



## Holy Rosary Catholic School

1043 Lake Avenue, Detroit Lakes, MN 56501

218-847-5306 Fax: 218-847-6367

### New Student Enrollment Check List

#### DIRECTIONS:

Thank you for enrolling your student at Holy Rosary Catholic School.

We are very excited to partner with you in your child's development. This checklist will guide you through the various enrollment forms. Please note that all forms are due to the school office by first day of school.

#### CHECKLIST:

- Copy of child's birth certificate
- Copy of child's baptism certificate
- Registration Form
- Health Form
- Field Trip Permission Form
- Home Language Questionnaire
- Immunization Record
- Preschool Screening records if enrolling for Kindergarten
- Complete Release of Records if transferring from another school
- Registration and Agreement Form
- Complete FACTS tuition-registration process on-line at [holyrosarycs.org](http://holyrosarycs.org)
- Registration fee payable on-line through FACTS



Holy Rosary Catholic School  
1043 Lake Avenue, Detroit Lakes, MN 56501  
Phone: 218-847-5306 Fax: 218-847-6367  
www.holyrosarycs.org

Today's Date \_\_\_\_\_

**STUDENT REGISTRATION FORM (P-8)**

Grade \_\_\_\_\_ Preschool: AM \_\_\_\_\_ PM \_\_\_\_\_ Full Day \_\_\_\_\_

Student's First/Middle/Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Legal Name (if different than above): \_\_\_\_\_ Grad Year: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Mailing Address (if different than above): \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Student cell phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone confidential/unlisted? Yes No Phone confidential/unlisted? Yes No Gender: \_\_\_\_ Male \_\_\_\_ Female

**Parent/Guardian(s) Information**

Parent First/Last Name: \_\_\_\_\_ Parent First/Last Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Extension # \_\_\_\_\_ Work Phone: \_\_\_\_\_ Extension # \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Additional Parent/Guardian(s) Information (Different address than student)**

Parent First/Last Name: \_\_\_\_\_ Parent First/Last Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Extension # \_\_\_\_\_ Work Phone: \_\_\_\_\_ Extension # \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address (if different than above): \_\_\_\_\_

**Other Information**

Parent Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Date of First Eucharist: \_\_\_\_\_  
Married Single Name of Parish \_\_\_\_\_ Place: \_\_\_\_\_  
Divorced Separated Date of Baptism: \_\_\_\_\_  
Widow Place of Baptism: \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_  
Student/Family has Parish Membership? Date of Reconciliation: \_\_\_\_\_ Place: \_\_\_\_\_  
Yes No Place: \_\_\_\_\_

← Please turn page over to complete the back side of this form →

## Federal Requirements: Race/Ethnicity

Additional federal Race/Ethnicity categories are required beginning 2009-2010 school year.

Mark the box YES or NO in Part A below. More than one box may be marked in Part B.

**Part A**—Is the student (or are you) Hispanic/Latino? (choose only one)

- NO, Not Hispanic/Latino
- YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

The above part of the question is about **ethnicity**, not race. No matter what you selected above, **please continue to answer the following by marking one or more boxes to indicate what you consider our student's (or your) race to be.**

**Part B**— What is the student's (or your) race?

- 1— **American Indian/Alaska Native** (A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- 2— **Asian** (A person having origins in any of the original people of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- 3— **Black/African American** (A person having origins in any of the black racial groups of Africa)
- 4— **Native Hawaiian/Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
- 5— **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

### Previous School Enrollment

**Previous school attended (most recent):** \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

This was a (Please circle one):

MN Public School ~ Public School Outside MN ~ Home School ~ Private School ~ Online/Distance Learning School

Has this student ever been **previously enrolled in a MN Public School?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what was the name of the school? \_\_\_\_\_

### Census Information

Do you have **pre-school aged children (0-6 years of age)** in your family who do not yet attend school?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, complete the **Child Accounting Form**.

