



**FOR REGISTRAR USE ONLY**

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

**KINDERGARTEN REGISTRATION**

**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: \_\_\_\_\_  
 (If different than above) 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.*

EARLY CHILDHOOD SCREENING	City	DATE COMPLETED	PRESCHOOL	NAME OF PRESCHOOL
Y / N			Y / N	

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 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 Name, First Name)	Physical/Mailing Address (if different than student's)	Phone Number	Case Manager Name & Phone 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: \_\_\_\_\_

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

## 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.

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

---

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

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

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

---

**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.

---

**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.

---

**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.]

---

**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 \_\_\_\_\_

## 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 2021-2022**

**Student/Family Information:**

Student Name (please print): \_\_\_\_\_

School of Attendance for 2021-2022: \_\_\_\_\_

**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 \_\_\_\_\_