



K-5 Registration Form

Robbinsdale Area Schools
4148 Winnetka Avenue North
New Hope MN 55427-1288
763-504-8000

For office use only

Student ID# _____ School # _____
Grade _____ Room _____ Teacher _____ Bus # _____
Residency verification _____ Non-resident _____
Entry Date _____ Entry code _____
New _____ Re-entry _____ Transfer _____ Ethnic code _____ Language code _____
American Indian Form No Yes (Please send a copy to Enrollment Options at ESC)
Kindergarten: All Day Half Day Registration date: _____

**Complete this form for ALL SCHOOLS
except the MAGNET schools**

**Please complete all information requested below
Use legal name only**

Name of school you are registering for _____
Has your student ever attended a public school in Minnesota before? ___ Yes ___ No: District or school name _____
Last school attended _____ Last Date of Attendance _____
Name City/State/Country Mo. Day Year
Student's legal name _____ Gender _____ Grade _____
Last First Middle Name to be called at school
Birth date _____ Birth place _____ U. S. entry date (if applicable) _____
Address _____ Home phone _____ - _____ - _____
Street Apt. # City Zip
If your student is eligible for bus service, will he/she actually ride a school bus regularly? ___ Yes ___ No
Special Education IEP ___ Yes ___ No In what area? _____
Will this child attend school from a childcare provider? ___ Yes ___ No Provider's Name _____
Provider's address _____ Provider's Phone number _____ - _____ - _____
Kindergarten only: Robbinsdale Area Schools provides a full-day Kindergarten program for its students and your Kindergarten student is automatically registered with the submission of this form. Minnesota statute grants parents the right to an alternative half-day program instead. If you desire to place your child in this half-day alternative, please indicate here.
Has the child completed preschool screening? ___ Yes ___ No Has the child attended a preschool program? ___ Yes ___ No

Adult in home (receives mail)

(Last, first, middle name)
Relationship to child: _____
Work Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____
E-mail address _____

Other adult in home

(Last, first, middle name)
Relationship to child: _____
Work Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____
E-mail address _____

Emergency contact (other than above)
Name _____ Phone Number _____ - _____ - _____ circle: home cell work other male female
Name _____ Phone Number _____ - _____ - _____ circle: home cell work other male female

Other parent not living in home: Is this a 2nd mailing address? ___ Yes ___ No
Name _____ Relationship _____ Is this an emergency contact for your child? ___ Yes ___ No
Work phone _____ Home phone _____ Cell phone _____
Address _____
Custody limitations ___ Yes (legal documentation required) ___ No

List legal names of other children under age 21 living at the home address			Sex	Date of Birth	Grade	School	S = sibling SS = step-sibling O = other		
Last name	First	M					S	SS	O
			M F				S	SS	O
			M F				S	SS	O
			M F				S	SS	O
			M F				S	SS	O
			M F				S	SS	O

Please turn this form over, complete and sign

Language Background

Information about a child's language background will help the school and teacher(s) make better decisions about the child's education plan. Please check the appropriate boxes below.

1. Which language did your child learn first?	<input type="checkbox"/> English (learned in the USA)	<input type="checkbox"/> English (learned outside the USA)	<input type="checkbox"/> Other (specify):
2. Which language is most often spoken in your home?	<input type="checkbox"/> English (learned in the USA)	<input type="checkbox"/> English (learned outside the USA)	<input type="checkbox"/> Other (specify):
3. Which language does your child usually speak?	<input type="checkbox"/> English (learned in the USA)	<input type="checkbox"/> English (learned outside the USA)	<input type="checkbox"/> Other (specify):

Racial/Ethnic Background – Please complete all questions (A, B and C)

A. For state reporting purposes, please check the ONE response that best describes your child's primary racial/ethnic background:

1. American Indian or Alaska Native *(Persons having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition.)*
2. Asian or Pacific Islander *(Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes China, India, Japan, Korea, Philippine Islands and Samoa.)*
3. Hispanic *(Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - regardless of race.)*
4. Black, not of Hispanic origin *(Persons having origins in any of the Black racial groups of Africa.)*
5. White, not of Hispanic origin *(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)*

B. For federal reporting purposes, check ONE answer: Child's Ethnicity:

- Hispanic or Latino *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)*
- NOT Hispanic or Latino

C. For federal reporting purposes, check all that apply: Child's Race:

- American Indian or Alaska Native *(A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.)*
- Asian *(A person 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, Philippine Islands, Thailand, Vietnam.)*
- Black or African American *(A person having origins in any of the black racial groups of Africa.)*
- Native Hawaiian or other Pacific Islander *(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)*
- White *(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)*

American Indian Students (Only)

In order to apply for a formula grant under the Indian Education Program, your child's district must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this information to the district. However, if you choose not to submit the information, the school cannot count your child for funding under the program. This form will become part of your child's school record and will not need to be completed each year. This information will be maintained at the school and information will not be released without your written approval. **Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribes or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1) or (3) considered by the Secretary of the Interior to be and Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.**

Name of Tribe, Band or Group: _____ Tribe, Band or Group is: (check one below)

- Federally recognized incl. Alaska Native State recognized Terminated Organized Indian Group Meeting #5 above

Name of individual with tribal membership: _____

Individual named is Child Child's parent Child's Grandparent

Proof of membership or enrollment number (if readily available) _____ OR other (explain) _____

Name and address of organization maintaining membership for the tribe, band or group: _____

NOTICE TO PARENTS AND GUARDIANS – PLEASE READ AND SIGN

SCHOOL ATTENDANCE IS COMPULSORY FOR CHILDREN BETWEEN THE AGES OF 7 AND 16.
I HAVE READ THE ABOVE NOTICE AND HAVE COMPLETED ALL APPLICABLE PARTS OF THIS FORM

Signature of parent or guardian _____ Date _____