

<b>MINNEAPOLIS PUBLIC SCHOOLS</b>  <b>STUDENT REGISTRATION</b> <b>2017-18</b>	STUDENT ID: _____	SCHOOL: ( )	
	GRADE: _____	START DATE: [ ] [ ] [ ]	Imm [ ]
	HOMEROOM: [ ]	ENTRY CODE: [ ] [ ]	BV [ ]

LEGAL LAST NAME: _____	LEGAL FIRST NAME: _____	MIDDLE: _____	Suffix: _____
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ADDRESS: _____	HOME PHONE: _____ <b>Area Phone</b>
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BIRTH DATE: //	BIRTH LOCATION: _____	DIFFERENT NAME: (If student has registered under a different name)	Gender:			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">MONTH</td> <td style="width:33%;">DAY</td> <td style="width:34%;">YEAR</td> </tr> </table>	MONTH	DAY	YEAR			<input type="radio"/> Female <input type="radio"/> Male
MONTH	DAY	YEAR				

<b>STUDENT RACE</b> Is the student culturally Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No _____ What do you consider your student's <b>primary race</b> ? <input type="radio"/> African American <input type="radio"/> American Indian <input type="radio"/> Asian American <input type="radio"/> Pacific Islander <input type="radio"/> White American _____ Check <b>all races</b> that apply to student. <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White American	<b>PREVIOUS EDUCATION</b> What is the most recent school the child attended? School: _____ City: _____ State or Country: _____ <input type="radio"/> Public <input type="radio"/> Charter <input type="radio"/> NonPub/Private <input type="radio"/> Other (specify) _____ _____ Has the student ever attended a public or charter school in Minnesota? <input type="radio"/> Yes <input type="radio"/> No	<b>HOME LANGUAGE</b> Which language did your child first learn? <input type="radio"/> English <input type="radio"/> Other _____ Which language is spoken most in your home? <input type="radio"/> English <input type="radio"/> Other _____ Which language does your child usually speak? <input type="radio"/> English <input type="radio"/> Other _____ <b>OTHER SERVICES</b> Has this student been receiving special ed services? <input type="radio"/> Yes <input type="radio"/> No If yes, where? _____ Does the student need any other special accommodations? <input type="radio"/> Yes <input type="radio"/> No If yes, what? _____
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<b>PARENT 1 ON BIRTH CERTIFICATE</b> <input type="radio"/> Father <input type="radio"/> Mother Last Name: _____ First: _____ Address: _____ <small>If different from student's</small> City: _____ State: _____ Home phone: _____ Cell: _____ Email: _____ May pick up? <input type="radio"/> Yes <input type="radio"/> No	<b>STUDENT LIVES WITH</b> <input type="radio"/> Both Parents <input type="radio"/> Mother <input type="radio"/> Mother & Stepfather <input type="radio"/> Legal Guardian <input type="radio"/> Father <input type="radio"/> Father & Stepmother <input type="radio"/> Foster Parents <input type="radio"/> Alone <input type="radio"/> Father & Father 1 <input type="radio"/> Host Family <input type="radio"/> Spouse <input type="radio"/> Mother & Mother 1 <input type="radio"/> Other Relative <input type="radio"/> Other <input type="radio"/> Residential facility
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<b>PARENT 2 ON BIRTH CERTIFICATE</b> <input type="radio"/> Father <input type="radio"/> Mother Last Name: _____ First: _____ Address: _____ <small>If different from student's</small> City: _____ State: _____ Home phone: _____ Cell: _____ Email: _____ May pick up? <input type="radio"/> Yes <input type="radio"/> No	<b>LIVES WITH CONTACTS: Name of adults(s) student lives with if other than a parent</b> Last Name: _____ First: _____ Home phone: _____ Cell: _____ Email: _____ May pick up? <input type="radio"/> Yes <input type="radio"/> No
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Signature of person registering student _____	Relationship to student _____	Date _____
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