

Rum River Online Enrollment Forms
500 Highway 23 West, Milaca, MN 56353
Phone: 320.982.7249 / Fax: 320.982.7290

STUDENT INFORMATION

Name (Legal): _____
(Last) (First) (Middle)

Birth Date: ____ / ____ / ____ **Grade:** ____
(Month) (Day) (Year)

Gender: F / M **Has your child ever been expelled?** ☐ Yes ☐ No

Home Address for child: _____
(Street and/or Box) (City, State) (Zip Code)

Home Phone: _____ **County:** _____

Who does the child live with? ☐ Both Father and Mother ☐ Father and Stepmother
☐ Mother and Stepfather ☐ Father Only ☐ Mother Only ☐ Foster Parent(s)
☐ Other (Explain): _____

BIOLOGICAL/ADOPTIVE PARENT 1 INFORMATION:

Father _____ **Employer:** _____

Address (if different than student) _____
(Street and/or Box) (City, State) (Zip Code)

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Cell Phone Provider: _____ **Email(s):** _____

Include this information for School Messenger: ☐ Yes ☐ No
Can we send text messages to your phone? ☐ Yes ☐ No

BIOLOGICAL/ADOPTIVE PARENT 2 INFORMATION:

Mother: _____ **Employer:** _____

Address (if different than student) _____
(Street and/or Box) (City, State) (Zip Code)

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Cell Phone Provider: _____ **Email(s):** _____

Include this information for School Messenger: ☐ Yes ☐ No
Can we send text messages to your phone? ☐ Yes ☐ No

OTHER ADULT 1 INFORMATION (If student lives with):

Relation to Student: _____ **Full Name:** _____

Address (if different than student) _____
(Street and/or Box) (City, State) (Zip Code)

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Cell Phone Provider: _____ **Email(s):** _____

Include this information for School Messenger: ☐ Yes ☐ No
Can we send text messages to your phone? ☐ Yes ☐ No

Rum River Online Enrollment Forms
500 Highway 23 West, Milaca, MN 56353
Phone: 320.982.7249 / Fax: 320.982.7290

OTHER ADULT 2 INFORMATION (If student lives with):

Relation to Student: _____ Full Name: _____

Address (if different than student) _____
(Street and/or Box) (City, State) (Zip Code)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Cell Phone Provider: _____ Email(s): _____

Include this information for School Messenger: ☐ Yes ☐ No
Can we send text messages to your phone? ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION (Other than Parents/Guardians):

Relation to Student: _____ Full Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relation to Student: _____ Full Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relation to Student: _____ Full Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

OTHER SIBLINGS OF THE STUDENT INFORMATION:

Last Name:	First Name:	Middle Name:	Gender:	DOB
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____

STUDENT'S PERSONAL INFORMATION

☐ Yes ☐ No Has student ever registered under a different name? If YES, what name: _____

☐ Yes ☐ No Has the student's family moved to this district within the last 36 months for temporary or seasonal agricultural or fishing work?

MILITARY-CONNECTED YOUTH:

☐ Yes ☐ No Does the student have an immediate family member, including a parent or sibling, who is currently in the armed forces either as a reservist or an active duty or has recently retired from the armed forces?

☐ Yes ☐ No If yes, is the family member on active duty?

Rum River Online Enrollment Forms
500 Highway 23 West, Milaca, MN 56353
Phone: 320.982.7249 / Fax: 320.982.7290

FOSTER CARE INFORMATION (ONLY COMPLETE IF STUDENT IS IN FOSTER CARE)

Is this student in foster care placement? ☐Yes ☐No

Have parent's rights been terminated? ☐Yes ☐No

Is the Student a Ward of the County or State? ☐Yes ☐No If YES, what county: _____

Social Worker Name: _____

Phone: _____

SERVICES RECEIVED AT PREVIOUS SCHOOLS

Yes ☐ No ☐ Has your child ever received any of the following support services? *Check all that apply*

Yes ☐ No ☐ Has your child ever had a 504 Accommodation plan?

Yes ☐ No ☐ Has your child ever been assessed, or referred for assessment, of Special Education services?

Yes ☐ No ☐ Does your child currently receive Special Education services (IEP)? If YES, *check all that apply*:

- ☐Autism Spectrum Disorder
- ☐Deaf - Hard of Hearing
- ☐Dev. Cog. Dis: Mild-Moderate
- ☐Dev. Cog. Dis: Severe-P
- ☐Developmental Delay
- ☐Emotional/Behavioral
- ☐Speech/Language Impair
- ☐Other Health Disabilities
- ☐Physically Impaired
- ☐Severely Multiply Impaired
- ☐Specific Learning Disabilities

HOME LANGUAGE INFORMATION

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
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.	
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.	
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.	
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.	

