

**AEC STUDENT REGISTRATION**  
 802 Paul Bunyan Dr SE, Bemidji MN 56601  
 Ph. 218-333-3299 Ext. 36200 Fax 218-333-3462  
 BEMIDJI AREA SCHOOLS - ISD #0031

**PLEASE PRINT**

**STUDENT INFORMATION**

|               |         |               |               |                          |
|---------------|---------|---------------|---------------|--------------------------|
| DATE OF ENTRY | MARSS # | GRADE         | DATE OF BIRTH | GENDER<br>MALE    FEMALE |
| LAST NAME     |         | FIRST NAME    |               | MIDDLE NAME              |
| ADDRESS       |         | CITY, STATE   |               | ZIP CODE                 |
| CELL PHONE    |         | EMAIL ADDRESS |               |                          |

**PREVIOUS SCHOOL INFORMATION**

|   |                    |                    |
|---|--------------------|--------------------|
| SCHOOL NAME   | CITY, STATE        | DATE LAST ATTENDED |
| DOES THIS STUDENT HAVE AN IEP?<br><br>YES                      NO | PRIMARY DISABILITY |                    |

**PARENT/GUARDIAN INFORMATION**

|  |             |                                   |
|--|-------------|-----------------------------------|
| FATHER/GUARDIAN (LAST, FIRST, MIDDLE)    | CELL NUMBER | STUDENT RESIDES WITH<br><br>Y / N |
| MOTHER/GUARDIAN (LAST, FIRST, MIDDLE)    | CELL NUMBER | STUDENT RESIDES WITH<br><br>Y / N |
| ADDRESS (IF DIFFERENT THAN LISTED ABOVE) | CITY, STATE | ZIP CODE                          |

**Steps to starting at the AEC:**

1. Fill out Registration Form, Racial Ethnic Form, Records Request
2. Bring to District office or email paperwork to [registrar@isd31.net](mailto:registrar@isd31.net)
3. Call to set up an orientation date (needs to be done prior to starting)

## 2019-20 Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

*[You must select “yes” or “no” to this question.]*

**Yes** *[If yes, go to Question A.]*

**No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

*Go to Question 1.*

*[Select “yes” to at least one of the Questions (1-6) below.]*

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

**Yes** *[If yes, go to Question 1a.]*

**No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

*Go to Question 2.*

on back side

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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**Question 2. Is the student American Indian from South or Central America?**

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples 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.<sup>1</sup>

**Yes** [If yes, go to Question 3a.]

**No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

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**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

**Yes** [If yes, go to Question 4a.]

**No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

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**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

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**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

**BEMIDJI AREA SCHOOLS -- 502 MINNESOTA AVE NW, BEMIDJI MN 56601**

Student Registration Ph. 218-333-3100 ext. 31131 or ext. 31134

**RELEASE OF STUDENT RECORD INFORMATION**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Special Education: YES NO Please send Spec Ed Records As Soon As Possible.**

**Is this student in the process of or currently expelled from school: YES NO**

**Please send the following:**

**Requesting Records From:**

School: \_\_\_\_\_

Attn: \_\_\_\_\_

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

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Special Education: 504 Plan, IEP, Eval Report**

9 – 12 Credit earned in each subject / Incomplete  
and Failing grades / Achievement Records

Grad Standards:

MCA-BST / Prep Standards / High School Standards

Health Records / Immunizations

Birth Certificate

Disciplinary Information

I give permission for the sending school to release records for the student listed above.

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

(Federal Law 99.31 – No parent signature required for educational records sent to another educational agency.)

**Please Send Records to:**

**AEC**

ATTN: Tammy

tamra\_dunlap@isd31.net

502 Minnesota Ave NW

Bemidji MN 56601

Ph. 218-333-3299 ext. 36200

Fax 218-333-3462