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.**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Gender</th>
<th>Grade</th>
<th>Birthdate</th>
<th>School Attending</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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

Rev. 01/19
# Roseville Area Schools  ISD #623 Student Enrollment

<table>
<thead>
<tr>
<th>Form completed on:</th>
<th>Enrollment Year:</th>
<th>School/School Number:</th>
<th>Student ID:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First Day of Enrollment:</th>
<th>Age Verification</th>
<th>Proof of residence:</th>
<th>Interpreter Needed:</th>
<th>Records requested from:</th>
<th>Date Requested:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. B.C.</td>
<td>1. D.L.</td>
<td>YES □ NO □</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Visa/Passport</td>
<td>2. Utility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Other</td>
<td>3. Other</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

# 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? YES □ NO □

Student Gender: Male □ Female □

Previously attended Roseville Schools #623? No □ Yes □

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):

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City and State</th>
<th>Grades Attended</th>
<th>Type of School Last Attended (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>MN Public</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpublic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Out of State Public</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Charter</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

1. 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 □

2. Would your child be a first generation college student? YES □ NO □

3. Have you moved into the school district within the last 36 months for temporary or seasonal agricultural or fishing work? YES □ NO □

4. Has your child previously missed six or more months of school? YES □ NO □

5. Is this student receiving Special Education Services (an IEP)? YES □ NO □

6. Does this student have a 504 Accommodation Plan? YES □ NO □

7. Is the student considered a ‘Military-Connected Youth?’ YES □ NO □

8. 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:**

<table>
<thead>
<tr>
<th>Parent/Guardian #1</th>
<th>Parent/Guardian #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (First, MI, Last)</td>
<td>Name (First, MI, Last)</td>
</tr>
<tr>
<td>Relationship to Student (mother, stepfather, etc)</td>
<td>Relationship to Student (mother, stepfather, etc)</td>
</tr>
<tr>
<td>Street Address, City, Zip (if different from student’s)</td>
<td>Street Address, City, Zip (if different from student’s)</td>
</tr>
<tr>
<td>Cell Phone #</td>
<td>Cell Phone #</td>
</tr>
<tr>
<td>Work Phone #</td>
<td>Work Phone #</td>
</tr>
<tr>
<td>Employer/Occupation</td>
<td>Employer/Occupation</td>
</tr>
<tr>
<td>E-mail Address</td>
<td>E-mail Address</td>
</tr>
</tbody>
</table>

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

Interpreter needed for: Mother □  Father □  Guardian □  Other □

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

<table>
<thead>
<tr>
<th>Name (First, MI, Last)</th>
<th>Cell Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Student (mother, stepfather, etc)</td>
<td>Work Phone #</td>
</tr>
<tr>
<td>Street Address, City, Zip</td>
<td>Employer/Occupation</td>
</tr>
<tr>
<td>Home Phone #</td>
<td>E-mail Address</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name (First, MI, Last)</th>
<th>Name (First, MI, Last)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Student</td>
<td>Relationship to Student</td>
</tr>
<tr>
<td>Home Phone #</td>
<td>Home Phone #</td>
</tr>
<tr>
<td>Cell Phone #</td>
<td>Cell Phone #</td>
</tr>
<tr>
<td>Work Phone #</td>
<td>Work Phone #</td>
</tr>
</tbody>
</table>

__________________________________________________________  ____________________________________________  ______________
Signature of Parent or Guardian  Relationship to Student  Date

Revised 01/09/2019
Request for Student Records
Roseville Area Schools Independent School District ISD 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
- Title VII Form

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.

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brimhall Elementary</td>
<td>1744 Cty Rd B2 W Roseville MN 55113</td>
<td>651-638-1958</td>
<td>651-638-9007</td>
</tr>
<tr>
<td>Central Park Elementary</td>
<td>535 Cty Rd B2 W Roseville MN 55113</td>
<td>651-481-9951</td>
<td>651-481-7128 FAX</td>
</tr>
<tr>
<td>Edgerton Elementary</td>
<td>1929 Edgerton St Maplewood MN 55117</td>
<td>651-772-2565</td>
<td>651-772-1510 FAX</td>
</tr>
<tr>
<td>Emmet D Williams</td>
<td>Elementary 955 Cty Rd D W Shoreview MN 55126</td>
<td>651-482-8824</td>
<td>651-482-0801 FAX</td>
</tr>
<tr>
<td>Falcon Heights Elementary</td>
<td>1393 Garden Ave W Falcon Heights MN 55113</td>
<td>651-646-0021</td>
<td>651-646-7183 FAX</td>
</tr>
<tr>
<td>Harambee Elementary</td>
<td>30 E County Rd B Maplewood MN 55117</td>
<td>651-379-2500</td>
<td>651-379-2590 FAX</td>
</tr>
<tr>
<td>Little Canada Elementary</td>
<td>400 E 15th St Little Canada MN 55117</td>
<td>651-491-1353</td>
<td>651-491-1436 FAX</td>
</tr>
<tr>
<td>Parkview Center School</td>
<td>711 Cty Rd C W Roseville MN 55113</td>
<td>651-487-4360</td>
<td>651-487-4379 FAX</td>
</tr>
<tr>
<td>Roseville Area Middle School</td>
<td>15 Cty Rd B2 E Little Canada MN 55117</td>
<td>651-482-5288</td>
<td>651-482-5299 FAX</td>
</tr>
<tr>
<td>Roseville Area High School</td>
<td>1240 Cty Rd B2 W Roseville MN 55113</td>
<td>651-635-1681</td>
<td>651-635-1692 FAX</td>
</tr>
<tr>
<td>Fairview Altn High School</td>
<td>1910 Cty Rd B W Roseville MN 55113</td>
<td>651-604-3800</td>
<td>651-604-3801 FAX</td>
</tr>
<tr>
<td>District Center</td>
<td>Attn: 1251 Cty Rd B2 W Roseville MN 55113</td>
<td>651-635-1600</td>
<td>651-635-1659 FAX</td>
</tr>
</tbody>
</table>