TRANSPORTATION INFORMATION:

Will your child be riding a bus? ☐ No ☐ Yes

PREVIOUS SCHOOL:

Name of Previous School _____ **City** _____ **State** _____

I certify the information given above is true and complete to the best of my knowledge and belief

PARENT/LEGAL GUARDIAN OF STUDENT CERTIFICATION

Printed Name: _____ **Signature:** _____ **Date:** _____

Student Health Update Form

STUDENT INFORMATION

Name (Legal) _____
(Last) (First) (Middle)
Grade: _____ Sex: F / M Primary Doctor: _____ Clinic: _____

HEALTH HISTORY INFORMATION

This information is required in order to provide appropriate health services for your student. This data will be treated as private data and will be recorded in the Student Health Record.

Has your child ever had or has now? (Please circle all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergies (Food, Medications, etc.) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Needs an Epi-pen | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Mental Disability |
| <input type="checkbox"/> Acid Reflux | <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Speech Problems |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Corrective Lenses (Contacts/Glasses) | <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> Vision Loss |

Has your child had the Chicken Pox? ☐ Yes ☐ No If YES, what month and year: _____ / _____

Has your child been hospitalized for illness, surgery, or injury? ☐ Yes ☐ No

Year: _____ Reason: _____

Does your child take any medication? ☐ Yes ☐ No

If yes, please explain: _____

Please list any severe allergies: _____

Is your child under regular medical supervision for any of the above conditions? ☐ Yes ☐ No

If emergency treatment is required and you can't be reached immediately, may the school authorities use their judgment in calling an ambulance? ☐ Yes ☐ No

I give permission for the school nurse to communicate to the student's teachers and other school employees who may provide services for my child, about the student's health condition(s) via the school's "Confidential Health Report", and the action of any medication the student may be taking on an "as need to know basis." ☐ Yes ☐ No

ISD 912 Milaca McKinney-Vento Residency Questionnaire

Your child may be eligible for additional educational services through title 1 A and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire. The purpose of this information is to ensure the rights of your children and youth under the McKinney-Vento law. This information is confidential. Please contact your child's school with questions.

Presently, are you and/or your family in any of the following situations? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Is this student's home address a temporary living arrangement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Is this student in a temporary living arrangement due to a loss of housing or economic hardship? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Is this student in a temporary foster care placement or awaiting foster care? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Is this student living with someone other than his/her parent or legal guardian? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*If you did not check any boxes above, you do not need to complete the rest of this form. If you lose your housing during the school year, please contact your child's school counselor for assistance.

COMPLETE IF ANSWERED YES TO ANY OF THE ABOVE QUESTIONS:

Where is the student currently living?

- | | | |
|--|--|---|
| <input type="checkbox"/> In a Motel | <input type="checkbox"/> In Transitional Housing | <input type="checkbox"/> Moving from place to place |
| <input type="checkbox"/> In a Shelter | <input type="checkbox"/> In a Group Home | |
| <input type="checkbox"/> With more than one family in a house or apartment List who: _____ | | |
| <input type="checkbox"/> In a location not designed for sleeping accommodations such as a car, park, or campsite | | |

Name of Student: _____ Grade: _____

Address of Current Residence: _____

Name of Motel/Shelter or current residence: _____

TO BE COMPLETED BY MILACA STUDENT SERVICES OFFICE:

This student has been identified as in transition: ☐Yes ☐No

This student is on an IEP: ☐Yes ☐No

Start Date: ____|____|____ Resident District: _____

Student is identified as:

- | | |
|---|---|
| <input type="checkbox"/> Double up Homeless | <input type="checkbox"/> Unsheltered Homeless |
| <input type="checkbox"/> Sheltered Homeless | <input type="checkbox"/> Motel/Hotel Homeless |

The McKinney Vento Education Assistance Act ensures the educational rights above for the students who are homeless. A homeless individual is one 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; or are awaiting foster care placement; 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) Mn. Stat. 120A.20, subd 2.

ETHNIC AND RACIAL DEMOGRAPHIC

☐ Yes ☐ No 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 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 ☐ Guatemalan ☐ Mexican ☐ Puerto Rican
☐ Salvadoran ☐ Other Hispanic/Latino ☐ Unknown ☐ Spaniard/Spanish/Spanish-American

☐ Yes ☐ No 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*

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 ☐ Cherokee ☐ Anishinaabe/Ojibwe ☐ Dakota/Lakota
☐ Other North American Indian Tribal Affiliation ☐ Unknown

☐ Yes ☐ No Is the student American Indian from South or Central America?

☐ Yes ☐ No 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.

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 ☐ Asian Indian ☐ Burmese ☐ Chinese ☐ Filipino
☐ Vietnamese ☐ Hmong ☐ Karen ☐ Korean
☐ Other Asian ☐ Unknown

☐ Yes ☐ No 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.

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 ☐ African-American ☐ Somali ☐ Ethiopian-Oromo
☐ Liberian ☐ Ethiopian-Other ☐ Nigerian ☐ Other black
☐ Unknown

☐ Yes ☐ No 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.

☐ Yes ☐ No 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.