### Medical and Additional Information

Does student have a medical condition/allergies the school should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional information you feel the school staff should be aware of: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

### Contacts For Emergency and Authorized Pick-Up Person

Contact #1	Contact #2	Contact #3
Name: _____	Name: _____	Name: _____
Work Phone: (____) _____	Work Phone: (____) _____	Work Phone: (____) _____
Home Phone: (____) _____	Home Phone: (____) _____	Home Phone: (____) _____
Cell Phone: (____) _____	Cell Phone: (____) _____	Cell Phone: (____) _____
Home Address: _____	Home Address: _____	Home Address: _____
Relationship _____	Relationship _____	Relationship _____



# Holy Rosary Catholic School

"Where Faith & Education Meet"

Health Services Form Date: \_\_\_\_\_

Student name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Father's name \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Best Daytime Contact Number:  Home  Cell  Work

Email: \_\_\_\_\_

Mother's name \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Best Daytime Contact Number:  Home  Cell  Work

Email: \_\_\_\_\_

Person to contact if unable to reach parent:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Does your child have a health problem which could result in an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

Name of: Doctor/Clinic \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone# \_\_\_\_\_ Orthodontist \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

List any other specialists your child sees \_\_\_\_\_

Hospital preference in case of an emergency \_\_\_\_\_

Are immunizations up to date and does the school have the most current copy of records?  Yes  No

If "No," provide new immunizations (Include date) \_\_\_\_\_

Has your child had chicken pox disease? (Include date) \_\_\_\_\_

**HEALTH INFORMATION:** Health information from this form assists with planning for your child's needs at school. Please check and explain any health conditions for your child that have been diagnosed and required medical care by a doctor.

ADHD/ADD \_\_\_\_\_

Allergies (Specify) \_\_\_\_\_

Anxiety Disorder \_\_\_\_\_

Asthma or breathing problems \_\_\_\_\_

Bone or Joint problems \_\_\_\_\_

Bladder or Bowel problems \_\_\_\_\_

Depression \_\_\_\_\_

Diabetes ( Type 1  Type 2) Managed by:  Diet only  Oral meds  Insulin injections  Insulin pump \_\_\_\_\_

Ear or Hearing problems:  Hearing loss  History of ear infections  Ear Tubes  Other \_\_\_\_\_

Eye or Vision problems:  Wears glasses  Wears contacts  Other \_\_\_\_\_

Heart problems \_\_\_\_\_

Headaches \_\_\_\_\_

Learning Disability \_\_\_\_\_

Social/Emotional/Behavioral/Mental Health Concerns \_\_\_\_\_

Seizures (date of last seizure \_\_\_\_\_)

Surgeries or hospitalization in the past year (explain) \_\_\_\_\_

Other health concerns \_\_\_\_\_

No health concerns \_\_\_\_\_

Date of last eye exam \_\_\_\_\_ Date of last doctor exam \_\_\_\_\_

Holy Rosary Catholic School

Health Services Form

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Please list any symptoms that your child would have and your recommendation for the type of first aid needed to treat any problem listed on page one. Please use below if more space is needed.

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**MEDICATIONS:** *List all medications that your child takes daily or as needed.*

Medication: _____	Purpose: _____	Dose: _____	Schedule: _____
Medication: _____	Purpose: _____	Dose: _____	Schedule: _____
Medication: _____	Purpose: _____	Dose: _____	Schedule: _____

In the event of an emergency, I give my permission for HOLY ROSARY to use any of the following emergency facilities:

- Essentia Health St. Mary's Hospital
- Essentia Clinic
- Sanford Clinic
- D.L. Ambulance Service
- 

*\*Policy requires that any student taking medications during the school day must have a written consent form filled out by the parent and doctor. The specific form that should be completed is the Medication Request Form, which is available at the office. All medications are to be kept in the school office.*

