



Maple River Schools – District #2135 Student Registration Form 2011-2012

(IMPORTANT: Please fill out one form for each child attending Maple River Schools)

Student Information – student's full legal name as it appears on birth certificate

Student's First Name: _____ Middle Initial: _____ Last Name: _____ Grade: _____

Student's Nickname (if any): _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address (if different from mailing address) _____

Home Phone: _____ Birthdate: Mo: _____ Day: _____ Yr: _____ Sex: Female Male

Student Cell Phone Number: _____

Last School Attended: _____

(School Name)

(City)

(State)

Is this student participating in a Foreign Exchange Program? Yes _____ No _____ If Yes, name of program _____

Preschool Screening – is required for your child's entry into public school Kindergarten or First Grade

Has your child received a comprehensive health & developmental screening as a preschooler? Yes No

If yes, screening date: _____ (3-5 years old)

If yes, Name of Provider or School District: _____

Racial/Ethnic Background – please complete all questions

The US Department of Education strongly encourages "self-identification" of race and ethnicity. This allows individuals the opportunity to identify themselves as being of or belonging to more than one race and ethnicity. Educational institutions are required to collect and report this data. However, individuals are not required to self-identify their race or ethnicity. If respondents do not provide information about their race or ethnicity, educational institutions will verify that respondents have not overlooked the questions. If respondents choose not to answer the questions, observer identification will be used.

For Federal reporting purposes, is the student's ethnicity Hispanic or Latino? _____ No _____ Yes

For Federal reporting purposes, please **check all that apply for student**: Mark each box Yes or No below. At least one box must be marked YES. More than one box may be marked YES.

Yes No.....American Indian/Alaska Native

Yes No.....Asian

Yes No.....Native Hawaiian/Pacific Islander

Yes No.....Black/African American

Yes No.....White

For State reporting purposes, please **check the one that best describes** the student's primary ethnic/racial background:

White Black Hispanic Asian or Pacific Islander American Indian/Alaskan Native

Student's birth country: _____

If other than the U.S.A. when did student move into the U.S.A.? _____

Has student attended school in the United States for more than three (3) full school years? Yes _____ No _____

For Federal reporting purposes, have you moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? Yes _____ No _____

Note: Please contact the school if you object to having your child's work/photograph published on the school's website or in any newspaper or if you do not want them to use the school's filtered internet for classroom work.

(OVER)

Home Primary Language

By Minnesota statute, the information about home primary language is considered private data. You are not obligated to provide this data. It will only be used for required group reporting and for receiving correct state aid payments to our district.

In order to help your child learn, your child's teachers need to determine which language your child uses most. Please answer the following questions:

Which language did your child learn first? English _____ Other _____

Is English the main language spoken in the home? _____ If not, what language is spoken? _____

Which language does your child usually speak? English _____ Other _____

Name of Maple River School Site child is attending this fall: _____ Was this an open enrollment? NO YES

Transportation for child: Walk Town Bus Country Bus Drive/Ride Eligible to ride bus but chose not to

Note: Please contact the school if you object to having your child's name, address and phone number in the district student directory.

Who does this child live with? Both parents Mother Only Father only Other Person: _____

Mother's Name: _____ **Address Street:** _____ **Town:** _____

Home Phone: _____ Place of Employment: _____

Cell Phone: _____ Work Phone: _____

E-mail address: _____

Father's Name: _____ **Address Street:** _____ **Town:** _____

Home Phone: _____ Place of Employment: _____

Cell Phone: _____ Work Phone: _____

E-mail address: _____

Are there any custody issues the school should be aware of? NO YES (please explain): _____

Note: Please contact the school if you need information regarding your child sent to both households.

List name and dates of birth of all other children (regardless if they are currently in school) in the household:

Name: _____ Date of Birth : _____ Name: _____ Date of Birth: _____

Name: _____ Date of Birth : _____ Name: _____ Date of Birth: _____

Name: _____ Date of Birth : _____ Name: _____ Date of Birth: _____

IMPORTANT! If your child has an accident, illness, or injury, and the PARENT/GUARDIAN CANNOT be reached – THESE PEOPLE MAY PICK UP THE CHILD:

Name: _____ Relationship: _____ Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____ Phone: _____ Cell Phone: _____

If emergency care is needed for my child, I give the school permission to contact the following medical provider and/or 911 for treatment. If the below named medical provider is unavailable, please contact one that is. I give permission for appropriate school personnel and my child's medical provider to exchange information if needed.

Physician's Name: _____ Name of Clinic: _____ Phone No: _____

Parent/Guardian Signature _____ Date: _____

ANNUAL HEALTH CENSUS FORM 2011-2012

Important: For the optimal care of your child, please fill out the information thoroughly and provide as many details as possible. This must be filled out completely even if you have given this information to the school in prior years.

Student Name: _____ **Grade:** _____

School Student Attends (i.e. High School, Middle School, etc): _____

1. Does your child have a medical condition or diagnosis? NO YES If yes, please answer the following:
Name or describe the condition/diagnosis: _____
Describe any "warning" signs or symptoms associated with this condition: _____

2. Has your child had any serious accidents, illness or surgeries in the past year? NO YES If yes, please describe:

3. Does your child have any restrictions/barriers in regards to physical activity? NO YES If yes, please describe:

4. Has your child been diagnosed with any of the following:
 ASTHMA BEE STING ALLERGY DIABETES EPILEPSY/SEIZURE

5. Will your child have any of the following at school:
 INHALER EPIPEN (Epinephrine) INSULIN OTHER _____

*****REMINDER: All prescription and non-prescription medication used at school (including inhaler, insulin, EpiPen) REQUIRE a signed "Medication Administration Consent" form.**

6. Has your child been diagnosed with ADHD or ADD? NO YES If YES, which type: _____

7. Does your child have a known hearing loss? NO YES--If yes, which of the following services does your child receive:
 School Audiologist
 Physician Specialist
 Wears hearing aids

8. Does your child have any vision problems? NO YES--If yes, check the following that apply:
 Wears glasses Wears contacts
 Needs glasses, doesn't have
 Needs glasses, doesn't wear them

9. Is your child legally *exempt from immunizations? NO YES ***Exempt** means not getting shots because of personal or medical reasons
If exempt, the necessary form needs to be signed and notarized and on file in the school office.

If your child is currently taking any prescription medication(s), list below. We encourage medication to be administered at home.

	<u>Name of Medication</u>	<u>Dosage (mg)</u>	<u>Times of day (am/pm)</u>	<u>Reason prescribed</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

At the discretion of the school nurse, the above health information can be shared with appropriate school and emergency personnel to provide for student's health and safety needs while at school.

- You may refuse to supply the requested personal information, however, it may result in an incomplete health and safety plan for the student.

Physician's Name: _____ Name of Clinic: _____ Phone No.: _____

Parent/Guardian Signature _____ Date: _____