RUSH CITY SCHOOLS
STUDENT ENROLLMENT FORM
TO BE COMPLETED BY LEGAL PARENT/GUARDIAN
www.rushcity.k12.mn.us

Office Use Only:		
Student ID	**Enrollment Date**	**Today's Date**
Pin # **Teacher**		**Advisor**
State ID		

SCHOOL

☐ Resident of ISD #139 ☐ Non-Resident *(paperwork required)*	☐ CE Jacobson Elementary ☐ Rush City High School

STUDENT

Last Name *(Legal Name)*	First Name	Middle Name	Grade

Gender ☐ Male ☐ Female	Birthdate (mm/dd/yyyy)	Does more than one family live at this dwelling? ☐ Yes ☐ No

Home Address *(Student Resides Here)*	Unit #	City/State/Zip Code
Mailing Address *(If different)*	Unit #	City/State/Zip Code

Home Phone	Primary Phone	Effective date of move *(if applicable)*

Student lives with: ☐ **Father** ☐ **Mother** ☐ **Step-Father** ☐ **Step-Mother** ☐ **Guardian** ☐ **None** ☐ **Other**

Race/Ethnic Background: Race/Ethnic data is used for the purpose of compliance with federal and state civil rights laws and statistical reports.

Hispanic/Latino *(select only one)*	State Ethnicity *(select only one)*	Federal Race *(select one or more)*
☐ Hispanic ☐ Non-Hispanic	☐ American Indian/Alaskan ☐ Asian/Pacific Islander ☐ Hispanic ☐ Black, not Hispanic ☐ White, not Hispanic	☐ American Indian/Alaskan ☐ Asian/Pacific Islander ☐ Hispanic ☐ Black, not Hispanic ☐ White, not Hispanic

GENERAL INFORMATION
Other Information:

Does this student have any American Indian lineage? ☐ **Yes** ☐ **No**

What is the student's country of birth? ☐ U.S. ☐ Other: _____

If not in the U.S. when did the student enter the U.S.? _____ (mm/dd/yyyy)

At what grade level? Check One: ☐ **K** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐ **11** ☐ **12**

Has this student ever attended Rush City Schools? ☐ **Yes** ☐ **No** If yes, Year _____ School/s _____

Has this student ever attended any other Minnesota public school? ☐ **Yes** ☐ **No**

Student's previous schools attended _____

	School Name	District#	Address	City/State/Zip	Phone#
** Please list most recent school attended first.					
	School Name	District#	Address	City/State/Zip	Phone#

If Kindergarten, has this student had Early Childhood Screening? ☐ **Yes** ☐ **No** If yes, District _____

Custody Documents

Is there an Order for Protection? ☐ **Yes** ☐ **No**   If so, date of expiration (mm/dd/yyyy) _____

Legal documents are required. Has the order been provided to the school? ☐ **Yes** ☐ **No**

Residency Information:

Have you recently moved to the school district in the last 36 months for temporary or seasonal agricultural or fishing work? ☐ **Yes** ☐ **No**

Is your current address a temporary living arrangement? ☐ **Yes** ☐ **No** If yes, please continue.

  Is this temporary living arrangement due to loss of housing or economic hardship? ☐ **Yes** ☐ **No**

  Do you and your student lack a fixed, regular, adequate nighttime residence? ☐ **Yes** ☐ **No**

Home Language Questionnaire:

Which language did the student learn first?   ☐ English ☐ Other:_____

Which language(s) is/are most often spoken in your home?   ☐ English ☐ Other:_____

Which language does the student usually speak?   ☐ English ☐ Other:_____

Which language did the parent speak first? _____

Is an interpreter required to communicate with anyone in your family? ☐ **Yes** ☐ **No** If yes, Language: _____

Family members: _____

Are there any other language accommodations requested at this time? ☐ **Yes** ☐ **No**

If yes, please specify: _____

Additional Enrollment/Placement Information: Please answer all the questions. If yes, you may comment below.

Please mark the appropriate box for each of the following:

  Has your child received previous Special Education Services?   ☐ **Yes** ☐ **No**

  Does your child have a current IEP (Individualized Education Plan)?   ☐ **Yes** ☐ **No**

  Has your child been on a 504 Plan?   ☐ **Yes** ☐ **No**

  Has your child received previous Title I services?   ☐ **Yes** ☐ **No**

  Has your child received previous speech services?   ☐ **Yes** ☐ **No**

  Has your child received previous counseling services?   ☐ **Yes** ☐ **No**

  Has your child had any previous behavior or social adjustment problems?   ☐ **Yes** ☐ **No**

  Has (or does) your child receive support through County Services   ☐ **Yes** ☐ **No** If yes, County? _____
      (Children's Mental Health, Family Services, Probation)

