

*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.*

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	FATHER (Guardian)	MOTHER (Guardian)	OTHER (Guardian)
	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: _____	HOME PHONE: _____	HOME PHONE: _____
	WORK PLACE: _____	WORK PLACE: _____	WORK PLACE: _____
WORK PHONE: _____	WORK PHONE: _____	WORK PHONE: _____	
CELL PHONE: _____	CELL PHONE: _____	CELL PHONE: _____	
EMAIL: _____	EMAIL: _____	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 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 AND 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.

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*):

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 _____



DISCOVERY PUBLIC SCHOOL OF FARIBAULT DIST 4081
STUDENT REGISTRATION SUPPLEMENT
(TO BE COMPLETED ONCE STUDENT IS ENROLLED)

ADDITIONAL SCHOOL I.D.

Student's Full Name _____ Date of Birth: _____

Birth City: _____ Birth State: _____ Country of Birth: _____

Citizenship of Student: U.S.A. Other (Please Specify) _____ Birth Certificate Rec'd: Yes No

Are you a migrant family? Yes No Sex: Male Female Is the student currently on an IEP? Yes No

Military Connected Youth?
(Having an immediate family member, including a parent or sibling, who is currently in the armed forces, either as a reservist or on active duty or has recently retired from the armed forces)

Enrolled previously in an ESL Program? Yes No

How will your child be transported to and from school? _____

Ethnicity Question Part A: Is this student Hispanic/ Latino? (Check only one.) Yes, Hispanic/ Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) No, not Hispanic/ Latino

Ethnicity Question Part B: What is the student's Race? (Check all that apply.) American Indian/ Alaska Native White Asian Black/ African American Hawaiian/ Pacific Islander Other: _____

MEDICAL INFORMATION

HEALTH CONCERNS: _____

ALLERGIES: _____

MEDICATIONS: Please attach Medical Authorization Form.

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 seem necessary.

DOCTOR: _____ HOSPITAL: _____ PHONE: _____

****It is the parent's responsibility to notify the school if the family changes doctor or hospital.**

TYLENOL / ADVIL: 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 No

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

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 file, administration of medication cannot be given.

EMERGENCY

If parent/guardian is unavailable, the following person(s) are authorized to care for and transport child in case of illness or emergency:

1. _____
Name Relationship to Student Phone

2. _____
Name Relationship to Student Phone

3. _____
Name Relationship to Student Phone