



Roseville Area Schools
Quality Teaching & Learning for All...Equity in All We Do

Census
Roseville Area Schools
District 623

Date: _____

School: _____

ADDRESS INFORMATION

(Please include all persons residing at the address.)

HEAD OF HOUSEHOLD 1. _____ GENDER M F BIRTH YEAR _____

HEAD OF HOUSEHOLD 2. _____ GENDER M F BIRTH YEAR _____

STREET _____ UNIT/APT # _____ CITY _____ ZIP _____

TELEPHONE _____ HOME LANGUAGE _____

Have you lived in this district previously? YES NO If yes, at what address _____

LIST NAMES OF ALL OTHER IMMEDIATE FAMILY MEMBERS RESIDING AT THIS ADDRESS:

****Please include the student(s) you are currently enrolling in this list.****

First	Middle	Last	Gender	Grade	Birthdate	School Attending

PLEASE SEND COMPLETED FORMS TO:

Central Enrollment
Roseville Area Schools
1251 County Road B2 West
Roseville MN 55113

p. 651.635.1626 | f. 651.635.1659 | e. enrollment@isd623.org

Form completed on:		Enrollment Year:		School/School Number:		Student ID:	
First Day of Enrollment:	Age Verification		Proof of residence:		Interpreter Needed:		Records requested from:
	1. B.C. 2. Visa/Passport 3. Other		1. D.L. 2. Utility 3. Other		YES <input type="checkbox"/> NO <input type="checkbox"/>		Date Requested: _____

Roseville Area Schools ISD #623 Student Enrollment

Student LAST Name (Legal):		Student FIRST Name (Legal):		Student MIDDLE Name (Full):		Student's Birth Date	
Enrolling Grade:		Nickname (optional)		Has this student ever registered under a different name?			
Student Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Previously attended Roseville Schools #623? No <input type="checkbox"/> Yes <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		Name: _____	
		Name of School _____					

Primary Phone: (_____) _____

Student Lives With: Mother Father Other _____

Address: _____
STREET APT #

CITY ZIP CODE

List all schools student has attended (MOST RECENT SCHOOLS FIRST):

Name of School	City and State	Grades Attended	Type of School Last Attended (circle one)	
			MN Public	Out of State Public
			Nonpublic	Charter
			MN Public	Out of State Public
			Nonpublic	Charter

Date first entered the U.S. (only if born outside U.S.):

U.S. school entry date (only if born outside U.S.):

Month | Day | Year

Month | Day | Year

- Is this student in foster care? YES NO
If yes, is the Student a Ward of the County or State? (legal documentation required) YES NO
- Would your child be a first generation college student? YES NO
- Have you moved into the school district within the last 36 months for temporary or seasonal agricultural or fishing work? YES NO
- Has your child previously missed six or more months of school? YES NO
- Is this student receiving Special Education Services (an IEP)? YES NO
- Does this student have a 504 Accommodation Plan? YES NO

Please read definitions below before answering the following questions.

- Is the student considered a 'Military-Connected Youth?' YES NO
- Is the current address for you or the student a temporary living arrangement? YES NO

*(If yes, please answer next question)

What caused the temporary living arrangement? _____

Military-Connected Youth is defined as a 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.

Homelessness-is defined as an individual who **lacks a fixed, regular and adequate nighttime residence**. This includes: a) children/youth sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelter; are abandoned in hospitals; b) children/youth who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings (examples: cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings).

Students experiencing homelessness are eligible for assistance through the McKinney-Vento Act

Student Enrollment Cont.

Parent/Guardian Data:	Parent/Guardian #1	Parent/Guardian #2
Name (First, MI, Last)		Name (First, MI, Last)
Relationship to Student (mother, stepfather, etc)		Relationship to Student (mother, stepfather, etc)
Street Address, City, Zip (if different from student's)		Street Address, City, Zip (if different from student's)
Cell Phone #		Cell Phone #
Work Phone #		Work Phone #
Employer/Occupation		Home Phone # (if different from student's)
E-mail Address		Employer/Occupation
		E-mail Address

Does the family need an interpreter present at school conferences? Yes No

Interpreter needed for: Mother Father Guardian Other _____
Language

Second mailing guardian information (joint or non-custodial guardian living outside of the household):

Name (First, MI, Last)		Cell Phone #	
Relationship to Student (mother, stepfather, etc)		Work Phone #	
Street Address, City, Zip		Employer/Occupation	
Home Phone #		E-mail Address	

If custodial issues are involved, please provide the information requested below:

Are there any restrictions legally placed upon non-custodial parent's right to information about, or dealings with, the student named on this form?

