



2020-2021

# Enrollment Form

Tel: 651.351.8412 • Fax: 651.351.8370

Return Forms to: Central Services • Attn: Enrollment Office • 1875 South Greeley St. • Stillwater, MN 55082

District Use	
Trans Code _____	<input type="checkbox"/> E.O.
Student # _____	<input type="checkbox"/> Food
	<input type="checkbox"/> Trans

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Information:

School Enrolling In: \_\_\_\_\_ Start Date: \_\_\_\_\_

First Name (legal)	Middle Name (legal)	Last Name (legal)	Birthdate	Gender	Enrolling Grade

### School most recently attended by student

School \_\_\_\_\_ District \_\_\_\_\_ Date Left \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

- Does parent/guardian above have legal custody of student?  Yes  No
- Do any court orders apply?  Yes (provide copy)  No
- Is the student a member of a military family (Parent or guardian is currently a Reservist, National Guard member, on Active Duty, or has recently retired from the armed forces)?  Yes  No  
If yes, is the military member actively deployed or expects to be actively deployed this school year?  Yes  No
- Is student receiving special education services (has an IEP)?  Yes  No  
If yes, what is your student's disability? (Check all that apply)
 

<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Speech/Language Impairments	<input type="checkbox"/> Physically Impaired
<input type="checkbox"/> Developmental Cognitive Disability	<input type="checkbox"/> Severely Multiple Impaired	<input type="checkbox"/> Specific Learning Disabilities
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Emotional/Behavior Disorders	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Deaf-Hard of Hearing	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Other Health Disabilities

 Does student require special transportation per IEP?  Yes  No
- Does student have a 504 Plan?  Yes  No
- Has student attended a MN public school before?  Yes School \_\_\_\_\_  No
- Has student attended an ISD 834 school before?  Yes School \_\_\_\_\_  No
- Does your student have a Social Worker?  Yes  No If yes, name and phone number: \_\_\_\_\_
- What is your students country of birth? \_\_\_\_\_  
If not in the United States, when did your student first enter the USA? (mm/dd/yyyy) \_\_\_\_\_
- Have you moved to this district for temporary seasonal agricultural or fishing work in the last 36 months?  Yes  No
- Which language did your child learn first?  English  Other (Which language?) \_\_\_\_\_
- Which language is most often spoken in your home?  English  Other (Which language?) \_\_\_\_\_
- Which language does your child usually speak?  English  Other (Which language?) \_\_\_\_\_
- Has this student been receiving English Learner (EL) services?  Yes  No
- Will you need an interpreter for conferences?  Yes  No  
If yes, can you provide your own? (English-speaking family member or friend)  Yes  No  
If yes, do you need the school to provide one for you?  Yes  No
- Will student use district transportation? (a.m. pick-up)  Yes  No (p.m. drop-off)  Yes  No  
If yes, pick-up location?  Home  Other (Address) \_\_\_\_\_  
If yes, drop-off location?  Home  Other (Address) \_\_\_\_\_

Ethnicity/Race
Is your student Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
Please identify the race of your student by checking either "Yes" or "No" in any of the categories that apply.
<input type="checkbox"/> Yes <input type="checkbox"/> No ..... American Indian or Alaska Native
<input type="checkbox"/> Yes <input type="checkbox"/> No ..... Asian
<input type="checkbox"/> Yes <input type="checkbox"/> No ..... Black or African American
<input type="checkbox"/> Yes <input type="checkbox"/> No ..... Native Hawaiian or Pacific Islander
<input type="checkbox"/> Yes <input type="checkbox"/> No ..... White

List additional preschool children residing in the home		
First, Middle, Last Name	Birthdate	Gender

**Parent/Guardian Residing with Student**

First Name	Middle Initial	Last Name	Relationship to Student
Home Phone	Cell Phone	Work Phone	Email Address
First Name	Middle Initial	Last Name	Relationship to Student
Home Phone	Cell Phone	Work Phone	Email Address
<b>Student lives with:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Joint Physical <input type="checkbox"/> Mother and Stepfather (check all that apply) <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Joint Legal <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Alone <input type="checkbox"/> Spouse <input type="checkbox"/> Other			

**District 834 Address (Student)**

House Number	Street Name	Apt. #	City	State	Zip
Do you use a PO Box?	PO Box #	City	State	Zip	

**Current Address (if not in District 834)**

House Number	Street Name	Apt. #	City	State	Zip
Date expected to move into District:					

**Second Mailing (Parent):** List other parent/guardian for additional mailings and information

First Name	Middle Initial	Last Name	Relationship to Student
Home Phone	Cell Phone	Work Phone	Email Address

House Number	Street Name	Apt. #	City	State	Zip



Attn: \_\_\_\_\_

Faxed: \_\_\_\_\_

Student starts: \_\_\_\_\_

# RELEASE OF RECORDS REQUEST

1875 South Greeley Street • Stillwater, MN 55082 • 651.351.8412 • [www.stillwaterschools.org](http://www.stillwaterschools.org)

\* Please fill out form in its entirety. Thank you.

