



Elementary Student Information Form

SHADED BOX IS FOR SCHOOL USE ONLY			Date Received:	
Student ID		MARRS ID		Resident District
Last Name		First		Middle
Home Address: (street address, city, state and zip code)				
Gender	Date of Birth	Grade (as of 9/1/2015)	Home Phone:	
Email that all correspondence should go to:				
With whom does this student live?				
<p align="center">Racial/Ethnic Background</p> <p align="center">Please complete questions 1 – 3 for required federal and state reporting purposes. Thank you!</p>				
<p>1. Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture, regardless of origin or race.</i></p> <p>2. What is the student's race? Choose one or more.</p> <p><input type="checkbox"/> American Indian or Alaskan Native – a person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.</p> <p><input type="checkbox"/> Asian – a person having origins in any of the original peoples of the Far East, Southeast Asian, the Pacific Islands, or the Indian subcontinent. This area includes China, India, Japan, Korea, the Phillippine Islands and Samoa.</p> <p><input type="checkbox"/> Black or African American – a person having origins in any of the black original peoples of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.</p> <p><input type="checkbox"/> White or Caucasian – a person having origins in any of the original peoples of Europe.</p> <p>3. For state reporting purposes – Please Circle One that best describes the student's primary racial/ethnic background:</p> <p align="center"> American Indian or Alaskan Native Asian or Pacific Islander Hispanic Black White </p> <p>Student's Birth Country _____</p> <p>Date Student Entered United States _____</p>				
<p align="center">PLEASE CONTINUE TO THE NEXT PAGE/SIDE</p> <p align="center"><i>This is page 1 of 2.</i></p>				

Student Enrollment Information

Preschool Screening

Has your child attended a comprehensive health and developmental screening as a preschooler? ☐ Yes ☐ No

If Yes: Screening date: _____

- Type of screening (*Please check one.*):

☐ Child check-ups ☐ Head Start ☐ Private Provider ☐ Another District

- Name of Provider or District _____

If No: Please check this box *ONLY if it applies to you*: ☐ Conscientious Objector

Last School Attended: _____

(school name)

(city)

(state)

1. Does this student currently receive Gifted and Talented services? ☐ Yes ☐ No
2. Does this student currently receive Special Education services under an IEP? ☐ Yes ☐ No
3. Does this student currently live in School District #1 (Minneapolis)? ☐ Yes ☐ No
If No: In what District does the student live? _____
4. Does this student currently have a 504 Accommodation plan? ☐ Yes ☐ No
5. Does this student receive Title 1 services? ☐ Yes ☐ No

Primary Language at Home

In order to help your child learn, your child's teachers need to determine which language your child uses most. Please respond to the questions below by writing the answer on the line.

1. Which language did your child learn first? _____
2. Which language is most often spoken in your home? _____
3. Which language does your child usually speak? _____
4. Has your child ever received ELL (English Language Learner) or Bilingual services? _____

What address does this student sleep at?

Please indicate which address your child sleeps at?

SIGNATURE REQUIRED

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature: _____ Date: _____

In accordance with federal law Bright Water Elementary does not discriminate based on race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, or sexual orientation.