



Marshall County Central Schools Student Enrollment/Information Form

Student Name: _____

(Last, First, Middle)

Nickname: _____

Have you ever been enrolled in a Minnesota School before? _____ Yes _____ No

What is the name and location of the last school previously attended?

Does your child have Special Education Services? _____ Yes _____ No

Current Grade Level: _____ Gender: _____ Date of Birth: _____

City/County/State of Birth: _____

Student Residence Mailing Address: _____

Ethnicity/Race (Please check all that apply)

_____ White (non-Hispanic)

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Hispanic

_____ Native Hawaiian or Other Pacific Islander

Home Language: _____ (optional)

Bus Transportation Needed: _____ Yes _____ No Miles from Newfolden Schools: _____

Health Problem/allergy/medication to be aware of: _____

Doctor or Clinic: _____ Dentist: _____

Health information will be shared with staff members on a need-to-know basis to help ensure your child's health, safety, and school success.

Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? _____ Yes _____ No

Is the above named student presently the subject of a court order which prevents or prohibits anyone from receiving any information or from having contact with the student? _____ Yes _____ No

(We will need a copy of court order for our records)

Student Name (Last, First) _____

Mother's name (or primary guardian) _____

Address (if different from student) _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ E-mail: _____

Name of Workplace: _____

Workplace Address: _____

Father's name (or additional guardian) _____

Address (if different from student) _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ E-mail: _____

Name of Workplace: _____

Workplace Address: _____

Emergency Contact Information

Name: _____ Relationship to Child: _____

Telephone: _____

Address: _____

Does student have other siblings not in school present in home? _____ Yes _____ No

Please list Name and Date of Birth of Siblings not of school age

Name: _____ M/F (circle) Date of Birth: _____

Name: _____ M/F (circle) Date of Birth: _____

Name: _____ M/F (circle) Date of Birth: _____

Name: _____ M/F (circle) Date of Birth: _____

Parent/Primary Guardian Signature

Date