



Northland Pines School District

Student Registration Form

SCHOOL USE ONLY

School Year _____ School _____ Grade _____ Student # _____
 Date of Birth verified _____ Person ID# _____
 Today's Date ____/____/____ Start Date ____/____/____

STUDENT - Information (Please Print)

STUDENT (LEGAL NAME)				Gender	Date of Birth	Grade	Residence distance from school of enrollment
_____	_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	____/____/____	_____	<input type="checkbox"/> 0-2 miles (2) <input type="checkbox"/> 12-15 miles (15) <input type="checkbox"/> 2-5 miles (5) <input type="checkbox"/> 15-18 miles (18) <input type="checkbox"/> 5-8 miles (8) <input type="checkbox"/> 18 and over (19) <input type="checkbox"/> 8-12 miles (12)
Last Name	First Name	Middle Name	Suffix				

Student Resides with (Check One) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint Shared Custody <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	Primary Home Language <input type="checkbox"/> English <input type="checkbox"/> Polish <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Croatian <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Other _____	Birthplace City: _____ State: _____ County: _____ Country: _____ If not born in the U.S.: Date Entered U.S. _____ First Date in U.S. Schools _____	Did this student receive special programming? (If yes, please check one, or state other) <input type="checkbox"/> LD <input type="checkbox"/> ED <input type="checkbox"/> CD <input type="checkbox"/> SLP <input type="checkbox"/> Other _____ Do they have a current IEP in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Remedial Assistance <input type="checkbox"/> Gifted Education <input type="checkbox"/> 504 <input type="checkbox"/> Other _____	Ethnicity/Race Is this child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Check all that apply)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
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Has this student ever attended a Northland Pines District in the past? Yes No If yes, last NPSD school attended _____ Date Withdrawn ____/____/____
 Last school attended if not NPSD _____ Address _____ City _____ State _____ Zip _____ Phone _____
 Is this student attending Northland Pines School District under Open Enrollment? Yes No If yes, Name of Home District _____
 Has your child ever been expelled? Yes No If yes, from what school and district? _____ Date ____/____/____
If registering a student for Kindergarten (only) has your child ever participated in preschool/daycare? Yes No Early Childhood Headstart Public/Private
 Which of the following best describes the total amount of time your child participated in preschool/daycare? _____ **Years** How much time per day on average? _____ **Hours**

STUDENT'S - Residence (If more than one household, please fill out additional address on next page)

Home Phone _____ **Student's Cell Phone No** _____ **County** _____ **Township** _____

Street Address _____ **City** _____ **State** _____ **Zip** _____ **Mailing Address** _____ **City** _____

Parent/Guardian Last Name _____ First Name _____ Middle Name _____ Relationship to Child _____ Employer Name _____ Address _____ Email Address: _____ Work Hours _____	*Cellphone # _____ *Text Messages from School District <input type="checkbox"/> Yes <input type="checkbox"/> No Work # _____ Pager/Other _____
Parent/Guardian Last Name _____ First Name _____ Middle Name _____ Relationship to Child _____ Employer Name _____ Address _____ Email Address: _____ Work Hours _____	*Cellphone # _____ *Text Messages from School District <input type="checkbox"/> Yes <input type="checkbox"/> No Work# _____ Pager/Other _____

Student Last Name			Student First Name			Student Middle Name		Grade
LIST ALL CHILDREN (Age 18 and under) RESIDING AT PRIMARY RESIDENCE: (Please complete and print all information)								
Last Name	First Name	Middle Name	Ethnicity	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade	School Attending	

STUDENT'S Additional Guardian Residence (If applicable)

Home Phone _____ Is this a household of a legal guardian? Yes No Does this Residence receive all mailings? Yes No

Street Address _____ City _____ State _____ Zip _____ Mailing Address _____ City _____
Township _____

Parent/Guardian _____ *Cellphone # _____
Last Name First Name Middle Name Relationship to Child ***Text Messages** from School District Yes No
Employer Name _____ Address _____ Work# _____
Email Address: _____ Work Hours _____ Pager/Other _____

