

Independent School District 196
 Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 501P Adopted July 2000 Revised May 2018
 Title Student and Census Information

OFFICE USE ONLY

Date _____ School # _____ Student # _____
mm/dd/yy

homeroom _____ teacher/counselor _____ re-enrolled

language code _____ last location code _____ start date _____ bus # _____ time _____
mm/dd/yy

birth certificate received guardianship papers received transfer paperwork completed

PRINT AND COMPLETE ALL INFORMATION REQUESTED BELOW USING BLACK INK.

STUDENT Full Legal Name _____
last name first name middle name

Birthdate _____ Grade entering _____ Gender M F
mm/dd/yy

Early childhood screening is required for entry into public school kindergarten.
 Has your child completed screening? (kindergarten only)

- Yes, in District 196
- Yes, in (what district?) _____
- No, my child has not been screened

Resident district (if not District 196): _____

If not a resident of District 196, has a Statewide Enrollment Options Form been completed and approved?

- Yes
- No

Is this student: (check all that apply)

- Foreign exchange student
- Receiving English Learner services
- Receiving Gifted/Talented services
- Receiving Special Education services/IEP
- Homeless
- Ward of the state
- Receiving 504 Plan services

Last school attended (name) _____ District _____ Dates attended _____

Last school address _____
street city state zip country

FOR FEDERAL REPORTING PURPOSES If left blank staff will complete.	
<p>Ethnicity (Check one):</p> <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino <small>(Cuban, Mexican, Puerto Rican, South/Central or other Spanish culture or origin, regardless of race)</small>	<p>Race (Check all that apply):</p> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White

STATE/FEDERAL REPORTING AND LANGUAGE INFORMATION

In what language does the parent/guardian prefer to receive district communications? _____

Does the parent/guardian prefer interpreter services? Yes No If Yes, in what language? _____

Was your child born outside of the USA, Puerto Rico or U.S. Territories? Yes No *(if yes, please answer two questions below)*

1. Date of first enrollment in a USA school: _____
mm/dd/yy

2. How many full years of school has your child completed in the USA? _____

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

FAMILY INFORMATION

PRIMARY HOUSEHOLD: Parent/Guardian #1

Name _____ Gender M F
last first middle

Street address _____ City _____ State _____ Zip Code _____

Relationship to student _____ Email _____

Phone numbers (check one as primary number for school district announcements):

Mobile _____ Work _____ Other _____

PRIMARY HOUSEHOLD: Parent/Guardian #2

Name _____ Gender M F
last first middle

Relationship to student _____ Email _____

Phone numbers: Mobile _____ Work _____ Other _____

Other children under age 18 living in the PRIMARY HOUSEHOLD (list additional children on separate sheet)

last name	first name	middle name	gender	birthdate (mm/dd/yy)	relationship to student	school attending
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

SECONDARY HOUSEHOLD (if applicable): Parent/Guardian #1

Name _____ Gender M F
last first middle

Street address _____ City _____ State _____ Zip Code _____

Relationship to student _____ Email _____

Phone numbers (check one as primary number for school district announcements):

Mobile _____ Work _____ Other _____

SECONDARY HOUSEHOLD: Parent/Guardian #2

Name _____ Gender M F
last first middle

Relationship to student _____ Email _____

Phone numbers: Mobile _____ Work _____ Other _____

Other children under age 18 living in the SECONDARY HOUSEHOLD (list additional children on separate sheet)

last name	first name	middle name	gender	birthdate (mm/dd/yy)	relationship to student	school attending
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

_____ parent/guardian signature

_____ mm/dd/yy

Minnesota law requires the school district to keep accurate, updated records for all students. The information collected on this form will be used for purposes of enrollment, program eligibility, educational services and state and federal reporting. Some of the information requested is voluntary, such as the state/federal reporting and language information section, however, failure to provide some or all of the requested information may limit the school district's ability to enroll and serve your student. This information will be used within the school district on a need-to-know basis, and may also be shared with the Minnesota Department of Education, released pursuant to a subpoena or court order and shared as otherwise permitted by state and federal law. Some of the information may be classified as directory (public) information.