

STUDENT AND CENSUS INFORMATION
Monticello Public Schools
Monticello, Minnesota

Census Information

Head of Household (use legal names)

Parent 1 Last Name First Name MI Relationship to student

Parent 2 Last Name First Name MI Relationship to student

Marital Status (circle one): Married Separated Single Parent Divorced

Address _____
House #/Street City State Zip

Mailing Address (if different than above)

Have you moved to this district in the last 36 months for temporary or agricultural or fishing work?
Yes No

If above address is temporary, please list permanent address:

House #/Street City State Zip

Student's Resident School District

Parent 1

Home Phone (incl. area code) Cell Ph (incl. area code) and Provider name Work Phone

Parent 2

Home Phone (incl. area code) Cell Ph (incl. area code) and Provider name Work Phone

If the student is **not** living with their legal parent/guardian, what is the legal parent/guardian name and address?

Last Name First Name MI

Street Address City State Zip

Student lives with (circle): Both Parents Mother/Stepfather Guardians
Mother Father/Stepmother Other
Father Foster Parents

Are there restrictions on non-custodial parent visitation or contact rights? Yes No

If there is a court order in effect, please provide our office a copy as soon as possible.

Parent/Guardian Signature Date

Student Information

Student's Legal Last Name

First Name

Middle Name

Birthdate

Gender

Enrolling Grade

Has the student ever enrolled under a different name? Yes No

If yes, what name _____

Has the student ever attended a Minnesota school before? Yes No

Last School Attended _____

School Location (City/State) _____

Has the student attended an Early Childhood Screening? Yes No

If yes, where? _____

Has the student been suspended from a school for a firearm or weapons violation? Yes No

Does the student have an immediate family member, including a parent or sibling, who is currently in the armed forces either as a reservist or on active duty or has recently retired from the armed forces? Yes No

What language did your child learn first?	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify): _____
What language is most often spoke at home?	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify): _____
What language does your child usually speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify): _____

If this section is not filled out the district will make the determination

Identify student's background (*Choose only one*)

American Indian/Alaska Native Asian Hispanic Black/African American White

Part A. **Is this student (or Are you) Hispanic/Latino?** (*Choose only one*)

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

Part B. **What is the student's (or your) race?** *(Choose one or more)*

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Which special services does the student receive? (circle all that apply)

Autism	ECSE	Hearing Impaired	ELL/ESL	Gifted/Talented
DCD	Learning Disabled	Visually Impaired	504	
EBD	Speech/Language	TBI	Title 1	Other _____

Please list all children living at this address:

_____	_____	_____
Legal Name	Birthdate	Gender
_____	_____	_____
Legal Name	Birthdate	Gender
_____	_____	_____
Legal Name	Birthdate	Gender
_____	_____	_____
Legal Name	Birthdate	Gender

Minnesota Statute and rules require the school district to keep accurate personal records for all pupils. The information will become part of the student's permanent record and will be available to appropriate staff members of District 882, the Minnesota Department of Education and the Department of Human Services. Certain information, known as "directory information", is available to the public unless the district receives a written request from a parent. Refusing to provide the above information will not affect your child's enrollment.

OFFICE USE ONLY

School _____ Grade _____ Student # _____ Family # _____ Dwelling # _____

Start Date _____