PLAINVIEW ELGIN MILLVILLE STUDENT ENROLLMENT FORM

OFFICE USE ONLY: Enrollment Date_____ Start Date_____ **Advisor**_____ **Bus Y N**

Student #_____ **State ID #**_____ **Locker #**_____ **Combination** ____-____-____

Name_____ **Sex** M F **Grade**___ **Birth Date** ___/___/___ **Free/Reduced Lunch** Y N
Last First Middle

Have you ever been enrolled in a Minnesota school? Y N **School last attended**_____

☐ Military connected youth

Special Ed (reason) _____ **Do you have an IEP or 504 Plan?** Y N
Student Support Services **(Circle all that apply):** Title 1 Gifted/Talented EC/SE Speech ESL/LEP Homebound

Have you recently moved to this school district within the last 36 months for temporary or seasonal agriculture? Y N
Please indicate length of stay in the PEM district _____

Is this student Hispanic/Latino? Y N (This question is about ethnicity, not race. No matter what you selected please circle below what you consider your student's race to be.) **Country of Birth** _____

Ethnic Code: 1 American Indian/Alaskan Native 2 Asian 3 Black/African American 4 Native Hawaiian/Pacific Islander 5 White

Student Lives with
____Both Parents ____Father ____Mother & Stepfather ____Other Relative ____Alone
____Mother ____Guardian ____Father & Stepmother ____Foster Parents ____Other _____

Who has legal custody? _____
Are there any legal restrictions regarding custody? Y N **If yes, we will need legal documentation.**

Mother's Full Name _____

Address_____ **City**_____ **Zip**_____ **School District** _____

Home Phone_____ Cell Phone _____ Email _____

Mother's Work Place_____ Work Phone_____ Work Email _____

Father's Full Name _____

Address_____ **City**_____ **Zip**_____ **School District** _____

Home Phone_____ Cell Phone _____ Email _____

Father's Work Place_____ Work Phone_____ Work Email _____

Emergency Contact_____ **Phone #**_____ **Emergency Contact**_____ **Phone #**_____

If school is dismissed early (because of weather or a school emergency) my child should:
___Follow his/her normal after school routine ___Go to SAC ____Go home with_____(name of student)

BROTHERS AND SISTERS (in school/not in school)

NAME	SEX	GRADE	BIRTHDATE	NAME	SEX	GRADE	BIRTHDATE