

# ISD #712 MOUNTAIN IRON-BUHL PUBLIC SCHOOLS STUDENT REGISTRATION FORM

MARSS ID #	Start Date	Assigned School ___Merritt ___High School	ECFE/SR	Grade	Intake Date
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## Student Information

LAST Name (Legal)	FIRST Name (Legal)	Full MIDDLE Name		Gender M/F	Birth Date
Is the student Hispanic/Latino? <b>Y/N</b>	Language spoken in the home?	Receiving ESL services? <b>Y/N</b>	Is English read in the home? <b>Y/N</b>	US Citizen? <b>Y/N</b>	If NO, how long in US?
Ethnic Origin (Mark all that apply) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		Race/Ethnicity Designation (Mark 1 Box Only) <input type="checkbox"/> 1 - American Indian <input type="checkbox"/> 2 - Asian or Pacific Islander <input type="checkbox"/> 3 - Hispanic <input type="checkbox"/> 4 - Black, not of Hispanic Origin <input type="checkbox"/> 5 - White, not of Hispanic Origin		Special Education/IEP <input type="checkbox"/> Speech/Language <input type="checkbox"/> Developmental Cognitive Disability <input type="checkbox"/> Physically Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Emotional/Behavioral Disorder <input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Autistic <input type="checkbox"/> Traumatic Brain Injury	
Assistance Needed With: <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Speech <input type="checkbox"/> General Learning <input type="checkbox"/> 504 Plan		If child has any health concerns or allergies we should be aware of, please list:		If the student is entering kindergarten, has he/she received Early Childhood Screening? <b>Y/N</b> If yes, where? Date of Screening:	

The following questions refer to secondary students only:

Is the student a teen parent? **Y/N**

Is the student a displaced homemaker? **Y/N**

## Previous Enrollments

Has student previously attended any school in <u>this</u> district? <b>Y/N</b>	School	Grade	Has student ever registered under a different name? If so, please provide.
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### Prior school information, most recent first:

Name of School	Year/Grade	Public/Private	FT/PT	City and State	Phone and Fax
	/				/
	/				/
	/				/

## PRIMARY Residence

Student lives with (check all that apply)	Holds <u>legal</u> custody?	Legal Guardian?	Primary Parent/Guardian Information		Primary Parent/Guardian Information	
<input type="checkbox"/> Father	<input type="checkbox"/>	<input type="checkbox"/>	Name		Name	
<input type="checkbox"/> Mother	<input type="checkbox"/>	<input type="checkbox"/>	Physical Address		Mailing Address	
<input type="checkbox"/> Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	City/State/Zip		City/State/Zip	
<input type="checkbox"/> Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	County	Resident School District	Resident District Verified?	
<input type="checkbox"/> Foster Parents	<input type="checkbox"/>	<input type="checkbox"/>	Home Phone	Unlisted? <input type="checkbox"/>	E-mail	
<input type="checkbox"/> OTHER (Please list):	<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone	Cell Phone		
<input type="checkbox"/> Student is homeless	<input type="checkbox"/>	<input type="checkbox"/>	Place of employment	Place of employment		
			Work Phone/Pager	Work Phone/Pager		

Have you moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? **Y/N**

Bussing Information: <input type="checkbox"/> Walker <input type="checkbox"/> Bus	# of miles from school:	District providing transportation:	Bus #	Pick Up Time	Drop Off Time
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Have parental rights been terminated (Ward of State)? **Y/N** (If yes, please provide legal documentation and Social Worker Info)

Social Worker Name	Social Worker Phone Number
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## Student's SECONDARY Household (if applicable, or birth parent household if primary residence is foster)

Request school information be sent to this household also? <b>Y/N</b>	Name	Name
Relationship to Student (check all that apply) <input type="checkbox"/> Natural Father <input type="checkbox"/> Natural Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> OTHER (Please list):	Holds <u>legal</u> custody?	Legal Guardian?
	Address	
	City/State/Zip	County
	Home Phone	Unlisted? <input type="checkbox"/>
	Cell Phone	E-mail
	Place of Employment	Resident School & District
Work Phone/Pager		Place of Employment
Work Phone/Pager		Work Phone/Pager

**\*\* NOTE: PLEASE NOTIFY THE SCHOOL OFFICE AND PROVIDE LEGAL DOCUMENTATION IF THERE IS A CUSTODIAL ISSUE. \*\***

## For District Use Only

<input type="checkbox"/> Birth Verification <input type="checkbox"/> Immunizations <input type="checkbox"/> EC Screening <input type="checkbox"/> Open Enrolled <input type="checkbox"/> Perm File Folder	<input type="checkbox"/> Nurse Emergency Sheet <input type="checkbox"/> Emergency Bus Card <input type="checkbox"/> School Office <input type="checkbox"/> Special Education <input type="checkbox"/> Title I	<input type="checkbox"/> Child Nutrition <input type="checkbox"/> Indian Education <input type="checkbox"/> Transportation <input type="checkbox"/> MARSS	<input type="checkbox"/> Psychologist <input type="checkbox"/> Social Worker <input type="checkbox"/> Principal <input type="checkbox"/> Teacher	<input type="checkbox"/> Records Requested  Phone:  Fax:
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**Census**

Please list all other permanent members (adults & children) in student's household.

Full Legal Name (Last, First, Middle)	Birthdate	Gender	Relationship	Age/Grade	School
				/	
				/	
				/	
				/	
				/	
				/	
				/	

**Emergency Contacts**

Emergency Contact outside of home	Relationship	Phone Number	Cell/Pager Number

*We will try to reach a parent/legal guardian at home or work BEFORE calling the emergency contacts.*

**Childcare Contacts**

Childcare Contact #1 Name	Relationship	Phone Number	Cell/Pager Number	
Address	City	State	Zip	

Childcare Schedule (which days per week)

Childcare Contact #2 Name	Relationship	Phone Number	Cell/Pager Number	
Address	City	State	Zip	

Childcare Schedule (which days per week)

**Additional Information**

*I certify the information provided here is true and complete to the best of my knowledge.*

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

**Tennessee Warning:** You have been asked to supply private information concerning your child. Pursuant to M.S. 12.04, school districts are required to inform parent/guardians how this information will be used. All information collected will be private and confidential. This information will help us aid your child in case of an emergency or health concern. We may need to phone you or other designated people. You may refuse to supply the requested information. This may greatly hinder us in helping your child. Please note that in a crisis we might need to call 911 or law enforcement for help with your child. Information that you provide to our schools will only be available to staff who work directly with your child or to emergency response personnel. Data privacy laws protect confidentiality.