

STUDENT'S
LEGAL NAME _____
(Last name) (First name) (Middle name) (Enrolling Grade)
Gender: Male Female **Birthdate** ____/____/____ **Primary Home Language** _____
Month Day Year
Address _____
(Number and street name) (Apt. no.) (City) (State) (Zip)
Home Phone (____) _____ **Month/year family moved in** _____ **Is the student Homeless?** Yes No
(Area Code) (Phone Number)
Previously attended a Richfield School? Yes No **Military Family?** Yes No **Actively Deployed?** Yes No

Last School Attended: _____
(Name of school) (city) (state) (zip)

 Program student was in: ESL Special Education Gifted/Talented Title I Dual Language Immersion Pre-School Other _____

Racial Background – Check all that apply
 American Indian (including North, South and Central American; and Caribbean) **or Alaskan Native**
 Asian (a person having origins in any of the original people of the Far East, Southeast Asia or the Indian subcontinent)

 Black or African American (a person having origins in any of the black racial groups of Africa)

 Hispanic (a person having origins in Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture or origin, regardless of race)

 Native Hawaiian or Pacific Islander
(a person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands)
 White (a person having origins in any of the original people of Europe, Middle East or North Africa)

Birth Country: _____

**If birth country not USA,
1st day of K-12 education in United States:** _____

******FOR OFFICE USE ONLY******
Student Number _____

Start Date _____

School Number _____

Family Number _____

Last Locn Code _____

Transportation Code _____

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

 Gender: M F Date of Birth _____ Relationship to student _____ Legal Guardian? Yes No

Address (if different from above) _____ Email _____

 Student Resides with you? Yes No Cell Phone (____) _____ Work Phone (____) _____ Employer _____

Parent/Guardian (2) _____
(Last name) (First name) (Middle initial)

 Gender: M F Date of Birth _____ Relationship to student _____ Legal Guardian? Yes No

Address (if different from above) _____ Email _____

 Student Resides with you? Yes No Cell Phone (____) _____ Work Phone (____) _____ Employer _____

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

Last Name	First	Init.	Sex	Birthdate Mo/Day/Yr	Relationship to the Parent/Guardian listed	School (if applicable)	Grade
			M F				
			M F				
			M F				

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for pupils. 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 on our website at www.richfieldschools.org

I CERTIFY THE ABOVE INFORMATION IS CORRECT.
Parent/Guardian Signature _____ **Date** _____