



RUSH CITY SCHOOLS
STUDENT ENROLLMENT FORM
 TO BE COMPLETED BY LEGAL PARENT/GUARDIAN
www.rushcity.k12.mn.us

Office Use Only:					
Student ID		Enrollment Date		Today's Date	
Pin #	Teacher		Advisor		
State ID					

SCHOOL

<input type="checkbox"/> Resident of ISD #139	<input type="checkbox"/> CE Jacobson Elementary
<input type="checkbox"/> Non-Resident (<i>paperwork required</i>)	<input type="checkbox"/> Rush City High School

STUDENT

Last Name (Legal Name)		First Name		Middle Name		Grade	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yyyy)		Does more than one family live at this dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Home Address (Student Resides Here)			Unit #	City/State/Zip Code			
Mailing Address (If different)			Unit #	City/State/Zip Code			
Home Phone		Primary Phone			Effective date of move (if applicable)		
Student lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> None <input type="checkbox"/> Other							

Race/Ethnic Race/Ethnic data is used for the purpose of compliance with federal and state civil rights laws and statistical reports.

Background: Hispanic/Latino (select only one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	State Ethnicity (select only one) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, not Hispanic	Federal Race (select one or more) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, not Hispanic
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GENERAL INFORMATION

Other Information:

Does this student have any American Indian lineage? Yes No

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/yyyy)

At what grade level? Check One: K 1 2 3 4 5 6 7 8 9 10 11 12

Has this student ever attended Rush City Schools? Yes No If yes, Year _____ School/s _____

Has this student ever attended any other Minnesota public school? Yes No

Student's previous schools attended _____

	School Name	District#	Address	City/State/Zip	Phone#
** Please list most recent school attended first.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

If Kindergarten, has this student had Early Childhood Screening? Yes No If yes, District _____

STUDENT

Last Name (<i>Legal Name</i>)	First Name	Middle Name	Grade
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Custody Documents

Is there an Order for Protection? Yes No If so, date of expiration (mm/dd/yyyy) _____
 Legal documents are required. Has the order been provided to the school? Yes No

Residency Information:

Have you recently moved to the school district in the last 36 months for temporary or seasonal agricultural or fishing work? Yes No
 Is your current address a temporary living arrangement? Yes No If yes, please continue.
 Is this temporary living arrangement due to loss of housing or economic hardship? Yes No
 Do you and your student lack a fixed, regular, adequate nighttime residence? Yes No

Home Language Questionnaire:

Which language did the student learn first? English Other: _____
 Which language(s) is/are most often spoken in your home? English Other: _____
 Which language does the student usually speak? English Other: _____
 Which language did the parent speak first? _____
 Is an interpreter required to communicate with anyone in your family? Yes No If yes, Language: _____
 Family members: _____
 Are there any other language accommodations requested at this time? Yes No
 If yes, please specify: _____

Additional Enrollment/Placement Information: Please answer all the questions. If yes, you may comment below.

Please mark the appropriate box for each of the following:

- Has your child received previous Special Education Services? Yes No
- Does your child have a current IEP (Individualized Education Plan)? Yes No
- Has your child been on a 504 Plan? Yes No
- Has your child received previous Title I services? Yes No
- Has your child received previous speech services? Yes No
- Has your child received previous counseling services? Yes No
- Has your child had any previous behavior or social adjustment problems? Yes No
- Has (or does) your child receive support through County Services Yes No If yes, County? _____
(Children's Mental Health, Family Services, Probation)
- Has your child attended Summer School within the past year? Yes No If yes, where? _____
- Has your child received any Gifted & Talented services? Yes No
- Has your child received any (ELL) English Language Learner services? Yes No

Comments: _____

Transportation:

Will the student need transportation by Rush City Schools? Yes No
*(If yes, please complete the **Transportation Form**)*

Last Name (Legal Name)	First Name	Middle Name	Grade
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PRIMARY LEGAL PARENT/GUARDIAN – Family #1 (Primary Residence)

Last Name:	First Name:	Middle Name:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
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Phone Type Home:	Phone Number:	Extension:	Select One: <input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact
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Cell:			<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact
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Work:			<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact
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Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
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Last Name:	First Name:	Middle Name:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
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Phone Type Home:	Phone Number:	Extension:	Select One: <input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact
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Cell:			<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact
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Work:			<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact
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Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
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Address:	City/State/Zip Code:
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LIST ALL OTHERS LIVING IN THE PRIMARY HOUSEHOLD

Last, First, Middle Name	Relationship	Date of Birth	Gender	Lives at Home <input type="checkbox"/> Yes <input type="checkbox"/> No	School Attending/Grade
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

LEGAL PARENT/GUARDIAN – Family #2

Last Name:	First Name:	Middle Name:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
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Phone Type Home:	Phone Number:	Extension:	Select One: <input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact
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Cell:			<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact
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Work:			<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact
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Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
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Last Name:	First Name:	Middle Name:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
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Phone Type Home:	Phone Number:	Extension:	Select One: <input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact
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Cell:			<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact
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Work:			<input type="checkbox"/> Primary	<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact
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Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
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Address:	City/State/Zip Code:
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STUDENT

Last Name (<i>Legal Name</i>)	First Name	Middle Name	Grade
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EMERGENCY INFORMATION**EMERGENCY CONTACTS**

In case of a serious accident or illness at school, 9-1-1 will be called and your child will be transported to the nearest hospital. If a student is injured or too ill to remain in school, parents will be called. It is their responsibility to make arrangements in advance for transportation and proper care when the school needs to send the student home or to the doctor's office.

List **LOCAL** contacts that the student may be released to in the case of illness or other emergency if **unable to notify parent**.

CONTACT 1				
Name	Relationship	Home Phone	Work Phone	Other Phone
Address:		City/State/Zip Code:		
CONTACT 2				
Name	Relationship	Home Phone	Work Phone	Other Phone
Address:		City/State/Zip Code:		
CONTACT 3				
Name	Relationship	Home Phone	Work Phone	Other Phone
Address:		City/State/Zip Code:		

HEALTH**Physician/Clinic:****Physician/Clinic Phone:**

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Dentist:**Dentist Phone:**

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Please answer the following questions. If you answer "yes" to either question, please complete the *Health Conditions Form*.

Does your child have any health conditions we need to know about? Yes No**Does your child take any medication?** Yes No

As the parent/guardian of the above named student, in case I am unable to be reached during any emergency, I hereby authorize a representative of the school to act as an agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student. Yes No

Signature of legal parent/guardian is required.

Print Parent/Guardian Name: _____ Date: _____

Signature Parent/Guardian Name: _____ Date: _____

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for pupils. This information will become a part of the student's permanent cumulative record and will be available in accordance to District Policy 515 of Rush City Schools.