

WASECA PUBLIC SCHOOL DISTRICT #829  
STUDENT ENROLLMENT FORM

Today's Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

**STUDENT INFORMATION:**

Student Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Gender: M F Grade enrolling in: \_\_\_\_\_

Birth Place: (city/state) \_\_\_\_\_ SS Number (opt): \_\_\_\_\_

**Federal Codes:**

Is this student Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No

**State Codes:** (Choose only one)

American Indian or Alaskan Native Asian or Pacific Islander Hispanic  
Black, not Hispanic White

**What is the student's race?** (Circle one or more)

American Indian or Alaskan Native Asian Black or African American  
Native Hawaiian or Pacific Islander White, not of Hispanic origin

Which language did child learn first? \_\_\_\_\_

Which language is most often spoken in your home? \_\_\_\_\_

Which language does your child usually speak? \_\_\_\_\_

Has your child EVER attended school in Waseca before? (Y N) School name: \_\_\_\_\_ Date: \_\_\_\_\_

Has your child EVER attended school in MN before? (Y N) School name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of School Last Attended: \_\_\_\_\_

Previous School Address: (city/state/zip) \_\_\_\_\_

US Resident Information: Date entered the US: \_\_\_\_\_

Refugee \_\_\_\_\_ Immigrant \_\_\_\_\_ Temporary Resident \_\_\_\_\_

Do you live in the Waseca School District? (Y N) If no, will you be moving into the District? (Y N)

If you don't live in the Waseca District, have you filled out an open enrollment form? (Y N)

Student Resident School District: \_\_\_\_\_ Student Resident County: \_\_\_\_\_

Home Address: \_\_\_\_\_  
( Street City State Zip )

Mailing Address (if different): \_\_\_\_\_  
( Street City State Zip )

Primary/Home Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Unlisted: (Y N)

Child lives in more than one household: ( Yes No ) Who Holds Legal Custody? \_\_\_\_\_

Child lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Mom/Step-Dad \_\_\_\_\_ Dad/Step-Mom \_\_\_\_\_ Other

Siblings and their DOB: \_\_\_\_\_

Has student received help or participated in any special programs such as the following:

GIFTED/TALENTED BAND CHOIR LEP TITLE 1 504 PLAN SPECIAL EDUCATION

## PARENT/GUARDIAN INFORMATION FOR PRIMARY HOUSEHOLD

Parent / Guardian's Name: \_\_\_\_\_  
( Last First Middle )

Date of Birth (mm/dd/yy) \_\_\_\_\_ Gender: M F Email: \_\_\_\_\_

Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Have you moved in the last 36 months for temporary or seasonal agriculture or fishing work? ( Y N )

Are you a Federal Employee? ( Y N ) Relationship to student: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
( Last First Middle )

Date of Birth (mm/dd/yy) \_\_\_\_\_ Gender: M F Email: \_\_\_\_\_

Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Have you moved in the last 36 months for temporary or seasonal agriculture or fishing work? ( Y N )

Are you a Federal Employee? ( Y N ) Relationship to student: \_\_\_\_\_

## INFORMATION FOR SECONDARY HOUSEHOLD

Can the parent the student does not live with receive report cards, newsletters, etc? ( Y N ). **If yes**, please fill out information below:

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

Step-parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent's Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Step-parent's Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If there is a divorce custody court order, please bring in the original copy for us to photocopy – you will get the original back.

## EMERGENCY CONTACT INFORMATION:

1<sup>ST</sup> Emergency Contact Person other than parents: \_\_\_\_\_  
( Last First Middle )

Date of Birth (mm/dd/yy) \_\_\_\_\_ Gender ( M F ) Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Person other than parents: \_\_\_\_\_  
( Last First Middle )

Date of Birth (mm/dd/yy) \_\_\_\_\_ Gender ( M F ) Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## HEALTH INFORMATION: Please check any conditions which apply to the student.

<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Orthopedic condition
<input type="checkbox"/> Bee Sting Allergy	<input type="checkbox"/> Convulsive Disorder	<input type="checkbox"/> Special Diet
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Emotional Problems	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Headaches - frequent	<input type="checkbox"/> Weight Concerns

Please describe any of the previously checked conditions and care.

Is student under medical care?

- Yes       - No

If Yes, please explain.

Is student taking routine medications?

- Yes       - No

If Yes, please explain. Medication must be provided in a container with an original label.

Are there any restrictions on student's physical activity?  - Yes       - No

If Yes, please explain.

Any serious illness, accident or injury in the past 3 years?  - Yes       - No

If Yes, please explain.

Wear glasses or contact lenses?

- Yes       - No

If yes, are they to be worn at school?

- Yes       - No

Would you like a conference with the school nurse?  - Yes       - No

## FIELD TRIP AUTHORIZATION

My child has my permission to participate in field trips planned by the school for educational purposes. Field trips are planned both out of the district as well as out of the building. By signing below, I release Independent School District 0829 from any possible liability. It is understood my permission is to remain effective for the current school year provided I do not notify the school of any changes. Specific details regarding field trips will be distributed prior to the event.

- Yes     - No    - My child has permission to attend district planned field trips.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MEDIA RELEASE

Each year the school provides information to the newspaper and other media when possible to share school activities with the community. We send names, photos and student work to the newspaper to add interest and to honor the students. Students may be video-taped during their concerts and various other programs or video-taped for instructional, educational or publicity purposes. Student images and video will be placed on the Waseca Public Schools website as well.

- Yes     - No    - You have permission to release information to media.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## VERIFICATION OF INFORMATION

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for all students. The information will become part of the student's cumulative record and will be available to appropriate staff members of District 829. By signing below, I certify that all the information that appears on this form is correct and complete to the best of my knowledge and release it to Independent School District #829 for enrollment purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_