



**STUDENT
REGISTRATION FORM**

FOR REGISTRAR USE ONLY
DATE OF ENROLLMENT: _____
SCHOOL ATTENDING: _____
START DATE: _____
MARSS#: _____

Has this student previously attended Bemidji Area Schools? Yes _____ (School Name) _____

If no, please indicate name of

Previous School	City	State	Zip	Last Date at Previous School

Section 1: Student/Contact Information

PLEASE PRINT STUDENT'S LEGAL NAME

(Last) _____ **(First)** _____ **(Middle)** _____

BIRTHDATE: ____/____/____ GRADE: _____ GENDER: Male _____ Female _____ N/A _____

PLACE OF BIRTH: _____, _____ & _____
(City) (State) (Country)

Home Address: _____
Street Address - (DO NOT LIST PO BOX AS STREET ADDRESS) City State Zip

Mailing Address: _____
Street Address - (CAN LIST PO BOX) City State Zip

If you live in transitional housing (motel, campsite, car or shelter) please tell the Registrar for additional information and resources available.

Ethnic Category:

Is this child American Indian or Alaskan Native? Yes _____ or No _____

Is this child Hispanic/Latino? Yes _____ No _____

What is the child's race? (you may choose more than one)

- ____ American Indian/Alaska Native
- ____ Asian
- ____ Black/African American
- ____ Native Hawaiian/Pacific Islander
- ____ White

HAS THIS STUDENT EVER BEEN EXPELLED? Yes _____ No _____ If yes, which school district? _____

HAS TRUANCY EVER BEEN FILED ON THIS STUDENT? Yes _____ No _____
If yes, which school district? _____

Name of Parent/Guardian (If you are NOT the biological/step parent of the child, see next page)	Student Resides With (X)	Employer	Daytime Phone	Cell Phone
Mother:				
Step Mother:				
Father:				
Step Father:				



Circle your relationship to the student (Documentation will be required): Legal Guardian Foster Parent Group Home

Guardian's Name (Last, First)	Physical/Mailing Address	School Hours Phone Number	Cell Phone Number	If applicable, county case manager, name/phone number/case number

Section 2: Special Programs

Does this student have a current Individual Education Plan (IEP) through Special Education? Yes _____ No _____

If yes, please indicate primary disability: _____

Does your student have a 504 Accommodation Plan (for such things as diabetes management, etc.) Yes _____ No _____

If yes, please indicate what for: _____

Section 3: Emergency Contacts

Contact (Last, First Name)	Relationship	School Hours Phone #	Circle One:
			Home, Work or Cell
			Home, Work or Cell

Section 4: Additional Household Information

LIST ALL CHILDREN IN HOUSHOLD, NOT ENROLLED IN ISD. #31 UNDER THE AGE OF 5

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER M/F	BIRTHDATE	HANDICAPPED (Y/N)

Section 5: Certification/Signatures

Parent/Guardian ACTIVE in the Military: Yes _____ No _____

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Printed Name: _____ E-mail Address: _____ @ _____

Signature: _____ Date: _____

Items scanned and collected:	For Office Use Only:
____ Photo ID	____ F/R Lunch Form
____ Birth Certificate	____ Proof of Residence (type provided) _____
____ Immunization Record	____ Title 7/JOM Eligibility Form for Native Americans
____ ELL/ESL Form	____ Records Requested (Date Requested _____)
____ Custody/Divorce Docs	