  Has your child attended Summer School within the past year?   ☐ **Yes** ☐ **No** If yes, where? _____

  Has your child received any Gifted & Talented services?   ☐ **Yes** ☐ **No**

  Has your child received any (ELL) English Language Learner services?   ☐ **Yes** ☐ **No**

Comments:_____

_____

_____

Transportation:

Will the student need transportation by Rush City Schools?   ☐ **Yes** ☐ **No**

*(If yes, please complete the **Transportation Form**)*

PRIMARY LEGAL PARENT/GUARDIAN – Family #1 (Primary Residence)

Last Name:	First Name:	Middle Name:	Gender ☐ M ☐ F	Birth Date	Relationship

☐ Active ☐ Reserve Start Date: End Date: ☐ Uniformed Military ☐ Veteran	Phone Numbers: Cell:	Extension:	Select One: ☐ Primary	☐ Not Listed ☐ Ok to Contact
	Home:		☐ Primary	☐ Not Listed ☐ Ok to Contact
	Work		☐ Primary	☐ Not Listed ☐ Ok to Contact

Legal Custody ☐ Yes ☐ No   Email:

Last Name:	First Name:	Middle Name:	Gender ☐ M ☐ F	Birth Date	Relationship

☐ Active ☐ Reserve Start Date: End Date: ☐ Uniformed Military ☐ Veteran	Phone Numbers: Cell:	Extension:	Select One: ☐ Primary	☐ Not Listed ☐ Ok to Contact
	Home:		☐ Primary	☐ Not Listed ☐ Ok to Contact
	Work		☐ Primary	☐ Not Listed ☐ Ok to Contact

Legal Custody ☐ Yes ☐ No   Email:

Address:	City/State/Zip Code:

LIST ALL OTHERS LIVING IN THE PRIMARY HOUSEHOLD

Last, First, Middle Name	Relationship	Date of Birth	Gender	Lives at Home	School Attending/Grade
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

LEGAL PARENT/GUARDIAN – Family #2

Last Name:	First Name:	Middle Name:	Gender ☐ M ☐ F	Birth Date	Relationship

☐ Active ☐ Reserve Start Date: End Date: ☐ Uniformed Military ☐ Veteran	Phone Number: Cell:	Extension:	Select One: ☐ Primary	☐ Not Listed ☐ Ok to Contact
	Home:		☐ Primary	☐ Not Listed ☐ Ok to Contact
	Work:		☐ Primary	☐ Not Listed ☐ Ok to Contact

Legal Custody ☐ Yes ☐ No   Email:

Last Name:	First Name:	Middle Name:	Gender ☐ M ☐ F	Birth Date	Relationship

☐ Active ☐ Reserve Start Date: End Date: ☐ Uniformed Military ☐ Veteran	Phone Number: Cell:	Extension:	Select One: ☐ Primary	☐ Not Listed ☐ Ok to Contact
	Home:		☐ Primary	☐ Not Listed ☐ Ok to Contact
	Work:		☐ Primary	☐ Not Listed ☐ Ok to Contact

Legal Custody ☐ Yes ☐ No   Email:

Address:	City/State/Zip Code:

EMERGENCY INFORMATION

EMERGENCY CONTACTS

In case of a serious accident or illness at school, 9-1-1 will be called and your child will be transported to the nearest hospital. If a student is injured or too ill to remain in school, parents will be called. It is their responsibility to make arrangements in advance for transportation and proper care when the school needs to send the student home or to the doctor's office.

List *LOCAL* contacts that the student may be released to in the case of illness or other emergency if **unable to notify parent**.

CONTACT 1				
Name	Relationship	Home Phone	Work Phone	Other Phone
Address:		City/State/Zip Code:		

CONTACT 2				
Name	Relationship	Home Phone	Work Phone	Other Phone
Address:		City/State/Zip Code:		

CONTACT 3				
Name	Relationship	Home Phone	Work Phone	Other Phone
Address:		City/State/Zip Code:		

HEALTH

Physician/Clinic: **Physician/Clinic Phone:**

Dentist: **Dentist Phone:**

Please answer the following questions. If you answer "yes" to either question, please complete the *Health Conditions Form.*

Does your child have any health conditions we need to know about?   ☐ **Yes** ☐ **No**

Does your child take any medication?   ☐ **Yes** ☐ **No**

As the parent/guardian of the above named student, in case I am unable to be reached during any emergency, I hereby authorize a representative of the school to act as an agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.   ☐ **Yes**   ☐ **No**

Signature of legal parent/guardian is required.

Print Parent/Guardian Name: _____ Date: _____

Signature Parent/Guardian Name: _____ Date: _____

Minnesota Statues and Rules require the school district to keep accurate records and updated personal records for pupils. This information will become a part of the student's permanent cumulative record and will be available in accordance to District Policy 515 of Rush City Schools.