

**IND. SCHOOL DISTRICT 2753 OF TODD COUNTY
LONG PRAIRIE, MN**

Name _____ Grade _____
M ___ F ___ Birthdate _____
Last First Middle
City of Birth _____ County of Birth _____ State of Birth _____

Emergency Names (Persons authorized to care for student when ill and/or act in an emergency when parents cannot be reached.)

Name #1 _____
Home Phone _____ Cell Phone _____ Work Phone _____

Name #2 _____
Home Phone _____ Cell Phone _____ Work Phone _____

Physician _____ Clinic _____ Phone _____

Chronic Health Condition/Diagnosis (If student is on medication, please list reason here): _____

Student now taking medication? No ___ Yes ___ Name of medication(s) _____
Student takes this medication at home _____ and/or at school _____

Does student carry an inhaler? No ___ Yes ___ Type of Inhaler _____

Allergies or allergic reactions to watch for at school _____

Does student wear contacts/glasses? No ___ Yes ___

(All medication at school must be administered within school procedure guidelines. Diagnosis/Medical reason for medicine will be shared with staff inside your child's school building. If you do not want this shared, please contact the nurse's office).

.....
It is the procedure of the Long Prairie-Grey Eagle Schools to call an ambulance or otherwise transport a student to the nearest emergency medical facility in the case of a life threatening injury or illness where time is a factor in reducing the seriousness of the emergency. We will make every effort to notify the parent or guardian of the emergency as soon as possible.

In the case of a less serious injury or illness, where medical help is deemed advisable, the parent or guardian will be called before any medical help is sought. In this situation, if you cannot be reached by phone, we would appreciate having you designate the name of the medical facility or doctor you wish to contact.

Medical Facility: _____

Doctor: _____

Parent or Guardian's signature: _____

Date: _____

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:

	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.



**LONG PRAIRIE-GREY EAGLE DISTRICT 2753
STUDENT REGISTRATION**

ENROLLMENT DATE: _____

*** A separate form must be filled out for families with multiple parent information.**

FATHER'S NAME: _____ MOTHER'S NAME: _____
 FATHER'S WORK PHONE: _____ MOTHER'S WORK PHONE: _____
 FATHER'S CELL PHONE: _____ MOTHER'S CELL PHONE: _____
 FATHER'S EMAIL ADDRESS: _____ MOTHER'S EMAIL ADDRESS: _____
 STREET ADDRESS: _____ HOME PHONE: _____
 CITY: _____ ZIP CODE: _____

Has the student you are enrolling attended another school in Minnesota? No Yes If yes, where? _____
 Has your child had Early Childhood Screening at another school in Minnesota? No Yes If yes, where? _____
 Have you recently moved to this district in the last 36 months to work in agriculture or fish market? No Yes _____
 Is the child you are enrolling a "military-connected 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)? No Yes _____

STUDENT'S NAME (first, middle, last) List your children ages 0-18 living in your household.	GRADE	BIRTHDATE	BORN OUTSIDE OF USA? Yes/No Country?	SEX (M/F)	IEP (Y/N)	STUDENT LIVES WITH: MOM (M); DAD (D); BOTH (B); OTHER (O)	DO YOU COME BY BUS; CAR; WALK
						M: _____ D: _____ B: _____ O _____	BUS; _____ CAR; _____ WALK _____
						M: _____ D: _____ B: _____ O _____	BUS; _____ CAR; _____ WALK _____
						M: _____ D: _____ B: _____ O _____	BUS; _____ CAR; _____ WALK _____
						M: _____ D: _____ B: _____ O _____	BUS; _____ CAR; _____ WALK _____