YES NO **If yes, a copy of the decree needs to be on file at the school** Please send it to the principal.

If separated or divorced, which parent(s) or person has legal custody of student: Mother Father Both Other _____

May we contact non-custodial parent in emergency? YES NO If no, a copy of a decree needs to be on file at school.

Is the student allowed to leave with non-custodial parent? YES NO If no, a copy of a decree needs to be on file at school.

Emergency Contacts

Name of a person to call in an emergency other than a person the student lives with:

Name (First, MI, Last)		Name (First, MI, Last)	
Relationship to Student		Relationship to Student	
Home Phone #		Home Phone #	
Cell Phone #		Cell Phone #	
Work Phone #		Work Phone #	

Signature of Parent or Guardian

Relationship to Student

Date

Request for Student Records
Roseville Area Schools Independent School District 623

The following student has registered at Roseville Area School District ISD 623:

Student Name _____ Grade _____

Anticipated Enrollment Date _____ Date of Birth _____

Previous School Information:

School Name

School Address

City State Zip Code

School Phone School Fax

Parent/Guardian Signature Date

Previous School - Please forward the following information:

- **Transcripts of records and grades - all academic records (Please fax ASAP)**
- **Special Education records – including IEP/504 Plan or other assessments (Please fax ASAP)**
- **Standardized Test Results**
- **MCA/GRAD Test Results**
- **Legal Documents**
- **Attendance Records**
- **Discipline Records**
- **Health Records – including Immunizations and Sports Physical**
- **ELL/ESL Records**

MN ST Sec 120A.22, Compulsory instruction Subd. 7. Education records. (a) A district, a charter school, or a nonpublic school that receives services or aid under section 123B.40 to 123B.48 from which a student is transferring must transmit the student's educational records, within ten business days of a request, to the district, the charter school, or the nonpublic school in which the student is enrolling.

<input type="checkbox"/> <u>Brimhall Elementary</u> Attn: Pat Fleming 1744 Cty Rd B W Roseville MN 55113 651-638-1958 651-638-9007 FAX Patricia.Fleming@isd623.org	<input type="checkbox"/> <u>Central Park Elementary</u> Attn: Louise Portuese 535 Cty Rd B2 W Roseville MN 55113 651-481-9951 651-481-7128 FAX Louise.Portuese@isd623.org	<input type="checkbox"/> <u>Edgerton Elementary</u> Attn: Lori Long 1929 Edgerton St Maplewood MN 55117 651-772-2565 651-772-1510 FAX Lori.Long@isd623.org	<input type="checkbox"/> <u>Emmet D Williams Elementary</u> Attn: Theresa King 955 Cty Rd D W Shoreview MN 55126 651-482-8624 651-482-0801 FAX Theresa.King@isd623.org
<input type="checkbox"/> <u>Falcon Heights Elementary</u> Attn: Ian Simpson 1393 Garden Ave W Falcon Heights MN 55113 651-646-0021 651-646-7183 FAX Ian.Simpson@isd623.org	<input type="checkbox"/> <u>Harambee Elementary</u> Attn: Lindsay Most 30 E County Rd B Maplewood MN 55117 651-379-2500 651-379-2590 FAX Lindsay.Most@isd623.org	<input type="checkbox"/> <u>Little Canada Elementary</u> Attn: Shanelle Fleischhacker 400 Eli Rd Little Canada MN 55117 651-490-1353 651-490-1436 FAX Shanelle.Fleischhacker@isd623.org	<input type="checkbox"/> <u>Parkview Center School</u> Attn: India Swan 701 Cty Rd B W Roseville MN 55113 651-487-4360 651-487-4379 FAX India.swan@isd623.org
<input type="checkbox"/> <u>Roseville Area Middle School</u> Attn: Carlotta Dodge 15 Cty Rd B2 E Little Canada MN 55117 651-482-5288 651-482-5299 FAX Carlotta.Dodge@isd623.org	<input type="checkbox"/> <u>Roseville Area High School</u> Attn: Rhonda Carlson 1240 Cty Rd B2 W Roseville MN 55113 651-635-1681 651-635-1692 FAX Rhonda.Carlson@isd623.org	<input type="checkbox"/> <u>Fairview Altn High School</u> Attn: Vicki Day 1910 Cty Rd B W Roseville MN 55113 651-604-3800 651-604-3801 FAX Vicki.Day@isd623.org	<input type="checkbox"/> <u>District Center</u> Attn: 1251 Cty Rd B2 W Roseville MN 55113 651-635-1600 651-635-1659 FAX 651-628-6441 FAX

