

DISCOVERY PUBLIC SCHOOL OF FARIBAULT DIST 4081 STUDENT REGISTRATION SUPPLEMENT

<b>ADDITIONAL SCHOOL I.D.</b>	<b>Student's Full Name</b> _____ <b>Date of Birth:</b> _____ <b>Birth City:</b> _____ <b>Birth State:</b> _____ <b>Country of Birth:</b> _____ <b>Citizenship of Student:</b> <input type="radio"/> U.S.A. <input type="radio"/> Other (Please Specify) _____ <b>Birth Certificate Rec'd:</b> <input type="radio"/> Yes <input type="radio"/> No <b>Are you a migrant family?</b> <input type="radio"/> Yes <input type="radio"/> No <b>Sex:</b> <input type="radio"/> Male <input type="radio"/> Female <b>Is the student currently on an IEP?</b> <input type="radio"/> Yes <input type="radio"/> No <b>Social Security Number:</b> _____ <small>In accordance with the Federal Privacy Act of 1974 and the State of Minnesota Privacy Law (M.S. Section 13.43), you do not have to provide the social security number.</small> <b>How will your child be transported to and from school?</b> _____
	To assure that equal and meaningful education is provided to all students, <u>Minnesota Law 120.095 requires that schools report the languages</u> spoken by students and their families at home. All your answers will remain confidential. Thank you for your help in this effort to better Minnesota educational opportunities.
	1. Which language did your child learn first? <input type="radio"/> English <input type="radio"/> Other (Please specify): _____ 2. Which language is most often spoken in your home? <input type="radio"/> English <input type="radio"/> Other (Please specify): _____ 3. Which language does your child usually speak? <input type="radio"/> English <input type="radio"/> Other (Please specify): _____ 4. Enrolled previously in an ESL Program? <input type="radio"/> Yes <input type="radio"/> No
	<b>Ethnicity Question Part A:</b> Is this student Hispanic/ Latino? <input type="radio"/> <u>Yes, Hispanic/ Latino</u> (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) <input type="radio"/> <u>No, not Hispanic/ Latino</u> <hr/> <b>Ethnicity Question Part B:</b> What is the student's Race? <input type="radio"/> American Indian/ Alaska Native <input type="radio"/> White (Check all that apply.) <input type="radio"/> Asian <input type="radio"/> Black/ African American <input type="radio"/> Hawaiian/ Pacific Islander <input type="radio"/> Other: _____

<b>MEDICAL INFORMATION</b>	<b>HEALTH CONCERNS:</b> _____ <b>ALLERGIES:</b> _____ <b>MEDICATIONS:</b> Please attach Medical Authorization Form. <i>In case of an accident or serious illness, I request the school to contact me. If unable to contact me, I hereby authorize the school to contact the physician listed and follow his directive. If unable to contact the physician, the school may make whatever arrangements that seem necessary.</i> <b>DOCTOR:</b> _____ <b>HOSPITAL:</b> _____ <b>PHONE:</b> _____ **It is the parent's responsibility to notify the school if the family changes doctor or hospital. <b>TYLENOL / ADVIL:</b> The administration of acetaminophen (Tylenol) and ibuprofen (Advil) to students is permitted as long as parent/guardian authorization is received. School personnel have permission to administer acetaminophen (Tylenol) product or ibuprofen (Advil) product to my child. No more than 5 doses per month without physician's order. Yes <input type="radio"/> No <input type="radio"/>				
	<table style="width:100%; border: none;"> <tr> <td style="width: 30%;"><b>Signature of Parent/Guardian</b></td> <td style="width: 30%;"><b>Relationship to Student</b></td> <td style="width: 20%;"><b>Date</b></td> <td style="width: 20%;"><b>Daytime Phone Number</b></td> </tr> </table>	<b>Signature of Parent/Guardian</b>	<b>Relationship to Student</b>	<b>Date</b>	<b>Daytime Phone Number</b>
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	<p style="text-align: center;"><i>This section is required to be complete and on file in the school office should any medication require administration within school hours. Without this form on record, administration of medication <b>cannot</b> be given.</i></p>				

<b>EMERGENCY</b>	<p style="text-align: center;"><b>EMERGENCY INFORMATION:</b></p> <p><b>If parent/guardian is unavailable, the following person(s) are authorized to care for and transport child in case of illness or emergency:</b></p>
	1. _____ Name Relationship to Student Phone
	2. _____ Name Relationship to Student Phone
	3. _____ Name Relationship to Student Phone