

BENSON SCHOOL DISTRICT 777 REGISTRATION

Please fill out this form completely

Today's Date	School	Grade Enrolling In	First Day of Anticipated Enrollment
--------------	--------	--------------------	-------------------------------------

Student LAST Name (Legal)	Student FIRST Name (Legal)	Student Middle Name (Full)
---------------------------	----------------------------	----------------------------

Student Social Security Number	Student Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Birthdate
--------------------------------	---	-------------------

Student's PRIMARY Household
All information and mailings will be sent to the primary household.

<input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother (and Stepfather if applicable) <input type="checkbox"/> Father (and Stepmother if applicable) <input type="checkbox"/> *Foster Family <input type="checkbox"/> Relative/Other (Please list): _____	Address: City: _____ State: _____ Zip: _____ County: _____ Home Phone: _____ Is this primary residence located within the ISD 777 district boundaries? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am unsure
--	--

* Provide legal custody documents OR fill in legal parent/guardian info in Secondary Household section below.

Primary Household Parent/Guardian 1	Primary Household Parent/Guardian 2
Name: _____	Name: _____
Work Phone: ()	Work Phone: ()
Cell Phone: ()	Cell Phone: ()
E-mail Address: _____	E-mail Address: _____

Please list ALL members of the Primary Household (adults & children):

Full Legal Name	Birthdate	Gender	Relationship to Student	Grade	School (if attending)

Student's SECONDARY Household (if applicable)
*All information and mailings will also be sent to the secondary household.

<input type="checkbox"/> Mother (and Stepfather if applicable) <input type="checkbox"/> Father (and Stepmother if applicable) <input type="checkbox"/> Other (Please list): _____	Address: City: _____ State: _____ Zip: _____ County: _____ Home Phone: _____
--	--

Note: Please notify the school office and provide legal documentation if there is a custodial issue.

Secondary Household Parent/Guardian 1	Secondary Household Parent/Guardian 2
Name: _____	Name: _____
Work Phone: ()	Work Phone: ()
Cell Phone: ()	Cell Phone: ()
E-mail Address: _____	E-mail Address: _____

***If information and mailings should NOT be sent to the Secondary household, please provide legal documentation.**

Student LAST Name (Legal)	Student FIRST Name (Legal)	Student Middle Name (Full)
---------------------------	----------------------------	----------------------------

Student's Previous Enrollments (List the most recent first)

*Name of School	City and State	Grade	School Phone or Fax

*If student is enrolling in grades 9-12, please make sure to list ALL high schools that student has attended for credit purposes..

Yes No Has your child ever attended a non-public school (private or home) and at the same time received instruction from a Minnesota public school as part of that enrollment for band, music, physical education, or other subject based classes?

Student's Special Needs

Yes No Has your child had any health concerns and/or allergies that we should be aware of? If Yes,

Yes No List all medications your child takes at home daily, and/or as needed:

Yes No Has your child ever had a 504 Accommodation plan?

Yes No Has your child ever been assessed, or referred for assessment, of Special Education services?

Yes No Does your child currently require Special Education services? If YES, please identify their disabilities below and submit a copy of the IEP/IFSP/IIP upon registration.

- | | | |
|---|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Developmental Cognitive Disability |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Emotional/Behavior Disorder | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Severe Multiple Impairment | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other Health Disability | | |

Yes No Has your child ever received Title I services?

Student's Personal Information

Yes No Has Student ever registered under a different name? If YES, what name? _____

Yes No Is the Student a Ward of the County or State? If YES, what county: _____

Yes No Is the Student homeless?

A homeless individual is one who lacks a fixed, regular and adequate nighttime residence. This includes:

a) children/youth sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelter; are abandoned in hospitals; or are awaiting foster care placement;

b) children/youth who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings (Examples: cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings) Mn. Stat. 120A.20, subd 2.

Yes No Has the student's family moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work?

The following two questions only apply to Kindergarten students.

Yes No If the Student is entering Kindergarten, have they received Early Childhood Screening?

If YES, where? Benson Other: _____

If NO, Please contact (320) 843-2710 to schedule an appointment.

Yes No A copy of your child's birth certificate is required for entrance to Kindergarten. Have you previously submitted a copy of your child's birth certificate to District 777? If not, please submit a copy with your registration.

Student LAST Name (Legal)	Student FIRST Name (Legal)	Student Middle Name (Full)
Emergency Information		
Emergency Contacts: (Persons who can be called and will come for student in case parents/guardians cannot be reached):		
Name	Relationship	Phone
Name	Relationship	Phone
Emergency Closing During the School Day (Elementary Schools Only) --- If the school needs to be closed during the school day because of an emergency:		
<input type="checkbox"/> My child is to go home as usual. <input type="checkbox"/> My child is to go to daycare as usual. <input type="checkbox"/> My child is NOT to go to their usual destination. They are to go to		
Parent Comments		

Field Trip Permission: We as parents, give permission for _____ to participate in the field trips planned by his/her classroom.
 do not give permission for _____ to participate in the field trips planned by his/her classroom.

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

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

(OVER, PLEASE)

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 the 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.