



## STUDENT REGISTRATION FORM for Preschool—Grade 8

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
Student's Primary Language _____		

### 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, regard less 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 \_\_\_\_\_