Taxus
# 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):

- [ ] Decline to indicate
- [ ] Colombian
- [ ] Ecuadorian
- [ ] Guatemalan
- [ ] Mexican
- [ ] Puerto Rican
- [ ] Salvadoran
- [ ] Spaniard/Spanish/
  Spaniard-American
- [ ] Other Hispanic/Latino
- [ ] Unknown

---

### [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):

- [ ] Decline to indicate
- [ ] Anishinaabe/Ojibwe
- [ ] Cherokee
- [ ] Dakota/Lakota
- [ ] Other North American Indian Tribal Affiliation
- [ ] Unknown

---

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
- Asian Indian
- Burmese
- Chinese
- Filipino
- Hmong
- Karen
- Korean
- Vietnamese
- Other Asian
- Unknown

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
- African-American
- Ethiopian-Oromo
- Ethiopian-Other
- Liberian
- Nigerian
- Somali
- Other black
- 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.

<table>
<thead>
<tr>
<th>Student Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's Full Name:</td>
</tr>
<tr>
<td>(Last, First, Middle)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check the phrase that best describes your student:</th>
<th>Indicate the language(s) other than English in space provided:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My student first learned:</td>
<td></td>
</tr>
<tr>
<td>_ language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>_ English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>_ only English.</td>
<td></td>
</tr>
</tbody>
</table>

| 2. My student speaks:                            |                                             |
| _ language(s) other than English.                |                                             |
| _ English and language(s) other than English.    |                                             |
| _ only English.                                  |                                             |

| 3. My student understands:                       |                                             |
| _ language(s) other than English.                |                                             |
| _ English and language(s) other than English.    |                                             |
| _ only English.                                  |                                             |

| 4. My student has consistent interaction in:     |                                             |
| _ language(s) other than English.                |                                             |
| _ English and language(s) other than English.    |                                             |
| _ 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.

<table>
<thead>
<tr>
<th>Parent/ Guardian Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name (printed):</td>
</tr>
<tr>
<td>Parent/Guardian Signature:</td>
</tr>
</tbody>
</table>

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.

☐ ADHD
☐ Allergies – Non Food*
☐ Allergies – Food*
☐ mild □ severe
☐ Anemia/Blood problems
☐ Asthma - no meds**
☐ Asthma - requires meds**
☐ Anxiety
☐ Behavior Problems
☐ Birth or congenital
malformation, describe:
□ Bone/Joint disease or injury
□ Cancer, describe:
□ Chicken Pox/Date: __________

☐ Chronic Diarrhea/Constipation
☐ Concussion(s)
☐ Date(s) ____________________
☐ Cystic Fibrosis
☐ Depression
☐ Diabetes
☐ Eczema
☐ Emotional problems
☐ Ear problems
☐ Eye problems, poor vision
☐ Wears glasses
☐ Frequent headaches
☐ Frequent skin infections
☐ Frequent sore throats
☐ Head injury, describe:

☐ School attendance problems
☐ Heart disease, describe:

☐ Hospitalization or ER visit
☐ (in past year) reason:

☐ Kidney disease
☐ Meningitis or encephalitis
☐ Nervous tics
☐ Other mental health issues, describe:

☐ Poisoning
☐ Parenting
☐ Pregnancy
☐ Seizures

☐ Sickle Cell Disease
☐ Social problems
☐ Substance abuse
☐ (alcohol, drugs, tobacco)
☐ Suicide attempt
☐ Sleep problems
☐ Special Diet _______
☐ Celiac Disease
☐ Tics
☐ Toileting problems
☐ Urine
☐ Stool
☐ Daytime wetting
☐ Urinary Tract infections
☐ Weight problems
☐ Other, describe below***

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?

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dose / Time</th>
<th>Home or School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***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: ____________________________________________

Rev. 11/15