

St. Francis Area Schools

Student Information Form

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

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 _____ Primary Phone _____

Are you a resident of St. Francis Area Schools district? Yes No Date moved into current residence _____

Does your student require transportation services? Yes No

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

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

Has student previously attended any other Minnesota public school? Yes No

School Name _____ District # _____

School Address _____

City, State, Zip Code _____

Phone Number _____ Date of attendance: From _____ to _____

SERVICES RECEIVED AT PREVIOUS SCHOOL

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

Parent/Guardian Signature _____ Date _____

Minnesota Statutes and Rules require the school district to keep accurate records and update personal records for students. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of St. Francis Area Schools. Certain information, known as "directory information", is available to the public unless the district receives a written request from a parent to withhold this information. Minnesota law requires that you provide immunization information to your student's school.

For office use only:

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

STUDENT'S LEGAL NAME _____

STUDENT PRIMARY RESIDENCE

PARENT/GUARDIAN FULL LEGAL NAME _____ Male Female
Last First Middle

Relationship to student _____ Legal guardian Yes No Lives with Contact allowed Educational rights

Street Address _____ PO Box _____ Apt, Lot # _____

City/State/Zip _____ Primary Phone _____

Secondary Phone _____ Text Phone (for school communication) _____

Email (for school communication) _____

PARENT/GUARDIAN FULL LEGAL NAME _____ Male Female
Last First Middle

Relationship to student _____ Legal guardian Yes No Lives with Contact allowed Educational rights

Street Address _____ PO Box _____ Apt, Lot # _____

City/State/Zip _____ Primary Phone _____

Secondary Phone _____ Text Phone (for school communication) _____

Email (for school communication) _____

STUDENT SECONDARY RESIDENCE (IF APPLICABLE)

PARENT/GUARDIAN FULL LEGAL NAME _____ Male Female
Last First Middle

Relationship to student _____ Legal guardian Yes No Lives with Contact allowed Educational rights

Street Address _____ PO Box _____ Apt, Lot # _____

City/State/Zip _____ Primary Phone _____

Secondary Phone _____ Text Phone (for school communication) _____

Email (for school communication) _____

PARENT/GUARDIAN FULL LEGAL NAME _____ Male Female
Last First Middle

Relationship to student _____ Legal guardian Yes No Lives with Contact allowed Educational rights

Street Address _____ PO Box _____ Apt, Lot # _____

City/State/Zip _____ Primary Phone _____

Secondary Phone _____ Text Phone (for school communication) _____

Email (for school communication) _____

EMERGENCY CONTACTS (List local contacts that the student may be released to in case of illness or other emergency if district is unable to notify parent. For younger children list childcare provider as an emergency contact.)

Contact 1 - Full Legal Name	Relationship	Primary Phone	Secondary Phone
Contact 2 - Full Legal Name	Relationship	Primary Phone	Secondary Phone
Contact 3 - Full Legal Name	Relationship	Primary Phone	Secondary Phone
Contact 4 - Full Legal Name	Relationship	Primary Phone	Secondary Phone

LIST ALL OTHERS LIVING IN THE HOUSEHOLD

FULL LEGAL NAME _____ Male Female
Last First Middle

Birth Date _____ Relationship to Parent _____ Current School _____ Grade _____
mm/dd/yy

FULL LEGAL NAME _____ Male Female
Last First Middle

Birth Date _____ Relationship to Parent _____ Current School _____ Grade _____
mm/dd/yy

FULL LEGAL NAME _____ Male Female
Last First Middle

Birth Date _____ Relationship to Parent _____ Current School _____ Grade _____
mm/dd/yy

FULL LEGAL NAME _____ Male Female
Last First Middle

Birth Date _____ Relationship to Parent _____ Current School _____ Grade _____
mm/dd/yy

FULL LEGAL NAME _____ Male Female
Last First Middle

Birth Date _____ Relationship to Parent _____ Current School _____ Grade _____
mm/dd/yy

RESIDENCY INFORMATION

Have you moved into the district in the last 36 months for temporary or seasonal agriculture or fishing work? Yes No

Is your current address a temporary living arrangement? Yes No *If yes, please answer the following two questions.*

Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

Do you or your student lack a fixed, regular, adequate nighttime residence? Yes No

Is your current address a foster home for the student listed? Yes No

Is your current address a group home for the student listed? Yes No

COUNTRY OF ORIGIN What is the student's country of birth? U.S. Other _____

If not in the U.S., when did the student enter the U.S.? _____ (*mm/dd/yy*)

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 _____

Is an interpreter required to communicate with anyone in your family? Yes No – If yes, language _____

Family members _____

Would you prefer information to be sent home in a language other than English? Yes No

If yes, language _____

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.