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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</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

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 □

Previously attended Roseville Schools #623?
No □ Yes □

Name of School ____________________________

Student Gender: Male □ Female □

Has this student ever registered under a different name?
YES □ NO □

Name: ____________________________

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>
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<td></td>
<td>MN Public Out of State Public Charter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MN Public Out of State Public 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.): ____________________________

Month | Day | Year | Month | Day | Year

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—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.

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

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):**

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

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):

- Decline to indicate
- Colombian
- Ecuadorian
- Spanish/American

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):

- Decline to indicate
- Anishinaabe/Ojibwe
- Cherokee
- Dakota/Lakota

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.

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

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<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>__ language(s) other than English.</td>
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<td></td>
<td>__ English and language(s) other than English.</td>
</tr>
<tr>
<td></td>
<td>__ only English.</td>
</tr>
<tr>
<td>2. My student speaks:</td>
<td>__ language(s) other than English.</td>
</tr>
<tr>
<td></td>
<td>__ English and language(s) other than English.</td>
</tr>
<tr>
<td></td>
<td>__ only English.</td>
</tr>
<tr>
<td>3. My student understands:</td>
<td>__ language(s) other than English.</td>
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<tr>
<td></td>
<td>__ English and language(s) other than English.</td>
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<tr>
<td></td>
<td>__ only English.</td>
</tr>
<tr>
<td>4. My student has consistent interaction in:</td>
<td>__ language(s) other than English.</td>
</tr>
<tr>
<td></td>
<td>__ English and language(s) other than English.</td>
</tr>
<tr>
<td></td>
<td>__ only English.</td>
</tr>
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</table>

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

* 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.
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     | □ Chronic Diarrhea/Constipation | □ School attendance problems |
| □ Allergies – Non Food* | □ Concussion(s) | □ Heart disease, describe: |
| □ Allergies – Food* | □ Date(s) | □ Hospitalization or ER visit (in past year) reason: |
| □ mild □ severe | □ Cystic Fibrosis | □ Kidney disease |
| □ Anemia/Blood problems | □ Depression | □ Meningitis or encephalitis |
| □ Asthma - no meds** | □ Diabetes | □ Nervous tics |
| □ Asthma - requires meds** | □ Eczema | □ Other mental health issues, describe: |
| □ Anxiety | □ Emotional problems | □ Poisoning |
| □ Behavior Problems | □ Ear problems | □ Parenting |
| □ Birth or congenital malformation, describe: | □ Eye problems, poor vision | □ Pregnancy |
| □ Bone/Joint disease or injury | □ Wears glasses | □ Seizures |
| □ Cancer, describe: | □ Frequent headaches | □ Sickle Cell Disease |
| □ Chicken Pox/Date: | □ Frequent skin infections | □ Social problems |
| | □ Frequent sore throats | □ Substance abuse |
| | □ Head injury, describe: | (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>
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</thead>
<tbody>
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</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