	
Home Phone	
Email	

Secondary Parent/Guardian Information	
First & Last Name & Middle Initial	
Work Phone	
Cell Phone	
Home Phone	
Email	

STUDENT NEEDS

Does your child have any health concerns and /or allergies that will affect them at school? Y / N
 If so, what?

Has your child ever had or received services for : _____

Which Services does your student receive? Please check the appropriate box(es) below and submit a copy of the IEP.

<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Gifted/Talented	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> 504
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Emotional/Behavior Disorder	<input type="checkbox"/> Individual Education Plan	<input type="checkbox"/> Title I
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Severe Multiple Impairment	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> EL
<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Development Cognitive Disability	

MISCELLANEOUS INFORMATION

Is the student a member of a military-connected family? Y / N

Does the student's legal parent(s) live within the Monticello School District boundaries? Y / N

If no, an open enrollment form needs to be completed unless student is homeless or a ward of the county or state.

Emergency Information: List who should be contacted if parents/guardians cannot be reached

Name	Relationship to Student	Phone	Address
	Daycare		

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. YES
 NO

KI Consent – I consent to have the school nurse or his/her designee administer Potassium Iodide (KI) to my child YES
 NO

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? YES Screening Location _____
 NO

Has your child attended any of the following? Preschool Head Start Early Childhood Family Education (ECFE)

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