



FOR REGISTRAR USE ONLY

DATE OF ENROLLMENT:
 SCHOOL ATTENDING:
 START DATE:
 MARSS#:

Section 1: Student/Contact Information PLEASE PRINT STUDENT'S LEGAL NAME

(LAST) _____ (FIRST) _____ (MIDDLE) _____

GRADE: _____ BIRTH DATE: ____/____/____ GENDER: Male _____ Female _____

PLACE OF BIRTH: _____, _____, _____
 (City) (State) (County)

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

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.

Previous School	City	State	Zip	Last Date at attended

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 (If you are NOT the biological/step parent of the child, please see next section.)	Student Resides With (X)	Employer	Daytime Phone	Cell Phone
Mother:				
Step Mother:				
Father:				
Step Father:				
Second Parent Address: (If different than listed above)		City	State	Zip code

Circle your relationship to the student (Documentation will be required):

Legal Guardian Foster Parent Group Home

Guardian's Name (Last, First)	Physical/Mailing Address (if different than student's)	School Hours 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 (Someone other than parent/guardian)

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 HOUSEHOLD, 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:

- _____ Photo ID
- _____ Birth Certificate
- _____ Immunization Record
- _____ ELL/ESL Form
- _____ Custody/Divorce Docs

For Office Use Only:

- _____ F/R Lunch Form
- _____ Proof of Residence (type provided) _____
- _____ Title 7/JOM Eligibility Form for Native American
- _____ Records Requested (Date requested _____)

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.¹

[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/
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.

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

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
2. My student speaks:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
3. My student understands:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
4. My student has consistent interaction in:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

Bemidji Area Schools
Bus Registration information for 2020-2021

Student/Family Information:

Student Name (please print): _____

School of Attendance for 2020-2021: _____

Choose All That Apply:

_____ **Yes**, my child needs transportation **to school**. If yes, complete all the information below.

_____ **Yes**, my child needs transportation **from school**. If yes, complete all the information below.

_____ **No**, my child **does not** need transportation **to school**. I will be dropping student off.

_____ **No**, my child **does not** need transportation **from school**. I will be picking student up.

Primary Parent: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____

Before School Pickup Address: _____

After School Drop off Address: _____

Daycare Information: If pickup or drop off address is a daycare (which is other than home), please complete all fields below.

Daycare Provider Name: _____ Phone Number: _____

Address: _____

If Split Household Please Complete This Section:

Secondary Parent Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

My child needs transportation to and from this address? Yes _____ No _____

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:** _____
Bemidji Start Date: _____ **MARSS #:** _____

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

Grades K – 12 Please send the following:

Requesting Records From:

School: _____
Attn: _____
Address: _____
City/State: _____
Phone: _____
Fax: _____

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

- K – 8 Academic Records / Test Scores
- 9 – 12 Credit earned in each subject / Incomplete and Failing grades / Achievement Records
- Grad Standards: MCA-BST / Prep Standards / High Standards
- Health Records / Immunizations
- Birth Certificate
- Attendance records
- Free & Reduced Meal Application
- 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:

[] **Elementary School:**

[] **Bemidji Middle School**

[] **Bemidji High School**

Attn: Hannah Stull
Registrar
Hannah_stull@isd31.net
502 Minnesota Ave NW
Bemidji MN 56601
Ph. 218-333-3215 ext 52005
Fax 218-333-3333

Attn: Donna Rust
Registrar
donna_rust@isd31.net
502 Minnesota Ave NW
Bemidji MN 56601
Ph. 218-444-1600 ext. 63326
Fax 218-444-1630