



School _____

Student's legal name _____
(Last name) (First name) (Middle name) (Enrolling grade)

Birthdate ____/____/____ **Sex at Birth** Male Female **Gender identity (optional)** _____
Month Day Year

Address _____
(Number and street name) (Apt. no.) (City) (State) (Zip)

It is required by the State of Minnesota that we ask this question. The responses help determine funding and resources for English Language Learners in our schools. We do not require documentation or share individual responses to this question.
Place of birth _____ **If other than USA, what month/year did the student move to the USA?** _____

Home language _____ **Active duty parent?** Yes No **Is the student homeless?** Yes No

Previous Richfield student? Yes No **Has the student ever attended school in Minnesota?** Yes No

Last school attended _____
(Name of school) (City) (State) (Zip)

Has the student been identified for any of the following services?
 504 Plan English Language Learner Gifted and Talented Title I
 Special Education - Current IEP/IFSP? Yes No If yes, please check the following:
 Emotional/Behavior (EBD) Specific Learning Disability (SLD)
 Autism Spectrum Disorders (ASD) Other _____

For kindergarten only:
Has your child completed early childhood screening? Yes No
If yes, where? _____
Attended a pre-k program? Yes No
If yes, where? _____

Parent/guardian (1) _____
(Last name) (First name) (Middle initial.)

Birthdate _____ **Relation to student** _____ **Legal guardian?** Yes No **Email** _____

Address (if different from above) _____ **Student resides with you?** Yes No

Home phone (____) _____ **Cell phone** (____) _____ **Work phone** (____) _____ **Employer** _____

Parent/guardian (2) _____
(Last name) (First name) (Middle initial.)

Birthdate _____ **Relation to student** _____ **Legal guardian?** Yes No **Email** _____

Address (if different from above) _____ **Student resides with you?** Yes No

Home phone (____) _____ **Cell phone** (____) _____ **Work phone** (____) _____ **Employer** _____

Please list other children living at this address other than those above (please use legal names)

Last name	First	MI.	Birthdate Mo/Day/Yr	Relation to the parent/guardian listed	School (if applicable)	Grade

Minnesota statutes and rules require the school district to keep accurate records and updated 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 District 280. Certain information, known as "directory information", such as student's name, name of school attended, grade level, parent(s) name, address and telephone number is available to the public and military recruiters unless the district receives a written request from a parent to withhold this information. The Richfield Public Schools policy on Protection of Privacy of Pupil Records is available at www.richfieldschools.org.

I CERTIFY THE ABOVE INFORMATION IS CORRECT.

Parent/guardian signature _____ **Date** _____

OFFICE USE ONLY:

Student ID number: _____ **Start date:** _____ **School number:** _____ **Last locn code:** _____