

St. Francis Area Schools

4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

Student Information Form

For office use only:

School # _____ Student # _____
Teacher _____

Start Date _____ Grade _____

Student's Legal Name _____ Nickname _____
Last First Middle

Male Female Birth Date _____ Place of Birth _____
City State/Province Country

Street Address _____ PO Box _____ Apt, Lot # _____

City _____ State _____ Zip Code _____ Home Phone _____

Date moved into current residence _____ St. Francis Area School student will be enrolling in _____

Does your student require transportation services? Yes No

Has student previously attended any other Minnesota public school? Yes No If Yes, (list district) _____

Has student had Early Childhood Screening? Yes No St. Francis Other, (list district) _____

Student lives with: Mother Father Stepmother Stepfather Foster Parent Legal Guardian

Other (specify) _____ Who is the Legal Guardian? _____

PRIMARY PARENT(S)/GUARDIAN(S)—WITH WHOM THE STUDENT LIVES:

PRIMARY PARENT/GUARDIAN #1 (MOTHER)

Name _____
Mobile Phone _____ Work Phone _____
Email _____

PRIMARY PARENT/GUARDIAN #2 (FATHER)

Name _____
Mobile Phone _____ Work Phone _____
Email _____

SECONDARY PARENT(S)/GUARDIAN(S) (If applicable):

Street Address _____ PO Box _____ Apt, Lot # _____

City _____ State _____ Zip Code _____ Home Phone _____

SECONDARY PARENT/GUARDIAN #1

Name _____
Mobile Phone _____ Work Phone _____
Email _____

SECONDARY PARENT/GUARDIAN #2

Name _____
Mobile Phone _____ Work Phone _____
Email _____

OTHERS LIVING IN PRIMARY HOUSEHOLD (Adults and children):

Name _____ Birthdate _____ M F Relationship _____
Last First Middle

Name _____ Birthdate _____ M F Relationship _____
Last First Middle

Name _____ Birthdate _____ M F Relationship _____
Last First Middle

Name _____ Birthdate _____ M F Relationship _____
Last First Middle

Military? Military-Connected Youth Actively Deployed

For purposes of this section, a "military-connected youth" means having an immediate family member, including a parent or sibling, who is currently in the armed forces either as a reservist or on active duty or has recently retired from the armed forces.

Immigrant? Yes No If Yes, date moved into the U.S. Month _____ Day _____ Year _____

Home Primary Language:

Which language did your child speak when he or she first began to talk? English Other _____

What language does your child speak MOST OFTEN at home? English Other _____

What Language do YOU use MOST OFTEN when speaking to your child? English Other _____

What language do other family members in your home USUALLY use when speaking to each other? English Other _____

Can an adult in the home read English? Yes No - If NO, what language can be read? (list) _____

RACIAL/ETHNIC INFORMATION

This information is for federal and state civil rights and statistical reports. This is a nonscientific racial/ethnic designation as defined by the U.S. Department of Education. The manner of collection is described in Rule 3535.0120, Duties of the District.

CHECK ONE RESPONSE

- Hispanic or Latino
 NOT Hispanic or Latino

CHECK ALL RESPONSES THAT APPLY

- American Indian or Alaska Native*
 Asian
 Black or African American
 Native Hawaiian/Other Pacific Islander
 White

CHECK ONE RESPONSE

- American Indian/Alaskan Native (1)*
 Asian/Other Pacific Islander (2)
 Hispanic (3)
 Black, not of Hispanic origin (4)
 White, not of Hispanic origin (5)

* If you have checked the American Indian/Alaskan Native box, please fill out the Title VI ED 506 Indian Student Eligibility Certification Form.

PREVIOUS SCHOOL ATTENDED

School Name: _____ District # _____

School address: _____

City, State, Zip Code: _____

Phone # _____ Date of attendance: From _____ to _____

SERVICES RECEIVED AT PREVIOUS SCHOOL:

Gifted/Talented Yes No English Language Learner Yes No Special Education Yes No
Title I/Chapter I Yes No 504 Plan Yes No IEP enclosed Yes No
PSEO Yes No Case Manager _____

Does your child have any medical/physical concerns? Yes No

(If yes, please describe. Include chronic problems, past serious illness, vision, hearing, speech, etc.)

Parent/Guardian Signature

Date

For office use only:

- Legal Birth Certificate Immunization Record Transportation notification _____
 Health Questionnaire Records requested _____ Census notification _____