

# ISD 200 – Hastings Public Schools Student Registration Form

Rev. 6/2016

Student's LEGAL name \_\_\_\_\_

Last First Middle Birth Date

Male  Female Student's Primary Language \_\_\_\_\_ Registering for Grade \_\_\_\_\_

**Ethnicity/Race Information**

Is the student Hispanic/Latino?  Yes  No

Regardless of the answer above, please continue to answer by checking all that apply to indicate the student's race:

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

This information will be treated in accordance with Federal and State Privacy Laws.

Last School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ District No. \_\_\_\_\_

Does the student receive any of the following services? (check all that apply):

- Special Education (an IEP)
- 504 Plan
- English Learner (EL)
- Other  
Please specify \_\_\_\_\_

Was the student born in the U.S.?  Yes  No

Has student ever enrolled under a different name?  Yes  No

If yes, what name? \_\_\_\_\_

Has student attended a Minnesota school before?  Yes  No

Has student attended Hastings Schools before?  Yes  No

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

Is the student homeless?  Yes  No (defined as an individual who lacks a fixed, regular and adequate nighttime residence per McKinney-Vento Act)

Is the student a military-connected youth?  Yes  No (immediate family member, parent or sibling, who is currently in or recently retired from armed forces)

**PRIMARY ADDRESS – WHERE STUDENT RESIDES:**

Address: \_\_\_\_\_

House # Street Apt# City State Zip Primary Phone Number

**HEAD OF HOUSEHOLD INFORMATION (primary parent/guardian information – with whom the student resides majority of time):**

Head of House #1 (last, first, middle) Birth Date M/F Work/Cell Phone Number

Mother  Father  Step-Father  Step-Mother  Foster Parent\*  Guardian\* Email: \_\_\_\_\_

Head of House #2 (last, first, middle) Birth Date M/F Work/Cell Phone Number

Mother  Father  Step-Father  Step-Mother  Foster Parent\*  Guardian\* Email: \_\_\_\_\_

\*If student is not residing with parent, please provide parent name(s), complete mailing address and phone number:

Name(s) Address City State Zip Phone Number

Additional children residing in home (use back of sheet if necessary):

(Last, First, Middle) Gender Birth Date Grade (if applicable) Relationship to Student

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE:** \_\_\_\_\_  
Student # School Grade Start Date

Minnesota Statutes 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 ISD 200, 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 this information will not affect your child's enrollment.