

PLEASE INDICATE CHANGES WITH AN * (ASTERISK)

Student LEGAL Last Name:	LEGAL First Name:	LEGAL Middle Name	Also Known As:
Birth date (Month/Day/Year)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace: City _____ State _____ Zip _____ <small>(Provide copy of birth certificate or any legal document that includes the birth date)</small>	
Grade:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language at Home: <input type="checkbox"/> English <input type="checkbox"/> Other _____	

PRIMARY HOUSEHOLD – STUDENT LIVES WITH (Check one)

- ☐ Both Parents ☐ Father Only ☐ Mother Only ☐ Grandparents ☐ Father/Stepmother ☐ Mother/Stepfather
☐ Stepfather/Stepmother ☐ Guardian ☐ Self ☐ Agency ☐ Other _____

HOME PHONE (WHERE STUDENT RESIDES) (_ _) _ _ _ or Unlisted (please circle)

PRIMARY HOUSEHOLD (Father/Stepfather/Guardian where student resides)

Last Name _____ First Name _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Is this address permanent? ☐ Yes ☐ No (If no, please ask the office for an additional form)**PRIMARY HOUSEHOLD (Mother/Stepmother/Guardian where student resides)**

Last Name _____ First Name _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Is this address permanent? ☐ Yes ☐ No (If no, please ask the office for an additional form)**STREET ADDRESS**WHERE STUDENT
RESIDES

Street Address (Include Apt. #)

City _____ State _____ Zip _____

MAILING ADDRESSWHERE STUDENT
RESIDES

Street Address (Include Apt. #)

City _____ State _____ Zip _____

EMERGENCY CONTACTS: If I cannot be reached or am unavailable to pick up my child FOR ANY REASON, I give permission to release my child to:

#1 Name _____

Phone (_ _) _____

Relation to the Student: _____

#2 Name _____

Phone (_ _) _____

Relation to the Student: _____

SECONDARY HOUSEHOLD – STUDENT LIVES WITH (Check one)

- ☐ Father Only ☐ Mother Only ☐ Grandparents ☐ Father/Stepmother ☐ Mother/Stepfather
☐ Stepfather/Stepmother ☐ Guardian ☐ Self ☐ Agency ☐ Other _____

Secondary HOUSEHOLD (Father/Stepfather/Guardian NOT residing with student)

Last Name _____ First Name _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Secondary HOUSEHOLD (Mother/Stepmother/Guardian NOT residing with student)

Last Name _____ First Name _____

Phone: Home _____ Work _____ Cell _____

Email: _____

SECOND HOUSEHOLD ADDRESS:

Both Parents have legal rights to receive information about their child unless otherwise ordered by the court.

Street Address _____

PO Box _____

City _____ State _____ Zip _____

Mailings Requested: ☐ Yes ☐ No**SECOND HOUSEHOLD ADDRESS:**

Both Parents have legal rights to receive information about their child unless otherwise ordered by the court.

Street Address _____

PO Box _____

City _____ State _____ Zip _____

Mailings Requested: ☐ Yes ☐ No

Are there ANY COURT ORDERS currently in effect pertaining to your child? (i.e. custody/parenting plans, restraining orders, guardianship, etc.)

☐ NO ☐ YES, I _____ have provided court documentation.

(Parent or Guardian)

STUDENT REGISTRATION/CHANGE FORM (continued)

Name of School Last Attended:	Previous School Street Address:	Previous School City, State and Zip:
Has the student ever attended New Ulm Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, name of the school attended:	Date attended (month/year)

Has your child ever qualified for Special Education Services? ☐ Yes ☐ No If Yes, what services have been provided? _____

OTHER HOUSEHOLD MEMBERS LIVING WITH STUDENT (Siblings, Aunts, Uncles, Friends, etc.)

Last Name	First Name	Relationship to student	Gender	Grade (if app.)	Birth date
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		

RACE: Please check all that apply of the following:

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

ETHNICITY: Please answer the following question: Is your ethnicity Hispanic/Latino? ☐ YES ☐ NO

RACE/ETHNICITY: Please check ONE of the following:

☐ American Indian/Alaskan Native ☐ Asian/Other Pacific Islander ☐ Hispanic ☐ Black, NOT Hispanic ☐ White, NOT Hispanic

NOTE: The US Department of Education strongly encourages "self-identification" of race and ethnicity rather than third party "observer identification." The MN Department of Education requires us to gather and report data beginning the 08-09 School year. This allows individuals, for the first time, the opportunity to identify themselves as being of or belonging to more than one race and ethnicity.

