

DISCOVERY PUBLIC SCHOOL OF FARIBAULT DIST. 4081 STUDENT REGISTRATION APPLICATION 2018-2019

*We believe all children can learn. We believe a trusting, caring, and nurturing environment must pervade the entire school.
We believe the primary purpose of education is to teach children "how" to learn.
We believe children must take responsibility for and be actively involved in their learning.*

Date Received: _____

SCHOOL I.D.	Legal Name: _____ (Surname) (First Name) (Middle Name)
	Goes By (A.K.A. Name): _____ Grade: _____ Date of Birth _____
	Address: _____ (Street Address) (City) (State) (Zip Code)
	Telephone: _____ / _____ / _____ / _____ (Home) (Cell) (Work) (Other)

PARENT/LEGAL GUARDIAN INFORMATION	<u>FATHER (Guardian)</u>	<u>MOTHER (Guardian)</u>	<u>OTHER (Guardian)</u>	
	Does student reside with Father? <input type="radio"/> Yes <input type="radio"/> No	Does student reside with Mother? <input type="radio"/> Yes <input type="radio"/> No	Does student reside with "Other"? <input type="radio"/> Yes <input type="radio"/> No	
	Is Father Legal Guardian? <input type="radio"/> Yes <input type="radio"/> No	Is Mother Legal Guardian? <input type="radio"/> Yes <input type="radio"/> No	Is "Other" Legal Guardian? <input type="radio"/> Yes <input type="radio"/> No	
	NAME: _____	NAME: _____	NAME: _____	
	ADDRESS: _____	ADDRESS: _____	ADDRESS: _____	
	CITY ST. ZIP CODE	CITY ST. ZIP CODE	CITY ST. ZIP CODE	
	HOME PHONE: _____ WORK PLACE: _____ WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____	HOME PHONE: _____ WORK PLACE: _____ WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____	HOME PHONE: _____ WORK PLACE: _____ WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____	

Education	Last School Attended: _____ Name City State Telephone Last Grade Completed
	Other School Attended: _____ Name City State Telephone Last Grade Completed (Please list other schools on back if necessary. Thank-you!)

PHOTO AUTHORIZATION	Discovery Public School would like to use pictures from class and activities on our website. No student names or personal information or references will be made about the student. Please sign below if you approve possibly posting your child's picture on the DPS web page (www.isd4081.org), without identifying information.
	Signature of Parent/Guardian _____ Student _____ Date _____

I hereby certify the foregoing information given is true, correct, and complete to the best of my knowledge and belief.

Signature of Parent/Guardian _____	Relationship to Student _____	Date _____	Daytime Phone Number _____
Signature of Parent/Guardian _____	Relationship to Student _____	Date _____	Daytime Phone Number _____

(Both parents' signatures required if equally responsible for student)

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.