

GRAND FORKS PUBLIC SCHOOLS – NEW STUDENT ENROLLMENT FORM

2.25.11

STUDENT INFORMATION:

School:	Today's Date:	Grade Level:	Transfer From:
Student's Legal Name: <i>(Last, First, Middle)</i>			Student's Home Phone: ()
Student's Home Address: <i>(street, city, zip)</i>		Student's Mailing Address: <i>(if different from home address)</i>	
Date of Birth: <i>(month, day, year)</i> ____/____/____	Gender: <i>(circle one)</i> F: Female M: Male	Ethnicity: <i>(circle only one)</i> A: Asian (Far East, Southeast Asia) B: Black (Sub-Saharan Africa) C: Caucasian (White, Europe, North Africa, Middle East, or India) H: Hispanic (Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture origins) N: American Indian (Original peoples of the Western Hemisphere, including Alaska) P: Pacific Islander (Pacific Islands)	

HOUSEHOLD INFORMATION (Student's Primary Place of Residence):

Child lives with: <i>(Select one)</i> <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Foster Parents <input type="checkbox"/> Legal Guardian - <i>Specify Guardian Relationship:</i> _____ <input type="checkbox"/> Residency Facility - <i>Name of facility</i> _____	
Name of Father or Stepfather or Male Guardian or Male Foster Parent who lives in the student's primary place of residence: Name: _____ Cell Phone: () Work Phone: () Employer: _____ Is this person Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate which: Branch: _____ Rank: _____ Squadron: _____	Name of Mother or Stepmother or Female Guardian or Female Foster Parent who lives in the student's primary place of residence: Name: _____ Cell Phone: () Work Phone: () Employer: _____ Is this person Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate which: Branch: _____ Rank: _____ Squadron: _____
Provide an email address(es) for school communications: _____	
List the names and dates of birth of any pre-kindergarten age children living at this residence:	
Name: _____ DOB: ____/____/____ Name: _____ DOB: ____/____/____	
Name: _____ DOB: ____/____/____ Name: _____ DOB: ____/____/____	
Name of Local Emergency Contact *(other than Parents/Guardians): _____ Relationship: _____	
Home Phone: () Work Phone: () Cell Phone: ()	

OTHER BIRTH PARENT INFORMATION: (Optional)

Name of Other Birth Parent: _____		
Home Address: _____	Home Phone: ()	Cell Phone: ()
Employer: _____	Work Phone: ()	
If this address is in the Grand Forks or Grand Forks area, is it a secondary place of residence for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this person Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, indicate which: Branch: _____ Rank: _____ Squadron: _____		

OTHER INFORMATION:

Is this student currently expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If your answer is yes, the School District will not authorize your application.</i>	
Does your child have any known needs? <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Other (explain):	
List any medical considerations that the school should know about (allergies, disabilities, illness, etc.):	
Elementary/Middle School Only:	
Does the school have permission to take your child on field trips? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary School Only:	
Will your child be riding a school bus on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If known, indicate Bus Route # or Bus Name:	
Indicate services received from previous school: <input type="checkbox"/> Title I <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504 <input type="checkbox"/> ELL (English Language Learner)	
Native American students are eligible to receive services under the Title VII Indian Education Grant if they are an enrolled member of an Indian tribe. If your child is an enrolled member, have you completed the 506 form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Language Survey:	
1. Is English the primary language of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is English the primary language of the parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is English the only language spoken in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has English been used exclusively by the child's grandparents, relatives, and babysitters? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do we have permission to assess the child to determine if services are required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this child born in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when did the child enter the United States? (mo, day, year) _____ Country of origin? _____	
A refugee child is a person who flees their country to seek protection from that country. Is the child a refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural work? Migrant: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the date you moved to Grand Forks? (mo, day, year)	
A homeless child includes children who are awaiting foster care placement, are abandoned, share the housing of other people due to the loss of housing, economic hardship, or live in motels, hotels, campgrounds, emergency or transitional shelters. Is the child homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	Parent/Guardian Signature: