

(Last Name, First Name)

FOR REGISTRAR USE ONLY

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

KINDERGARTEN REGISTRATION

Section 1: Student/Co	ntact Inform	ation	PLEASE	E PR	INT STU	DENT'S	LEGAL NAM	E
LAST)		(MIDDLE)						
RADE:	BIRTH DAT	·	GE	NDER:	Male _	Female		
LACE OF BIRTH:	City),,				,	-	(County)	_
ome Address:	(City)		(State)				(County)	
	ss - (DO NOT L	IST PO BOX)	City		State		Zip	County
failing Address: If different than above)	Street Address	s - (CAN LIST PO	O BOX)		City		State	Zip
you live in transition formation and resour EARLY CHILDHOOD						CHOOL		E OF PRESCHOO
SCREENING Y / N				Y / N				
(If you are NOT	e of Parent the biological/ste ease see next see		Student Resides With (X)		Employ	yer	Daytime Phone	Cell Phone
Mother:								
Step Mother:								
Father:								
Step Father:								
Second Parent Address: (If different than above)				Cit	ty	no Lig	State	Zip code
•	ur relations Guardian	hip to the stu	udent (E		umenta	ation w	vill be requi Group Hor	•
Guardian's Nam (Last Name, First N					Phone			

Section 2:	Special Programs								
Does this st	udent have a current	Individual Education	Plan (IE	P) through Speci	al Educa	ntion? Yes_	1	No	
If yes, pleas	e indicate primary di	sability:							
Does your s	tudent have a 504 Ac								
-	e indicate what for:								
ii yes, pieae	771111 1011								
Section 3:	Emergency Contacts	(Someone other th	an paren	t/guardian)					
0 (1	T' AND		D 1 4	1.	0.1	177 D	1 //	T 0' 1	0
Contact (L	ast, First Name)		Relatio	Relationship		School Hours Phone #		Circle One: Home, Work or Cell	
								Home, Work or Cell	
								-	
Section 4	Additional Househo	ld Information							
	HILDREN IN HOUSEI AST NAME	HOLD, NOT ENROLL FIRST NAMI		D. #31 UNDER TI MIDDLE NA		OF 5 GENDER	BIRTHI	DATE	HANDICAPPED
						M/F			(Y/N)
Section 5:	Certification/Signat	ures							
Parent/Gua	rdian ACTIVE in	the Military: Yes	No)					
	rtify that all the inf	•			l accura	te to the bes	st of my	knowle	dge.
,	3								
Printed Na	me:								
	ress:			(a)					
Signature:	-			Date:					
Ī	Items Scanned an	d collected:		For Office (Use Onl	'y:			
	Photo ID Birth Certificate			F/R Lunch Form Proof of Resider		provided)			
	Immunization R			Title 7/JOM Eligi	ibility For	m for Native A	American		,
	ELL/ESL FormCustody/Divorce	e Docs		Records Reques	ted (Date	requested)	
	•								1



Ethnic and Racial Demographic Designation Form

Student's First Name:	-	Middle Name/Initi	al:	Last Name:	
Date of Birth:	District:			School:	
Minnesota state law, Mi Parents or guardians are federal questions (in bo complete the form. Stat	nnesota disaggregates ea e not required to answer t ld), federal law requires so e questions are labeled as	ch category into detailed and the federal questions (in bechools to choose for you. " "Optional" and schools w	groups to fu old) for thei This is a last vill not fill in	urther represent our eir children. If you ch et resort—we prefer i n this information fo	oose not to answer the if parents or guardians ryou.
currently underserved. I learn more about the pu	The information this form irpose of collecting this in	ning for everyone and help collects is considered priv formation, how it will be u Frequently Asked Question	rate informa used and no	ation. You can reviev ot used, and how the	w the privacy notice to e detailed groups were
Is the student Hispan Mexican, Puerto Ricar	c/Latino as defined by n, South or Central Ame	the federal governmer	nt? The fed culture or	deral definition incorigin, regardless	ludes persons of Cuban, of race. ¹
[You must select "yes" of	or "no" to this question.]				
O Yes [if yes, go	to Question A.]		O No [If	f no, go to Question :	1.]
Optional Que		en above, select all that	apply fron	m the list below (th	his question will not be
□ Decline to □ Colombia □ Ecuadoria	n □ Mex			nish/ 🗆 🛭	Other Hispanic/Latino Unknown
Go to Questio	n 1.				
[Select "yes" to at least	t one of the Questions (1-	6) below.]			
state of Minnesota de	finition includes persor	nerican Indian or Alaska ns having origins in any o I affiliation or communi	of the origi	ginal peoples of No	rth America who
O Yes [If yes, go	o Question 1a.]		O No [If	f no, go to Question 2	2.]
Optional Que answered by		sen above, select all tha	at apply fro	om the list below (this question will not be
☐ Decline to ☐ Anishinaa	indicate E	- • • •		ther North America nknown	an Indian Tribal Affiliation
Go to Questio	n 2.				

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

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons here origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for exant Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹ O Yes [If yes, go to Question 3a.]		Ye	s [Go to Question 3.]						0	No [Go to Question	n 3.]	
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	origins	in a	ny of the original peo	ples of	the Fa	ar East, So	uthe	east Asia,	or t	he I <mark>ndia</mark> n subcon	tinent ir	cluding, for example,
answered by school staff): Decline to indicate	0	Ye	s [If yes, go to Question	3a.]					0	No [If no, go to Q	uestion 4	.J
Asian Indian Filipino Korean Unknown Burmese Hmong Vietnamese Unknown 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.¹ 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 Other black Dierian Other black Unknown Other black Unknown Unknown Other black Unknown Other black Unknown Other black Unknown Other black Other black				was cho	osen a	above, sele	ect a	II that ap	ply 1	from the list belo	w (this d	guestion will not be
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.¹ O Yes [If yes, go to Question 4a.] O 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			Asian Indian			Filipino				Korean	_	
Includes persons having origins in any of the black racial groups of Africa.¹ O Yes [if yes, go to Question 4a.] O 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 Decline to ind	Go	to C	Question 4.									
☐ African-American ☐ Liberian ☐ Other black ☐ Ethiopian-Oromo ☐ Nigerian ☐ Other black ☐ Unknown ☐ Other Pacific Islander as defined by the federal government? The ederal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other islands.¹ ☐ Yes [Go to Question 6.] ☐ No [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 in any of the original peoples of Europe, the Middle East, or North Africa.¹ ☐ Yes ☐ No ☐ N	O Op	Yes	If yes, go to Question al Question 4a. If yes	4a.]				·	0	No [If no, go to Qu		
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 ederal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Islands.¹ 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.¹ Yes No						I		Ethiopia	n-Oti	her		Somali
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origins in any of the original peoples of Europe, the Middle East, or North Africa. ¹ O Yes O No		Yes	[Go to Question 6.]						0	No [Go to Questio	n 6.]	
	0		. Is the student white	as defi							nition ir	cludes persons havin
Parent(s)/Guardian Name	Questi				urop	e, the Mid	ldle	East, or I	vorti	n Atrica.		
Date	Questi origins	in ar	ny of the original peo		Europ	e, the Mid	ldle	East, or f				

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:	language(s) other than English.English and language(s) other than English.only English.					
2. My student speaks:	language(s) other than English English and language(s) other than English only English.					
3. My student understands:	 language(s) other than English. English and language(s) other than English. only English. 					
4. My student has consistent interaction in:	language(s) other than English English and language(s) other than English 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 2023-2024

Today's Date		Grade
School of Attendance for 202	3/2024:	
Student Name (please print):		
Primary Parent:		
Home Ph:	_ Cell Ph:	Work Ph:
Home Address:		
Transportation needs: Plea To School:	se choose o	ne from each side. From School:
No AM bus		No PM bus
Pickup from Home		Drop off at Home
Pickup from Daycare		Drop off at Daycare
Before School Pick-up Addre	ss:	
After School Drop-off Address	s:	
Daycare Information: If pick-up of please complete all fields below		ress is a daycare (which is other than home),
Daycare Provider Name:		Phone:
Address:		

If Split Household Please Have 2nd Parent/Guardian Fill Out a Separate Form.

Pre-K will need to get form from Janelle Slough at the Paul Bunyan Center.