

Hopkins Independent School District 270
Student Enrollment Form

School Name: _____ **School Year:** 200__ - 200__

Please Print

THE FOLLOWING IS TO BE COMPLETED IN FULL BY PARENT/GUARDIAN

Please Print

Student Last Name _____ First Name _____ Middle Name _____

Birthdate: Month _____ Day _____ Year _____ Gender _____ Grade _____

Enrollment Date: Month _____ Day _____ Year _____ Resident District _____

Home Address (House #, Street, Apartment #) _____

City _____ State _____ ZipCode _____ Home Phone (_____) _____

With whom does this student live?

Both Parents _____ Mother _____ Father _____ Guardian _____ Mother & Stepfather _____ Father & Stepmother _____ Foster Parent _____ Other _____

Custodial Parent (1) Last Name _____ First _____ Gender _____

Custodial Parent (2) Last Name _____ First _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Email _____

Non Custodial Parent (1) Last Name _____ First _____ Gender _____

Non Custodial Parent (2) Last Name _____ First _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Email _____

List the names of other children living in family:

Last Name _____ First _____ Gender _____ Birthdate: Month _____ Day _____ Year _____

Last Name _____ First _____ Gender _____ Birthdate: Month _____ Day _____ Year _____

Last Name _____ First _____ Gender _____ Birthdate: Month _____ Day _____ Year _____

***Racial/Ethnic Background of Student** (see back of form for information) Select **one** of the following six codes to identify this student's race/ethnicity:

- (1) American Indian _____ (2) Asian/Pacific American _____ (3) Hispanic/Latino/Mexican American _____ (4) African American/Black _____
(5) European American/White _____ (6) Bi-racial/Multi-racial _____

***Federal No Child Left Behind Act Compliance** (see back of form for information) To comply with this Federal law, Hopkins School District must identify each enrolled student within one of five racial/ethnic groups. Select **one** of the following five codes to identify this student's race/ethnicity: (1) American Indian _____ (2) Asian _____ (3) Hispanic _____ (4) Black _____ (5) White _____

***Home Primary Language** (see back of form for information) In order to help your child learn, your child's teachers need to determine which language your student uses most. Please answer the following questions:

Which language did your child learn first? English _____ OR Other (specify) _____

Which language is most often spoken in your home? English _____ OR Other (specify) _____

Which language does your child usually speak? English _____ OR Other (specify) _____

Country of Birth _____ Has this student completed three or more years of school in the USA? Yes _____ No _____

If birth country not the USA, date of first enrollment in a USA school: Month _____ Day _____ Year _____

Date of first enrollment in a Minnesota school district: Month _____ Day _____ Year _____

Complete and Sign back of Form >>>

Has student previously enrolled at another school district? Yes ___ No ___ If yes, District Name _____

Previous School Name _____ Phone _____ Date Last Attended _____

Address _____ City _____ State _____ Zip _____

Has student been enrolled in Hopkins School District in the past? Yes ___ No ___

Have you moved to Hopkins School District within the last 36 months for temporary or seasonal agricultural or fishing work? Yes ___ No ___

Is this student: (a) Ward of the State: Yes ___ No ___ (b) Homeless: Yes ___ No ___ (c) Immigrant: Yes ___ No ___

Has documentation of this student's current immunization records been submitted to the Hopkins School District? Yes ___ No ___

Does your student receive Special Services or have an IEP for any of the following:?

Autism	_____	Other Health Disabilities	_____
Deaf	_____	Physically Impaired	_____
Developmental Delay	_____	Severely Multiply Impaired	_____
Developmental Disabilities	_____	Speech/Language Impaired	_____
Emotional/Behavioral Disorder	_____	Title 1	_____
ESL	_____	Traumatic Brain Injury	_____
Gifted	_____	Visually Impaired	_____
Mild Mentally Impaired	_____	504 Plan	_____
Moderate Mentally Impaired	_____		

EXPLANATION OF PRIVATE INFORMATION REQUESTED ON THIS FORM

In accordance with the Federal Data Privacy Act of 1974 and the State of Minnesota Privacy Law, you are not required to provide the information noted with an asterisk (*). There will be no adverse affect on you or your student if you do no choose to provide it. However, your cooperation in providing this information will ensure its accuracy and help to facilitate equitable educational opportunities for all students. Be assured that we will use the information in a manner that respects the privacy of our students and families.

***Home Primary Language:** In order to assist school districts to provide equal opportunity for a meaningful education to all students, Minnesota law requires that schools count and report the primary language of their students.

***Racial/Ethnic Background of Student:** This information is needed to comply with state and federal reporting requirements relating to equity in education. Your cooperation in providing this information will ensure that we have accurate data on your child. In addition to meeting our reporting responsibilities, the District may also use this data to analyze student achievement across a range of demographic and programmatic characteristics in order to better meet the learning needs of our students. On the front of this form, please select **one** group with which you and/or your student most identify.

1. **American Indian** – A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
2. **Asian or Pacific American** – A person having origins in any of the original peoples of the Far East, SE Asia, the Pacific Islands, or the Indian subcontinent. This area includes, for example, China, India, Japan, Korea, Philippine Islands and Samoa.
3. **Hispanic/Latino/Mexican American** – A person of Mexican, Puerto-Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
4. **African American/Black** – A person having origins in any of the Black racial groups of Africa.
5. **European American/White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
6. **Bi-Racial/Multi-Racial** – A person having origins in two or more racial/ethnic groups.

***Federal No Child Left Behind Act Compliance:** To comply with the No Child Left Behind Act (NCLBA) of 2001, the Hopkins School District must report each enrolled student according to one of the five federal racial/ethnic designations of American Indian, Asian, Hispanic, Black or White. The federal government does not recognize "bi-racial/multi-racial" as a category under this law. On the front of this form, please select **one** designation with which you and/or your student most identify.

Since 1996, Hopkins School District has included the "bi-racial/multi-racial" group on our enrollment forms at the request of our bi-racial/multi-racial families who did not want to select one aspect of their child's heritage over another. The District continues to believe this practice is most respectful of our bi-racial/multi-racial families, and we will continue to include this group when we summarize internal information about the demographic characteristics of our student population.

We regret that, for NCLBA reporting purposes, we must ask families of bi-racial/multi-racial students to choose from the more limited federal race/ethnicity categories. Please know that the State's data system will automatically convert the student's racial/ethnic designation to "White" if one of the five codes is not provided.

Note: If you require accommodation to effectively participate in your child's education or to communicate with your child's school, please advise the principal.

Parent/Guardian Signature _____

Today's Date _____

Registered By: _____ Date _____