

MINNEAPOLIS PUBLIC SCHOOLS STUDENT REGISTRATION 2021-22			STUDENT ID: _____		SCHOOL: ()		
			GRADE: _____		START DATE: [] [] [] Imm []		
			HOMEROOM: []		ENTRY CODE: [] [] BV []		
LEGAL LAST NAME: _____			LEGAL FIRST NAME: _____		MIDDLE: _____ Suffix: _____		
ADDRESS: _____					HOME PHONE: _____ Area Phone		
BIRTH DATE: //		BIRTH LOCATION: _____		DIFFERENT NAME: (If student has registered under a different name)		Gender:	
MONTH	DAY	YEAR					<input type="radio"/> Female <input type="radio"/> Male
STUDENT RACE			PREVIOUS EDUCATION		HOME LANGUAGE		
Is the student culturally Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No			What is the most recent school the child attended? School: _____ City: _____ State or Country: _____		Which language did your child first learn? <input type="radio"/> English <input type="radio"/> Other _____		
What do you consider your student's primary race ? <input type="radio"/> African American <input type="radio"/> American Indian <input type="radio"/> Asian American <input type="radio"/> Pacific Islander <input type="radio"/> White American			<input type="radio"/> Public <input type="radio"/> Charter <input type="radio"/> NonPub/Private <input type="radio"/> Other (specify) _____		Which language is spoken most in your home? <input type="radio"/> English <input type="radio"/> Other _____		
Check all races that apply to student. <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White American			Has the student ever attended a public or charter school in Minnesota? <input type="radio"/> Yes <input type="radio"/> No		Which language does your child usually speak? <input type="radio"/> English <input type="radio"/> Other _____		
					OTHER SERVICES		
					Has this student been receiving special ed services? <input type="radio"/> Yes <input type="radio"/> No If yes, where? _____		
					Does the student need any other special accommodations? <input type="radio"/> Yes <input type="radio"/> No If yes, what? _____		
PARENT 1 ON BIRTH CERTIFICATE <input type="radio"/> Father <input type="radio"/> Mother				STUDENT LIVES WITH			
Last Name: _____ First: _____				<input type="radio"/> Both Parents <input type="radio"/> Mother <input type="radio"/> Mother & Stepfather			
Address: _____ <small>If different from student's</small>				<input type="radio"/> Legal Guardian <input type="radio"/> Father <input type="radio"/> Father & Stepmother			
City: _____ State: _____				<input type="radio"/> Foster Parents <input type="radio"/> Alone <input type="radio"/> Father & Father 1			
Home phone: _____ Cell: _____				<input type="radio"/> Host Family <input type="radio"/> Spouse <input type="radio"/> Mother & Mother 1			
Email: _____ May pick up? <input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Other Relative <input type="radio"/> Other <input type="radio"/> Residential facility			
PARENT 2 ON BIRTH CERTIFICATE <input type="radio"/> Father <input type="radio"/> Mother				LIVES WITH CONTACTS: Name of adults(s) student lives with if other than a parent			
Last Name: _____ First: _____				Last Name: _____ First: _____			
Address: _____ <small>If different from student's</small>				Home phone: _____ Cell: _____			
City: _____ State: _____				Email: _____ May pick up? <input type="radio"/> Yes <input type="radio"/> No			
Home phone: _____ Cell: _____				Last Name: _____ First: _____			
Email: _____ May pick up? <input type="radio"/> Yes <input type="radio"/> No				Home phone: _____ Cell: _____			
				Email: _____ May pick up? <input type="radio"/> Yes <input type="radio"/> No			
Signature of person registering student _____			Relationship to student _____		Date _____		