Parent/Guardian _____ *Cellphone # _____
Last Name First Name Middle Name Relationship to Child ***Text Messages** from School District Yes No
Employer Name _____ Address _____ Work # _____
Email Address: _____ Work Hours _____ Pager/Other _____

LIST ALL CHILDREN (Age 18 and under) RESIDING AT SECONDARY RESIDENCE if residence is within the Northland Pines School District:

Last Name	First Name	Middle Name	Ethnicity	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade	School Attending	

EMERGENCY CONTACT INFORMATION - (If Parent/Guardian cannot be reached) PLEASE LIST NON-HOUSEHOLD MEMBERS

Last Name	First Name	Middle	Relationship to Student		Last Name	First Name	Middle	Relationship to Student	
Cellphone	Home Phone		Work Phone		Cellphone	Home Phone		Work Phone	
City	State				City	State			

PLEASE COMPLETE BOTH SIDES OF FORM

Student Last Name	Student First Name	Student Middle Name	Grade
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MEDICAL/HEALTH INFORMATION

The following information about your child will help us in the event of an emergency. Check and comment if necessary on any serious condition(s) your child may have.

Will your child need to take medication during school hours? *Yes No ***If yes, a completed Prescription or Non-Prescription authorization form(s) is required for administration of all medication during school hours. These forms may be obtained from your child's school office.**

Medication (indicate whether home or school use, including inhalers):

Serious Medical Conditions (cardiac, diabetic, seizures, asthma, orthodontic, etc.):

Allergies (*food, insect, medication, environmental):

Other concerns:

***A child with a food disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician.**

Doctor _____ **Phone** _____

Clinic Name _____ **City** _____

Dentist _____ **Phone** _____

All Immunization Records must be provided within 30 days of enrollment.

I hereby give my permission for school personnel to summon/obtain emergency medical attention for my child in the event of illness/injury while at school or off school property for the purpose of participating in a school-sponsored activity.

Signature of Parent/Guardian

Date

I agree that the information provided herein is complete and accurate. I understand that this information is being used by the school district for the purposes of registering my child. I understand that incomplete or inaccurate information may delay, prevent or invalidate my child's registration in school. I agree to promptly inform the school district of any changes in this information, including any changes in the residency of my child.

Parent/Guardian Name (Print)

Signature of Parent/Guardian

Date

DISTRICT USE Data Manager Pupil Services Dept HS Guidance Dept Open Enroll – Mary Mulleady Athletic Dir

DATA MANAGER	<input type="checkbox"/> Census	<input type="checkbox"/> Household	<input type="checkbox"/> Relationships	<input type="checkbox"/> Emergency Contacts	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Request for Records
<input type="checkbox"/> Computer Use Agreement	Noted Exceptions to Student Agreement: _____			<input type="checkbox"/> DOReport	<input type="checkbox"/> Faxed <input type="checkbox"/> Mailed	
<input type="checkbox"/> Network/Mail Attr	<input type="checkbox"/> Google <input type="checkbox"/> Dist List	<input type="checkbox"/> Haiku	<input type="checkbox"/> Student Portal/AD User	<input type="checkbox"/> Parent/Guardian Portal	<input type="checkbox"/> DPI WSN	_____ <input type="checkbox"/>

BUILDING USE							
<input type="checkbox"/> Fees	<input type="checkbox"/> Schedule	<input type="checkbox"/> Programs	<input type="checkbox"/> Locker	<input type="checkbox"/> Immunization	<input type="checkbox"/> Bus/ <input type="checkbox"/> HS Parking	<input type="checkbox"/> Athletics	<input type="checkbox"/> Transcript
<input type="checkbox"/> Bus Agreement	<input type="checkbox"/> Student Insurance	<input type="checkbox"/> HS Handbook Rules	<input type="checkbox"/> Military Form	<input type="checkbox"/> MS Agenda	<input type="checkbox"/> Food Service Allergy		

Additional Information: _____