Parent/Guardian Name (print) \_\_\_\_\_

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

**Holy Rosary Catholic School**

1043 Lake Avenue, Detroit Lakes, MN 56501 218-847-5306

**FIELD TRIP PERMISSION FORM**

Dear Holy Rosary Parents/Guardians,

This permission form will cover all field trips which are taken by our students to locations with a Detroit Lakes address throughout the current school year. The field trip may require transportation by a vehicle or be one in which the class walks. Since no student will be allowed to leave the school grounds without the permission of a parent or guardian, it is requested that this form be signed and returned to school tomorrow where it will be kept on file. An individual permission slip will be sent home with your student in the event that a field trip is planned for a location outside of the Detroit Lakes area. Parents will be notified before field trips are taken. This may be through email, a note home or by a telephone call. If you have any objection to a specific field trip, please contact me or your child's teacher, so arrangements can be made for your child. There is a sample of this letter as to what may be coming home with your child, when there is a field trip.

Mike Connell  
Principal

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Please sign and return to school as soon as possible.

I give my permission for my child(ren), \_\_\_\_\_,  
to participate in any field trip with a Detroit Lakes address during this 2018-2019 school year.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

.....  
**Field Trip Notification**

Student Name: \_\_\_\_\_

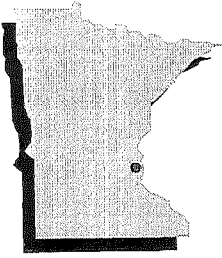
Parent Name: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_  
Location of Field Trip: \_\_\_\_\_  
Means of Transportation: \_\_\_\_\_  
Nature of Field Trip: \_\_\_\_\_

**SAMPLE**

I, as a parent or guardian, grant permission for the above named student to participate in the above described field trip. I understand fully that Holy Rosary School, administration and/or assignees cannot be held responsible for accidental injury to the above named student.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Minnesota State Department of Education Home Language Questionnaire

**TO PARENTS OR GUARDIANS:** To assure that equal and meaningful education is provided to all students, Minnesota Law 120.095 requires that schools report the languages spoken by students and their families at home. Since you are clearly the most qualified to provide this important information, please take a few minutes to answer all the following questions, and have your child return the completed questionnaire to his/her teacher. All your answers will remain confidential. Thank you for your help in this effort to better Minnesota educational opportunities.

Student's Name ( <i>Last, First, Middle initial</i> )	Grade	Birthdate ( <i>month/date/year</i> )
School of attendance		Teacher's Name

Please check the appropriate response to each question. If you check "other" in response to any question, please write in the name of the language spoken in the space provided.

- What language did your child first learn when he/she began to talk?  English  Other \_\_\_\_\_
- What language does your child speak most often at home?  English  Other \_\_\_\_\_
- What language does your child speak most often with friends?  English  Other \_\_\_\_\_
- What language do YOU use most often when speaking to your child?  English  Other \_\_\_\_\_
- What language do YOU use most often when speaking to YOUR friends?  English  Other \_\_\_\_\_
- What language(s) do other family members in your home use when speaking to each other?  English  Other \_\_\_\_\_

Please check the ONE category that best describes your child's ethnic/racial background:

**Enrolled American Indian:** any child, living on or off a reservation, who is an enrolled member of a federally recognized tribe: \_\_\_\_\_ (enter name of tribe or reservation enrolled)

**Other American Indian:** any child or grandchild of a member of a federally recognized tribe.

**Asian or Pacific Islander:** Asian-American, Chinese, Japanese, Korean, Vietnamese, Laotian, Thai, Cambodian, Mongolian, Filipino, Samoan, etc.

**Black (Not Hispanic):** Black, Negro, Afro-American, Trinidadian, Jamaican, or West Indian of Africa.

**White (Not Hispanic):** White, Anglo, European, North African, East Indian, or Pakistani.

**Hispanic:** Mexican-American, Chicano, Mexican, Puerto Rican, Latin American, or other Spanish culture or descent, regardless of race.

**DECLINE TO STATE**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Rev 2-2002