



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
Last Name	First Name	Middle Name	Suffix	<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)

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 _____ *If any language other than English is selected, please answer the 2 questions below.	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"/> ID <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 (Check all that apply) <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
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*Does this student use a language **other than English** on a regular basis? Yes No * Is this student currently receiving "English Language Learner" services? Yes No

Has this student ever attended Northland Pines District? Yes No If yes, last NPSD school attended _____ Date Withdrawn ____/____/____

Last School Attended _____ 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 ____/____/____

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
-------------------	--------------------	---------------------	-------

All Parents listed on a Certified Birth Certificate are considered “Legal Guardians” for educational data access; unless legal court documents are provided stating that all parental rights have been relinquished or removed legally.

STUDENT’S – Additional Guardian Residence (If applicable)

Home Phone _____		Is this a household of a legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this Residence receive all mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address _____		City _____	State _____	Zip _____	Mailing Address _____
				Township _____	
Parent/Guardian				*Cellphone # _____	
Last Name	First Name	Middle Name	Relationship to Child	*Text Messages from School District <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name _____		Address _____		Work # _____	
Email Address: _____		Work Hours _____		Pager/Other _____	

Does the child’s parent or guardian serve in the military, including National Guard or Reserve?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which parent/guardian? _____
Is the parent or guardian currently serving on active duty or expect to be deployed this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which parent/guardian? _____
Has a parent or guardian returned from deployment in the past six (6) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which parent/guardian? _____

EMERGENCY CONTACT INFORMATION - (If Parent/Guardian cannot be reached) Please list someone available to pick-up your child.

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		

Student Last Name	Student First Name	Student Middle Name	Grade
MEDICAL/HEALTH INFORMATION			
<p>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.</p> <p>Will your child need to take medication daily during school hours? <input type="checkbox"/> *Yes <input type="checkbox"/> 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.</p>			
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 _____		Dentist _____ Phone _____	
Clinic Name _____ City _____		All Immunization Records must be provided within 30 days of enrollment.	
<p>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.</p>			
_____ 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	<input type="checkbox"/> Data Manager	<input type="checkbox"/> Pupil Services Dept	<input type="checkbox"/> HS Guidance Dept	<input type="checkbox"/> Open Enroll – Mary Mulleady	<input type="checkbox"/> 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"/> DO Report	<input type="checkbox"/> Faxed <input type="checkbox"/> Mailed
<input type="checkbox"/> Parent/Guardian Portal					<input type="checkbox"/> DPI WISEID	
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: _____