Educational Institutions are required to collect & report this data. Individuals are not required to self-identify their race or ethnicity. If respondents do not provide information about their race/ethnicity, educational institutions should ensure that respondents have refused to self identify rather than simply overlooked the questions. If adequate opportunity has been provided for respondents to self identify and respondents still do not answer the questions, observer identification will be used. While the Department recognizes that obtaining data by observer identification is not as accurate as obtaining data through a self-identification process, places some burden on school district staff and may be contrary to the wishes of those refusing to self identify it is better than the alternative of having no information.

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Authorized Signature: _____ Relationship to Student: _____ Date: _____

OFFICE USE ONLY

School Attending:	Start Date:	MARSS#	Locker #
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Notes:

PRINCIPAL USE ONLY

COURT DOCUMENTS RECEIVED: Guardian Mailings Portal for _____ (Name of Adult)
☐ Yes ☐ NA Guardian Mailings Portal for _____ (Name of Adult)

Principal Signature _____ Date: _____

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.

Encuesta sobre los Idiomas de Minnesota

Minnesota es el hogar de hablantes de más de 100 idiomas diferentes. La capacidad de hablar y entender varios idiomas es valorada. La información que usted proporcione será utilizada por el distrito escolar para ver si su estudiante es multilingüe. En Minnesota, los estudiantes que son multilingües pueden calificar para un sello multilingüe tras una previa evaluación. Además, la información que usted provea determinará si su estudiante debe tomar una prueba de habilidad del idioma inglés. Basado en los resultados de la prueba, su estudiante puede tener derecho a instrucción de desarrollo del idioma inglés. **El acceso a la instrucción es requerido por la ley federal y estatal. Como padre o tutor, usted tiene el derecho de rechazar la instrucción de clases de Aprendiz de Inglés (English Learner) en cualquier momento.** Cada estudiante que se matricula debe recibir la Encuesta sobre los Idiomas de Minnesota durante la inscripción. La información solicitada en este formulario es importante para poder servir a su estudiante. Su ayuda para completar la Encuesta sobre los Idiomas de Minnesota es muy apreciada.

Información del estudiante	
Nombre completo del estudiante: (Apellido, Nombre, Segundo Nombre)	Fecha de nacimiento o identificación del estudiante:

	Marque la frase que mejor describe a su estudiante:	Indique el (los) idioma (s) aparte del inglés en el espacio provisto:
1. Mi estudiante primero aprendió:	<input type="checkbox"/> idioma(s) aparte del inglés. <input type="checkbox"/> inglés e idioma(s) aparte del inglés. <input type="checkbox"/> solo inglés.	
2. Mi estudiante habla:	<input type="checkbox"/> idioma(s) aparte del inglés. <input type="checkbox"/> inglés e idioma(s) aparte del inglés. <input type="checkbox"/> solo inglés.	
3. Mi estudiante entiende:	<input type="checkbox"/> idioma(s) aparte del inglés. <input type="checkbox"/> inglés e idioma(s) aparte del inglés. <input type="checkbox"/> solo inglés.	
4. Mi estudiante tiene una interacción consistente con:	<input type="checkbox"/> idioma(s) aparte del inglés. <input type="checkbox"/> inglés e idioma(s) aparte del inglés. <input type="checkbox"/> solo inglés.	

El uso del lenguaje por sí solo no identifica a su estudiante como aprendiz de inglés. Si se indica un idioma que no sea el inglés, se evaluará a su hijo para determinar el dominio del idioma inglés.

Información del padre/tutor	
Nombre del padre/tutor (en letra de imprenta):	
Firma del padre/tutor	Fecha:

* Todos los datos en este formulario son privados. Solo se compartirán con el personal del distrito que necesita dicha información para atender mejor a su estudiante y para los informes requeridos legalmente sobre el idioma del hogar y elegibilidad del servicio al Departamento de Educación de Minnesota. En el distrito y en el Departamento de Educación de Minnesota, esta información no se compartirá con otras personas o entidades, excepto si están autorizadas por ley estatal o federal para acceder a la información. El cumplimiento de esta solicitud de información es voluntario.

Minnesota Language Survey
Spanish

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.

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*):

- | | | | |
|--|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Chinese | <input type="checkbox"/> Karen | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Hmong | <input type="checkbox"/> 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*):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Ethiopian-Other | <input type="checkbox"/> Somali |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Liberian | <input type="checkbox"/> Other black |
| <input type="checkbox"/> Ethiopian-Oromo | <input type="checkbox"/> Nigerian | <input type="checkbox"/> 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 _____

Print/Save