

**CROOKSTON PUBLIC SCHOOLS
STUDENT ENROLLMENT FORM
SCHOOL YEAR: 2024-2025**

STUDENT INFORMATION:

Student's Legal Name: <i>(Last, First, Middle)</i>	Today's Date:	Grade Level:	Date of Birth: <i>(month, day, year)</i>
Student's Home Address: <i>(street, city, zip)</i>		Primary Phone: Unlisted: Yes <input type="checkbox"/>	
(Check only if applicable) <input type="checkbox"/> Shelter <input type="checkbox"/> Motel <input type="checkbox"/> Housing shared with family/friends <input type="checkbox"/> Other			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Student's Mailing Address: <i>(If different from home address)</i>		
Race/Ethnicity: <i>(Two-part question)</i>			
1. Hispanic/Latino Ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. What is your student's race? <i>(Choose all that apply)</i>			
<input type="checkbox"/> American Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander		
Home Primary Language: _____		Email Address: _____	

PARENT/GUARDIAN INFORMATION

Parent/ Guardian Living with Student	Last Name, First Name	Relationship	Workplace	Work Phone	Cell Phone
	Last Name, First Name	Relationship	Workplace	Work Phone	Cell Phone
Parent/ Guardian Living at Different Address Than Student	Last Name, First Name Relationship Workplace Work Phone Cell Phone				
	Joint Custody Rights? <input type="checkbox"/> Yes <input type="checkbox"/> No Receive School Information? <input type="checkbox"/> Yes <input type="checkbox"/> No Restricted Access? <input type="checkbox"/> Yes**				
	Last Name, First Name Relationship Workplace Work Phone Cell Phone				
	Street Address		City, State, Zip Code		Home Phone

List the names of any children age birth to Grade 12 living at this residence:

Student's Siblings – Birth – Grade 12	Gender (M or F)	Date of Birth	School	Grade

AFTER SCHOOL CARE GIVER INFORMATION

If your child is regularly cared for at a different address than that address listed above, complete this section.

Care Giver's Name	Address	Home Phone
Name persons who may pick up your child:		

**A copy of the Court Order must be provided to the school

PLEASE ALSO COMPLETE THE BACK SIDE OF THIS FORM

EMERGENCY AND STORM HOME INFORMATION

If you cannot be reached in an emergency, list person(s) we could contact to care for your child:

	Last Name, First Name	Address	Home Phone	Work Phone	Cell Phone
FIRST CHOICE					
SECOND CHOICE					

RURAL PARENTS: In case of a winter storm and school busses cannot deliver students to their rural homes, list an **intown address** where your child should be bussed.

	Last Name, First Name	Address	Home Phone	Work Phone	Cell Phone
STORM HOME					

STUDENT HEALTH INFORMATION

1. Does your child have any health concerns? Yes No Describe _____
2. Have there been any changes in your child's health needs? Yes No Describe _____
3. Does your child have any allergies? Yes No Describe _____
4. Does your child take medication? Yes No Describe _____

****If your child must receive medication during the school day, a medication authorization must be completed. These forms are available in the school office.****

I agree that any health information may be shared with faculty and staff of District #593, on a need to know basis, so that comprehensive care may be provided to my child. This permission can be revoked at any time by the legal guardian. This consent expires in one year. The Legal guardian may request a copy of this release.

Parent/Guardian Signature _____ Date: _____

STUDENTS NEW TO CROOKSTON PUBLIC SCHOOLS INFORMATION:

Please check any special services that your child is currently receiving:

- | | | |
|---|---|--|
| <input type="checkbox"/> I.E.P. (Individual Education Plan) | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Early Childhood/Special Education |
| <input type="checkbox"/> Title I Services | <input type="checkbox"/> Other Health Impaired: _____ | <input type="checkbox"/> Counseling |

Name of School Last Attended: _____ Last Date of Attendance: _____

Mailing Address: _____

Has Student ever attended a Minnesota School? Yes No If yes, where and when? _____

PARENT PERMISSION FOR SCHOOL TRIPS & PHOTO PUBLICATION

I understand that my child may participate in school trips and/or have my child's photo printed in publications (yearbook, etc.) for the Crookston School District. If I do not agree, I may request in writing that my child refrain from these activities.

PARENT VERIFICATION

I verify that the information provided on this form is complete and accurate.

Parent/Guardian Signature: _____ Date: _____