



DOCUMENTS REQUIRED FOR ENROLLMENT

Every school district requires identification of each student as a condition of enrollment, which must be under a student's legal name as shown on that student's birth certificate or other legal document. The parent or legal guardian must furnish documentation of the student's identity, age, immunization and residence. No student may be denied enrollment solely because of failure to meet the documentation requirements. Enrollment is provisional, however, pending receipt of the required documentation and verification of eligibility.

ISD #31 CHECKLIST FOR ENROLLING A NEW/TRANSFER STUDENT

Please note the following items carefully. You will need **ALL** of these required items with you when you come to register your child.

- ☐ Birth Certificate
- ☐ Certification of Immunizations for each child you are enrolling.
- ☐ Parent/Guardian Photo Identification (address must match the address on the primary proof of residence).
- ☐ A copy of the official resident's primary proof of residence:
 - Home mortgage statement **OR**
 - Builder's Agreement **OR**
 - Purchase Agreement **OR**
 - Beltrami/Hubbard County property tax statement **OR**
 - Current gas, electricity or water bill (within the last 30 days) **OR**
 - Lease/rental agreement (must list the names of the parents/guardians living in the rental unit, plus the manager's name and phone number).
- ☐ If you have a Beltrami/Hubbard/Cass case number (TANF/SNAP).
- ☐ Custody papers, if applicable (court order of custody or stamped petition is acceptable).
If the student is not the biological child, documentation must be presented that proves the transfer of custody and control has been achieved.

A parent or legal guardian who resides with relatives or friends within ISD #31 and who wishes to send a child to an ISD #31 school must submit a Residency Affidavit Form in person and accompanied by the relative or friend in which their residing with. Along with the signed form, the relative or friend must provide a photo identification card and official resident's primary proof of residence (see acceptable proof above).

NOTE: Bemidji Public School District reserves the right to deny enrollment if it believes falsification of information has taken place or the student does not live at the residence state in the registration paperwork. A home visit may be made if residency cannot be established to the district's satisfaction.



FOR REGISTRAR USE ONLY

DATE OF ENROLLMENT:
SCHOOL ATTENDING:
START DATE:
MARSS#:

KINDERGARTEN REGISTRATION

Section 1: Student/Contact Information

PLEASE PRINT STUDENT'S LEGAL NAME

(LAST) _____ (FIRST) _____ (MIDDLE) _____

GRADE: _____ BIRTH DATE: ____/____/____ GENDER: Male _____ Female _____

PLACE OF BIRTH: _____, _____, _____
(City) (State) (County)

Home Address: _____
Street Address - (DO NOT LIST PO BOX) City State Zip County

Mailing Address: _____
(If different than above) Street Address - (CAN LIST PO BOX) City State Zip

If you live in transitional housing (motel, campsite, car or shelter) please tell the Registrar for additional information and resources available.

EARLY CHILDHOOD SCREENING	City	DATE COMPLETED		PRESCHOOL	NAME OF PRESCHOOL
Y / N				Y / N	

Name of Parent (If you are NOT the biological/step parent of the child, please see next section.)	Student Resides With (X)	Employer	Daytime Phone	Cell Phone
Mother:				
Step Mother:				
Father:				
Step Father:				
Second Parent Address: (If different than above)		City	State	Zip code

Circle your relationship to the student (Documentation will be required):

Legal Guardian

Foster Parent

Group Home

Guardian's Name (Last Name, First Name)	Physical/Mailing Address (if different than student's)	Phone Number	Case Manager Name & Phone Number

Section 2: Special Programs

Does this student have a current Individual Education Plan (IEP) through Special Education? Yes _____ No _____

If yes, please indicate primary disability: _____

Does your student have a 504 Accommodation Plan (for such things as diabetes management, etc.) Yes _____ No _____

If yes, please indicate what for: _____

Section 3: Emergency Contacts (Someone other than parent/guardian)

Contact (Last, First Name)	Relationship	School Hours Phone #	Circle One:
			Home, Work or Cell
			Home, Work or Cell

Section 4: Additional Household Information

LIST ALL CHILDREN IN HOUSEHOLD, NOT ENROLLED IN ISD. #31 UNDER THE AGE OF 5

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER M/F	BIRTHDATE	HANDICAPPED (Y/N)

Section 5: Certification/Signatures

Parent/Guardian ACTIVE in the Military: Yes _____ No _____

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Printed Name: _____

E-mail address: _____ @ _____

Signature: _____ Date: _____

Items Scanned and collected:

____ Photo ID
____ Birth Certificate
____ Immunization Record
____ ELL/ESL Form
____ Custody/Divorce Docs

For Office Use Only:

____ F/R Lunch Form
____ Proof of Residence (type provided) _____
____ Title 7/JOM Eligibility Form for Native American
____ Records Requested (Date requested _____)

Bemidji Area Schools
Bus Registration information for 2020-2021

Student/Family Information:

Student Name (please print): _____

School of Attendance for 2020-2021: _____

Choose All That Apply:

_____ **Yes**, my child needs transportation **to school.** If yes, complete all the information below.

_____ **Yes**, my child needs transportation **from school.** If yes, complete all the information below.

_____ **No**, my child **does not** need transportation **to school.** I will be dropping student off.

_____ **No**, my child **does not** need transportation **from school.** I will be picking student up.

Primary Parent: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____

Before School Pickup Address: _____

After School Drop off Address: _____

Daycare Information: If pickup or drop off address is a daycare (which is other than home), please complete all fields below.

Daycare Provider Name: _____ Phone Number: _____

Address: _____

If Split Household Please Complete This Section:

Secondary Parent Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

My child needs transportation to and from this address? Yes _____ No _____

2019-20 Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations.

Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select “yes” or “no” to this question.]

☐ **Yes** *[If yes, go to Question A.]*

☐ **No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

☐ **Yes** *[If yes, go to Question 1a.]*

☐ **No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

on back side

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

☐ **Yes** [If yes, go to Question 3a.]

☐ **No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

☐ **Yes** [If yes, go to Question 4a.]

☐ **No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

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(City) (State) (County)

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Signature: _____ Date: _____

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For Office Use Only:

____ F/R Lunch Form
____ Proof of Residence (type provided) _____
____ Title 7/JOM Eligibility Form for Native American
____ Records Requested (Date requested _____)

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

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