

# ISD #200 – Hastings Public Schools Student Registration Form

Please print clearly and complete all information requested below.

**Student Information: The school your child is attending must be notified if your address or phone changes.**

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

Last
First
Middle
Birthdate
  
 Gender (M or F) \_\_\_\_\_ Student's Primary Language \_\_\_\_\_ Registering for Grade \_\_\_\_\_

Ethnicity: Is this student Hispanic/Latino? (please check one)    Yes    No  
 No matter what you selected above, please circle all that apply for the student:  
 American Indian/Alaskan Native   Asian   Black/African American   Native Hawaiian/Pacific Islander   White

Has student ever enrolled under a different name?   yes/no   If yes, what name? \_\_\_\_\_

Has student attended a Minnesota school before?   yes/no   If yes, what district? \_\_\_\_\_

Has student attended Hastings Public Schools before?   yes/no   How many years has student lived in United States? \_\_\_\_\_

Does your child have an educational disability?   YES   or   NO   Has your child received accommodations through a 504 Plan?   YES   or   NO

Has your child received Special Education Services?   YES   or   NO   Is there a current IEP?   YES   or   NO

Which special service has student received? (circle please)   Vision Impaired   Hearing Impaired   Learning Disabled   Title I  

Emotional/Behavior
Speech/Language
Autism
Gifted
English Second Language

Last School Attended \_\_\_\_\_ District Number \_\_\_\_\_

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

(if other than District 200)
Street
City
State
Zip

**Where Student Resides:**

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

House #
Street
Apt#
City
State
Zip
Home Phone Number
  
 Type of Dwelling (circle):   Single Family   Townhouse   Fourplex   Duplex   Condo   Apartment   Mobile Home

**If the above address is temporary, please list permanent address and approximate date of possession:**

Address \_\_\_\_\_ Date \_\_\_\_\_  

House Number
Street
Apt#
City
State
Zip

**Head of Household Information (with whom student resides):**

Head of House #1 (last, first, middle) \_\_\_\_\_ M or F \_\_\_\_\_ Birthdate \_\_\_\_\_ Work/Cell Phone Number \_\_\_\_\_  
 Relationship to Student:   \_\_\_ Mother   \_\_\_ Father   \_\_\_ Step-Father   \_\_\_ Step-Mother   \_\_\_ Foster Parent\*   \_\_\_ Guardian\*   \_\_\_ Other\*

Head of House #2 (last, first, middle) \_\_\_\_\_ M or F \_\_\_\_\_ Birthdate \_\_\_\_\_ Work/Cell Phone Number \_\_\_\_\_  
 Relationship to Student:   \_\_\_ Mother   \_\_\_ Father   \_\_\_ Step-Father   \_\_\_ Step-Mother   \_\_\_ Foster Parent\*   \_\_\_ Guardian\*   \_\_\_ Other\*

\*Biological/Adoptive Parent Information: \_\_\_\_\_  

Name(s)
Street
City
State
Zip
  
 Legal Names of other children living in residence under the age of 21 (use back of sheet if necessary):  

Last Name
First
Middle
Gender: M or F
Birthdate
Grade (if applicable)

Have you moved to this district within the last 36 months for temporary or agricultural or fishing work? (circle one)   YES   or   NO

I would like the noncustodial parent listed to be placed on the schools mailing list: \_\_\_\_\_  

Name
Relationship

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ 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 District 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 the above information will not affect your child's enrollment.

**OFFICE USE:** \_\_\_\_\_  

Student #
Family #
School
Grade
Start Date