



Westonka Public Schools
Educational Service Center
5901 Sunnyfield Road East
Minnetrista, MN 55364
(952)491-8000

K-12 Registration Form

FOR SCHOOL OFFICE USE ONLY

Entry Date ____/____/____ School _____
Enrolling in Grade _____ Resident District _____
(K-4) Teacher Name _____
State Student ID _____

Please complete all information requested below and on the other side of this sheet

STUDENT INFORMATION

STUDENT'S FULL LEGAL NAME _____ GENDER ☐ M ☐ F
(First Name) (Middle Name) (Last Name)

DATE OF BIRTH ____/____/____ ENTERING GRADE (circle one) K 1 2 3 4 5 6 7 8 9 10 11 12

PRIMARY ETHNICITY (mark **only** one box)

☐ 1 – American Indian ☐ 2 – Asian or Pacific Islander ☐ 3 – Hispanic ☐ 4 – Black, not of Hispanic Origin ☐ 5 – White, not of Hispanic Origin

Additional federal Race/Ethnicity categories are required. Mark the box YES or NO in part A below. More than one box may be marked in B.

PART A – Is the child Hispanic/Latino? (choose only one)

☐ NO, not Hispanic/Latino ☐ YES, Hispanic/Latino

PART B – What is the child's race? (choose one or more)

☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White

Which language did your child learn first? ☐ English ☐ Other (specify): _____

Which language is most often spoken in your home? ☐ English ☐ Other (specify): _____

Which language does your child usually speak? ☐ English ☐ Other (specify): _____

Last public or non-public school attended: _____
(Name of School) (City) (State) (Zip) (Phone)

Has student previously attended Westonka Public Schools? ☐ YES (If yes, when? _____) ☐ NO

FAMILY INFORMATION

STUDENT ADDRESS _____
(Number and Street Name) (Apt. No.) (City) (State) (Zip)

MAILING ADDRESS (if different from above) _____ PRIMARY PHONE (_____) _____

Do you live in the Westonka school district? ☐ YES ☐ NO Date moved into District: ____/____/____ (If no, in which district do you live? _____)

WITH WHOM DOES THE STUDENT LIVE? (circle one) Father & Mother Father & Stepmother Mother & Stepfather Father only Mother only

Mother & Mother Father & Father Legal Guardian(s) Foster Parent(s) Grandparent(s) Other: _____

LEGAL GUARDIAN #1 (living in same dwelling as student)
(Primary contact for district announcements and mailings)

OTHER GUARDIAN / ADULT (living in same dwelling as student)

Name (First, MI, Last):

Name (First, MI, Last):

Gender: M F Date of Birth: ____/____/____

Gender: M F Date of Birth: ____/____/____

Relationship to Student:

Relationship to Student:

Legal Parent / Guardian: ☐ YES ☐ NO

Legal Parent / Guardian: ☐ YES ☐ NO

Work Phone: (_____) Cell Phone: (_____) _____

Work Phone: (_____) Cell Phone: (_____) _____

Email:

Email:

(PLEASE COMPLETE OTHER SIDE)

STUDENT NAME: _____

Daycare Name and Address (for District transportation to / from during the school year) _____

Has your child completed Early Childhood Screening? ☐ YES (If yes – where? _____ Year _____) ☐ NO

Is your child an immigrant? ☐ YES (If yes – what is the country of origin _____ Date arrived _____) ☐ NO

Is your child a migrant? ☐ YES (If yes – what is the country of origin _____ Date arrived _____) ☐ NO

Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work?

☐ YES (If yes – what is the country of origin _____ Date arrived _____) ☐ NO

Has your child received any of the following special services? (Check all that apply)

☐ Early Childhood Spec Ed ☐ Title 1 ☐ ALC (Alternative Learning) ☐ Special Education ☐ 504 Plan ☐ PSEO ☐ Gifted/Talented

☐ ELL-English Language Learner – Date first enrolled in ESL/ELL program in U.S. _____

OTHER PARENT NOT LIVING IN HOME

(If this parent is not to receive information on above student please attach the court order paperwork)

(First Name) (Middle Initial) (Last Name) Gender ☐ M ☐ F Date of Birth ____/____/____

Relationship to Student : _____

Address: _____
(Number and Street Name) (Apt. No.) (City) (State) (ZIP)

Phone: (Primary) _____ (Work) _____ (Cell) _____

Email: _____

OTHER HOUSEHOLD MEMBERS UNDER AGE 21

(Please use legal names, not nicknames)

First Name	M.I.	Last Name	Sex	Date of Birth MM/DD/YYYY	Child's relationship to Head(s) of Household	Name of the school the child attends	Child's Grade
			M F				
			M F				
			M F				
			M F				
			M F				

Minnesota Statutes and rules require the school district to keep accurate records and updated personal records for all pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 277. Certain information known as "directory information" is available to the public unless the district receives a written request from a parent.

In compliance with state and federal laws, it is the policy of the Westonka School District to make all educational, including vocational, course work available to all students without regard to race, color, creed, religion, national origin, sex, marital status, parental status, status with regard to public assistance, disability, sexual orientation or age.

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature _____ Date _____