



## Student Enrollment Form

List all children living in household, infant through high school

Last Name	First Name	Middle Name	Date of Birth mm/dd/yy	Gender	Grade	Birth Place

### STUDENT INFORMATION

Have your children ever attended district 241 (Albert Lea Schools)?	Yes or No
Have your children ever attended a Minnesota School before? If yes, where?	Yes or No

### SPECIAL SERVICES INFORMATION

Have any of your children received English Language Services or Bilingual?	Yes or No
Is an interpreter needed?	Yes or No
Does this student currently have an IEP (Individualized Education Plan) or a 504 Plan? <b>Student Name:</b>	Yes or No

### PRIMARY FAMILY INFORMATION (Person(s) with whom the student resides)

Last Name	First Name	Home Phone	Cell Phone	Work Phone	Relationship to Student	Email Address	Place of Employment
Home Address:		City:		State:		Zip:	
Mailing Address		City:		State:		Zip:	

**SECONDARY PARENT/GUARDIAN INFORMATION (If living in a separate home from student)**

Last Name	First Name	Home Phone	Cell Phone	Work Phone	Relationship to Student	Email Address	Place of Employment
Home Address:			City:		State:		Zip Code:
Mailing Address:			City:		State:		Zip Code:

*Can this person have contact with the Student?	Yes or No
*Does this person reside with this person part-time during the school year?	Yes or No
If yes, please specify:	
*Should duplicate copies of ALL confidential school mailings be sent to this person?	Yes or No
OR only those circled	Report cards / Attendance Notices / Discipline Reports
*Should this person be contacted if necessary?	Yes or No
*Does this person have custodial rights?	Yes or No

**EMERGENCY INFORMATION**

Last Name	First Name	Home Phone	Cell Phone	Work Phone	Relationship to Student	Student Can Be Released To
						Yes or No
						Yes or No

**FAMILY INFORMATION**

Has your family moved within the past 36 months as a result of seasonal or temporary employment of parent in agricultural work?	Yes or No
Do you currently reside with another family, or person other than family, or in a temporary housing facility?	Yes or No
Is this student in Foster Care?	Yes or No
Is this student a military connected youth?	Yes or No
Does this student have an actively deployed parent?	Yes or No

**KINDERGARTEN ONLY**

Has your child received preschool screening? If yes, where?	Has your child attended preschool? If yes, where?
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Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_