Date:			
Name of Previous School			
Address	City	State	Zip
Phone#	Fax#		

\*Please send us the official school records for (Student legal name): \_\_\_\_\_

\*Grade (most recent) \_\_\_\_\_, date of birth \_\_\_\_\_

Thank you for your cooperation

**X** \_\_\_\_\_

Parent or Guardian Signature

In accord with revised federal and state statutes, permission of the parent or adult student is no longer required when records are requested by authorized school personnel

**Please include:**

- Official educational records: name, address, birthdate, grade level completed
- Attendance Record
- Discipline records including suspensions and expulsion paperwork.
- Report card/transcripts (high school requires all schools attended, grades 9-12)
- Special Records – IEP evaluation and assessments, 504 plan)
- Health records/Current Physical Form/ Immunizations
- NWEA MAP Test Scores (most recent available) results in reading and math
- Standards Test (BST) scores for reading, math and writing
- Graduation Required For Diploma test (GRAD) results in reading, math and writing
- Minnesota Comprehensive Assessment - II (MCA-II) results in reading and math
- Other information which may be helpful in admission or placement of this student

**Please forward student information to the following schools:**

(District will complete)

**Afton-Lakeland Elementary**

475 St. Croix Trail S., Lakeland, MN 55043  
Phone: 651.351.6500 | Fax: 651.351.6595  
[vangf@stillwaterschools.org](mailto:vangf@stillwaterschools.org)

**Andersen Elementary**

309 N. Fourth St., Bayport, MN 55003  
Phone: 651.351.6600 | Fax: 651.351.6695  
[williamsb@stillwaterschools.org](mailto:williamsb@stillwaterschools.org)

**Brookview Elementary**

11099 Brookview Rd., Woodbury, MN 55129  
Phone: 651.275.2500 | Fax: 651.275.2590  
[weisbrodp@stillwaterschools.org](mailto:weisbrodp@stillwaterschools.org)

**Lake Elmo Elementary**

11030 Stillwater Blvd. N., Lake Elmo, MN 55042  
Phone: 651.351.6700 | Fax: 651.351.6797  
[sommarugap@stillwaterschools.org](mailto:sommarugap@stillwaterschools.org)

**Lily Lake Elementary**

2003 W. Willard St., Stillwater, MN 55082  
Phone: 651.351.6800 | Fax: 651.351.6895  
[webbb@stillwaterschools.org](mailto:webbb@stillwaterschools.org)

**Rutherford Elementary**

115 Rutherford Rd., Stillwater, MN 55082  
Phone: 651.351.6400 | Fax: 651.351.6495  
[putnama@stillwaterschools.org](mailto:putnama@stillwaterschools.org)

**Stonebridge Elementary**

900 N. Owens St., Stillwater, MN 55082  
Phone: 651.351.8700 | Fax: 651.351.8790  
[hurleyj@stillwaterschools.org](mailto:hurleyj@stillwaterschools.org)

**Oak-Land Middle School**

820 Manning Ave. N., Lake Elmo, MN 55042  
Phone: 651.351.8516 | Fax: 651.351.8505  
[slaytont@stillwaterschools.org](mailto:slaytont@stillwaterschools.org)

**Stillwater Middle School**

523 W. Marsh St., Stillwater, MN 55082  
Phone: 651.351.6908 | Fax: 651.351.6999  
[stahll@stillwaterschools.org](mailto:stahll@stillwaterschools.org)

**Stillwater Area High School**

5701 Stillwater Blvd. N., Stillwater, MN 55082  
Phone: 651.351.8025 | Fax: 651.351.8049  
[radecket@stillwaterschools.org](mailto:radecket@stillwaterschools.org)

**St. Croix Valley Area Learning Center**

5701 Stillwater Blvd. N., Stillwater, MN 55082  
Phone: 651.351.8472 | Fax: 651.351.8465  
[stewarts@stillwaterschools.org](mailto:stewarts@stillwaterschools.org)