

# ISD 110 WACONIA PUBLIC SCHOOLS REGISTRATION FORM

Information provided on this form is required by MN Department of Education and will be kept confidential.

## Office Use Only

Birth Certificate: Y N

Building: BV SV LT MS HS WEC WALC

## Address Verified By:

1. Driver's License

2. Current Utility Bill

3. Other: \_\_\_\_\_

05/17

## HOUSEHOLD INFORMATION:

### PRIMARY

Parent/Guardian: Last Name:  First:  Middle:  DOB:  Relationship to Student:

Address:

PRIMARY Phone #:  Cell #:  Pager #:  Work #:  Ext:

Employer:  PRIMARY Parent/Guardian Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced Email:

### SECONDARY

Parent/Guardian: Last Name:  First:  Middle:  DOB:  Relationship to Student:

Address:

If different from PRIMARY Parent/Guardian address

Home Phone #:  Cell #:  Pager #:  Work #:  Ext:

Employer:  SECONDARY Parent/Guardian Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced Email:

## EMERGENCY CONTACT (to be used if Parent/Guardian cannot be reached)

1st Contact Name:  Phone #:  Work #:  Cell #:  Relationship to Student:

2nd Contact Name:  Phone #:  Work #:  Cell #:  Relationship to Student:

## PRIOR SCHOOL INFORMATION Enter School District information that students most recently attended (list only schools that apply)

District ISD#:  District Name:  City and State:

### School Names

Elementary:  Phone #:  Date Last Attended:

Middle School:  Phone #:  Date Last Attended:

High School:  Phone #:  Date Last Attended:

## PARENT/GUARDIAN SIGNATURE

Date \_\_\_\_\_

\*\*COMPLETE ADDITIONAL STUDENT/FAMILY INFORMATION ON THE BACK OF THIS FORM

**STUDENT INFORMATION** - list all students enrolling or currently enrolled in Waconia Public Schools  
\*\*\*Enter current grade if enrolling during the school year. \*\*\*Enter next grade if enrolling for the coming school year.

Student 1	Legal Name	Last	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	<input type="text"/>	Grade	<input type="text"/>
	Birth Country	<input type="text"/>			Race / Ethnicity (check one)			Additional Race / Ethnicity (check all that apply)				Primary Home Language	
				<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian	<input type="checkbox"/> White	<input type="checkbox"/> Black-African American	<input type="checkbox"/> American Indian-Alaska Native	<input type="checkbox"/> English <input type="checkbox"/> Other:			
				<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic-Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander				
	Date Entered the United States (if birth country other than U.S.)			<input type="text"/>						<input type="text"/>			
School Use Only: HMR Student ID# Active Enrollment Date													

Student 2	Legal Name	Last	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	<input type="text"/>	Grade	<input type="text"/>
	Birth Country	<input type="text"/>			Race / Ethnicity (check one)			Additional Race / Ethnicity (check all that apply)				Primary Home Language	
				<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian	<input type="checkbox"/> White	<input type="checkbox"/> Black-African American	<input type="checkbox"/> American Indian-Alaska Native	<input type="checkbox"/> English <input type="checkbox"/> Other:			
				<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic-Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander				
	Date Entered the United States (if birth country other than U.S.)			<input type="text"/>						<input type="text"/>			
School Use Only: HMR Student ID# Active Enrollment Date													

Student 3	Legal Name	Last	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	<input type="text"/>	Grade	<input type="text"/>
	Birth Country	<input type="text"/>			Race / Ethnicity (check one)			Additional Race / Ethnicity (check all that apply)				Primary Home Language	
				<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian	<input type="checkbox"/> White	<input type="checkbox"/> Black-African American	<input type="checkbox"/> American Indian-Alaska Native	<input type="checkbox"/> English <input type="checkbox"/> Other:			
				<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic-Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander				
	Date Entered the United States (if birth country other than U.S.)			<input type="text"/>						<input type="text"/>			
School Use Only: HMR Student ID# Active Enrollment Date													

Student 4	Legal Name	Last	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	<input type="text"/>	Grade	<input type="text"/>
	Birth Country	<input type="text"/>			Race / Ethnicity (check one)			Additional Race / Ethnicity (check all that apply)				Primary Home Language	
				<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian	<input type="checkbox"/> White	<input type="checkbox"/> Black-African American	<input type="checkbox"/> American Indian-Alaska Native	<input type="checkbox"/> English <input type="checkbox"/> Other:			
				<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic-Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander				
	Date Entered the United States (if birth country other than U.S.)			<input type="text"/>						<input type="text"/>			
School Use Only: HMR Student ID# Active Enrollment Date													

Other Household Members	Legal Name	Last	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	<input type="text"/>	Relationship to Parent/Guardian	<input type="text"/>
	Legal Name	Last	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	<input type="text"/>	Relationship to Parent/Guardian	<input type="text"/>
	Legal Name	Last	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	<input type="text"/>	Relationship to Parent/Guardian	<input type="text"/>
	Please list all other persons living at this residence.												