



**CAMBRIDGE-ISANTI SCHOOLS
STUDENT ENROLLMENT FORM**
TO BE COMPLETED BY LEGAL PARENT/GUARDIAN
www.c-ischools.org

Office Use Only:				
Student ID		State ID		Start Date
Pin #	Teacher		Advisor	

SCHOOL

Enrollment Date:			
<input type="checkbox"/> Resident of ISD #911 <input type="checkbox"/> Non-Resident (<i>paperwork required</i>) Non-Resident District and # _____ _____	<input type="checkbox"/> Cambridge Preschool <input type="checkbox"/> Cambridge Primary (K-2) <input type="checkbox"/> Cambridge Intermediate (3-5) <input type="checkbox"/> Cambridge Middle School (6-8) <input type="checkbox"/> Cambridge-Isanti High School (9-12)	<input type="checkbox"/> Isanti Preschool <input type="checkbox"/> Isanti Primary (K-2) <input type="checkbox"/> Isanti Intermediate (3-5) <input type="checkbox"/> Isanti Middle (6-8)	<input type="checkbox"/> School For All Seasons (K-5) <input type="checkbox"/> Minnesota Center (6-8) <input type="checkbox"/> Early Childhood Special Ed <input type="checkbox"/> Riverside Academy

STUDENT

Last Name (Legal Name)		First Name		Middle Name		Grade
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate (mm/dd/yyyy)		Does more than one family live at this dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Address (Student Resides Here)			Unit #	City/State/Zip Code		
Mailing Address (If different)			Unit #	City/State/Zip Code		
Home Phone		Primary Phone		Effective date of move (if applicable)		
Student lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> None <input type="checkbox"/> Other						

Race/Ethnic Race/Ethnic data is used for the purpose of compliance with federal and state civil rights laws and statistical reports.

Background: Hispanic/Latino (select only one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	State Ethnicity (select only one) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, not Hispanic	Federal Race (select one or more) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White
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GENERAL INFORMATION

Does this student have any American Indian lineage? Yes No

What is the student's country of birth? U.S. Other: _____

If not in the U.S. when did the student enter the U.S.? _____ (mm/dd/yyyy)

At what grade level did they start school in the U.S.? Check One: K 1 2 3 4 5 6 7 8 9 10 11 12

Has this student ever attended Cambridge-Isanti Schools? Yes No If yes, Year _____ School/s _____

Has this student ever attended any other Minnesota public school, including preschool? Yes No If yes, Year _____ List schools below

Student's previous schools attended _____

** Please list most recent school attended first, including preschool.	<i>School Name</i>	<i>Grade</i>	<i>Address</i>	<i>City/State/Zip</i>	<i>Phone#</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If Kindergarten, has this student had Early Childhood Screening? Yes No If yes, District/City _____

STUDENT

Last Name (<i>Legal Name</i>)	First Name	Middle Name	Grade
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Custody Documents

Is there an Order for Protection? Yes No If so, date of expiration (mm/dd/yyyy) _____

Has the order been provided to the school? Yes No

Residency Information:

Have you recently moved to the school district in the last 36 months for temporary or seasonal agricultural or fishing work? Yes No

Is your current address a temporary living arrangement? Yes No If yes, please continue.

Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

Do you and your student lack a fixed, regular, adequate nighttime residence? Yes No

Home Language Questionnaire:

Which language did the student learn first? English Other: _____

Which language(s) is/are most often spoken in your home? English Other: _____

Which language does the student usually speak? English Other: _____

Which language did the Mother speak first? _____

Which language did the Father speak first? _____

Is an interpreter required to communicate with anyone in your family? Yes No If yes, Language: _____

Family members: _____

Are there any other language accommodations requested at this time? Yes No

If yes, please specify: _____

Additional Enrollment/Placement Information: Please answer all the questions.

I certify that the student:

Check one:

Has **never been** enrolled in a special education program (*has never been on an IEP*)

Was **previously** enrolled in a special program and is no longer enrolled

Is **currently** enrolled in a special program (*has current IEP*)

The student has participated in the following special program(s): *Mark the appropriate box for each of the following:*

Summer School within the past year Yes No If yes, where? _____

Gifted & Talented Education Program (*G&T*) Yes No

English Language Development (*ELD*) Yes No

504 Plan Yes No

Title I Yes No

Other Yes No Please specify _____

Transportation:

Will the student need transportation by Cambridge-Isanti Schools? Yes No

Student Pictures/Internet Access:

Parent/Guardian permission for student's picture to appear on School District hosted websites. Yes No

Parent/Guardian permission for student to access the internet on School District systems. Yes No

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for pupils. This information will become a part of the student's permanent cumulative record and will be available in accordance to District Policy #515 of Cambridge-Isanti Schools.

STUDENT

Last Name (<i>Legal Name</i>)	First Name	Middle Name	Grade
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PRIMARY LEGAL PARENT/GUARDIAN – Household #1 (Primary Residence)

Last Name:		First Name:		Middle Name:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
Phone Type	Phone Number:		Extension:	Select One:			
Home:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Cell:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Work:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No			Email:				
Last Name:		First Name:		Middle Name:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
Phone Type	Phone Number:		Extension:	Select One:			
Home:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Cell:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Work:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No			Email:				
Mailing Address: (<i>if different</i>)				City/State/Zip Code:			

LEGAL PARENT/GUARDIAN – Household #2

Last Name:		First Name:		Middle Name:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
Phone Type	Phone Number:		Extension:	Select One:			
Home:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Cell:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Work:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No			Email:				
Last Name:		First Name:		Middle Name:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
Phone Type	Phone Number:		Extension:	Select One:			
Home:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Cell:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Work:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No			Email:				
Address:				City/State/Zip Code:			

LIST ALL OTHERS LIVING IN THE PRIMARY HOUSEHOLD

Last, First, Middle Name	Relationship	Date of Birth	Gender	Lives at Home	School Attending/Grade
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

STUDENT

Last Name (<i>Legal Name</i>)	First Name	Middle Name	Grade
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EMERGENCY INFORMATION**EMERGENCY CONTACTS**

List *local* contacts that the student may be released to in the case of illness or other emergency if **unable to notify parent**. In case of a serious accident or illness at school, 911 will be called. The parent/guardian is responsible for all expenses. For younger children, list daycare as an emergency contact.

CONTACT 1				
Name	Relationship	Home Phone	Work Phone	Other Phone
Address:		City/State/Zip Code:		
CONTACT 2				
Name	Relationship	Home Phone	Work Phone	Other Phone
Address:		City/State/Zip Code:		
CONTACT 3				
Name	Relationship	Home Phone	Work Phone	Other Phone
Address:		City/State/Zip Code:		

HEALTH

Please list all health concerns, medications, allergies, and disabilities. Information on this form may be shared with appropriate school personnel to meet your child's health and educational needs in school. Please list names of all medications (including at home or at school) that the student is taking.

Physician Clinic:**Physician Clinic Phone:**

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Health Condition:**Health Comment:**

As the parent/guardian of the above named student, in case I am unable to be reached during any emergency, I hereby authorize a representative of the school to act as an agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student. Yes No

- The student has had or is currently receiving support through County Services (*Children's Mental Health, Family Services, Probation*)
 I **DO NOT** give Cambridge-Isanti Schools permission to share this health information with school staff.

Signature of legal parent/guardian is required.

Print Parent/Guardian Name: _____ Date: _____

Signature Parent/Guardian Name: _____ Date: _____