District Center • 1251 County Rd B2 West • Roseville, MN 55113-3299
PHONE 651/635-1600 • FAX 651/635-1659 • www.isd623.org

Roseville Area School District 623 is an equal opportunity affirmative action educator and employer, committed to a culturally diverse workforce.

2019-20 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 _____

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:
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	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.

Student Health Information Grades E-12

Please complete all questions.

Student's Name _____ Birth Date _____ Grade _____

Please check past and current health concerns that apply to this child. If needed, describe below.

<input type="checkbox"/> ADHD <input type="checkbox"/> Allergies – Non Food* <input type="checkbox"/> Allergies – Food* <input type="checkbox"/> mild <input type="checkbox"/> severe <input type="checkbox"/> Anemia/Blood problems <input type="checkbox"/> Asthma - no meds** <input type="checkbox"/> Asthma - requires meds** <input type="checkbox"/> Anxiety <input type="checkbox"/> Behavior Problems <input type="checkbox"/> Birth or congenital malformation, describe: _____ <input type="checkbox"/> Bone/Joint disease or injury <input type="checkbox"/> Cancer, describe: _____ <input type="checkbox"/> Chicken Pox/Date: _____	<input type="checkbox"/> Chronic Diarrhea/Constipation <input type="checkbox"/> Concussion(s) <input type="checkbox"/> Date(s) _____ <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Eczema <input type="checkbox"/> Emotional problems <input type="checkbox"/> Ear problems <input type="checkbox"/> Eye problems, poor vision <input type="checkbox"/> Wears glasses <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Frequent skin infections <input type="checkbox"/> Frequent sore throats <input type="checkbox"/> Head injury, describe: _____	<input type="checkbox"/> School attendance problems <input type="checkbox"/> Heart disease, describe: _____ <input type="checkbox"/> Hospitalization or ER visit (in past year) reason: _____ <input type="checkbox"/> Kidney disease <input type="checkbox"/> Meningitis or encephalitis <input type="checkbox"/> Nervous tics <input type="checkbox"/> Other mental health issues, describe: _____ <input type="checkbox"/> Poisoning <input type="checkbox"/> Parenting <input type="checkbox"/> Pregnancy <input type="checkbox"/> Seizures	<input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Social problems <input type="checkbox"/> Substance abuse (alcohol, drugs, tobacco) <input type="checkbox"/> Suicide attempt <input type="checkbox"/> Sleep problems <input type="checkbox"/> Special Diet _____ <input type="checkbox"/> Celiac Disease <input type="checkbox"/> Tics <input type="checkbox"/> Toileting problems <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Daytime wetting <input type="checkbox"/> Urinary Tract infections <input type="checkbox"/> Weight problems <input type="checkbox"/> Other, describe below***
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Does this child have any other health concerns you want to discuss with the school nurse? YES NO

*Allergies – Please list ALL allergies, describe the reaction, and list any medications:

Has an allergy to:

Reaction is:

Medications taken for allergy:

**Asthma – How severe is this child's asthma? What are the triggers? Please describe, include asthma medications:

Medications – What medications does your child take?

Name of Medication

Dose / Time

Home or School

Name of Medication	Dose / Time	Home or School

***Please describe any current health concerns you have about this child's health (physical, emotional, mental health), behavior, family, or home life that would be helpful for the school to be aware of. Please explain:

Please indicate your child's health care provider and clinic and telephone number:

Health Provider/Clinic: _____ Telephone: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____

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