

# Student Registration

South St. Paul  
Public Schools



## STUDENT INFORMATION

Student (LEGAL) Name: \_\_\_\_\_  
last first middle name

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

## EDUCATION HISTORY

Has student previously attended South St. Paul Public Schools?  
 No  Yes \_\_\_\_\_  
name of school and dates attended

Has he/she attended another district?  
 No  Yes \_\_\_\_\_  
district name

Is your child currently receiving any special services?

- Intervention Services  504 Plan  Special Education  
 English Learner

\_\_\_\_\_ name of most recent school

\_\_\_\_\_ city and state

## STUDENT RESIDENCE INFORMATION

### Parent/Legal Guardian 1:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
last first middle initial

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred school-to-home communication language: \_\_\_\_\_

### Parent/Legal Guardian 2:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
last first middle initial

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred school-to-home communication language: \_\_\_\_\_

*Proof of guardianship: If person enrolling the child is not the parent, the district will require legal documentation before the child is enrolled.*

PLEASE COMPLETE OTHER SIDE

## OFFICE USE ONLY

Date: \_\_\_\_\_ Registering School: \_\_\_\_\_

State Aid Code: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Student Number: \_\_\_\_\_ Transportation Code: \_\_\_\_\_  
Home Language: \_\_\_\_\_ State ID Number: \_\_\_\_\_  
Last Location Code: \_\_\_\_\_ Start Date: \_\_\_\_\_

### Address and Birth Certificate Verification Required

Address Verification:

- Utility Bill  Lease Agreement  Bank Statement  Pay Stub  
 Other: \_\_\_\_\_

If address is not South St. Paul, complete the *Open Enrollment Form*.

Birth Certificate received: \_\_\_\_\_

Authorized Signature

Please list **ALL** children living at this address other than the student listed on the previous page:

LEGAL Last Name	First	Middle Initial	Gender (M/F)	Birthdate (mm/dd/yyyy)	School and Grade (if enrolled)	Your Relationship to Child
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

### EMERGENCY CONTACT

Please list all emergency contacts you would like associated with your student(s). They will be the only people permitted to pick up your child(ren) from school. Additional contacts may be added throughout the school year by contacting your school site.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### ADDITIONAL QUESTIONS FOR SEPARATED/DIVORCED PARENTS

SSPPS believes that all parents/guardians need to be involved in the education of their children. We also understand that many children have parents who are divorced or separated. If you are divorced or separated, please complete the following:

Who has legal and physical custody of your child? (if joint, please indicate both)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Legal Custody  Physical Custody

Legal Custody  Physical Custody

Are there any court orders restricting access to the child or his/her records?

No  Yes (if yes, please attach a copy of the order)

Name of person restricted: \_\_\_\_\_

### PARENT/GUARDIAN SIGNATURE

This information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian

## 2019-20 Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

*[You must select “yes” or “no” to this question.]*

**Yes** *[If yes, go to Question A.]*

**No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

*Go to Question 1.*

*[Select “yes” to at least one of the Questions (1-6) below.]*

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

**Yes** *[If yes, go to Question 1a.]*

**No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

*Go to Question 2.*

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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**Question 2. Is the student American Indian from South or Central America?**

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons 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, the Philippine Islands, Thailand, and Vietnam.<sup>1</sup>

**Yes** [If yes, go to Question 3a.]

**No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

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**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

**Yes** [If yes, go to Question 4a.]

**No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

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**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

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**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

# Student Health History



## STUDENT INFORMATION

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
last first middle initial

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ School Attending: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## HEALTH CONDITIONS AND HISTORY

1. Were there any pregnancy or birth related complications?

No  Yes (please explain) \_\_\_\_\_

2. Has your child ever been hospitalized or had a serious injury or serious illness?

No  Yes (please explain) \_\_\_\_\_

3. Does your child have any chronic health conditions or problems diagnosed by a doctor? Check all that apply:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> ADHD   | <input type="checkbox"/> Concussion History | <input type="checkbox"/> Eating Disorder <i>(specify below)</i> | <input type="checkbox"/> Seizures                              |
| <input type="checkbox"/> Anxiety  | <input type="checkbox"/> Constipation       | <input type="checkbox"/> Headaches                              | <input type="checkbox"/> Vision Problem or<br>Glasses/Contacts |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Hearing Problem/<br>Hearing Aids       | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> Bowel or Bladder<br>Problem <i>(specify below)</i> | <input type="checkbox"/> Depression         | <input type="checkbox"/> Heart Disorder <i>(specify below)</i>  |  |

Please explain any of the above:

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**Allergies (list)** Environmental: \_\_\_\_\_  
Food: \_\_\_\_\_  
Medications: \_\_\_\_\_

4. Is there anything more about your child's physical or emotional state that you feel we should know? Please explain:

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**PLEASE COMPLETE OTHER SIDE**

## STUDENT MEDICATION INFORMATION

List **ALL** medications that your child takes (prescribed regularly or as needed AND over the counter medications). Please note that this does NOT take place of a medication consent form for any medications needed at school. See below for more information.

Medication Name:	Reason for Medication:	Dose:	Taken Daily or As Needed?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your child needs to take medication at school, please note the following:

1. The Authorization for Administration of Medication form is **REQUIRED** for all medication(s) taken at school, including non-prescription (over the counter) medications. Students must take all medications at school in the health office unless otherwise arranged individually with the school nurse.
2. The Authorization for Administration of Medication form must be signed by both a licensed prescriber and a parent/guardian for medications to be administered at school. A new consent form is needed each school year or when the medication and/or dose is changed.
3. Forms are available in the health office or on the District's website at [www.sspps.org/healthservices](http://www.sspps.org/healthservices).

In order to provide for the health and safety of your child, the above information may be shared with school staff working with your student and with Emergency Response Personnel in the event that 911 is called. Please note: Parents are responsible for the costs incurred with treatment and/or transportation by emergency response personnel or paramedics (911).

**PREFERRED HOSPITAL IN CASE OF AN EMERGENCY:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_  
print name

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

*The school intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequences for not providing the information. It may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's safety and school success.*

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

# Immunization Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

## Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<input type="text"/>	
Meningococcal (MCV4)				<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

### Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of parent or guardian)

Notary Signature: \_\_\_\_\_

Notary Stamp

STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**3. Consent to share immunization information:** This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)



## Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate AND Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

**Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.**

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

\* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

# Special District 6 Records Release Form

South St. Paul  
Public Schools



A SCHOOL CANNOT WITHHOLD RECORDS BECAUSE A STUDENT OWES THEM MONEY. (Minn.Stat.123B.37, Subd.2)

To Whom It May Concern:

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

previously attended your school \_\_\_\_\_

School, City & State

and is enrolling in grade \_\_\_\_\_ at \_\_\_\_\_

School, City & State

Please send the following:

\_\_\_\_\_ Cumulative Records  
(transcript, attendance, discipline, standardized tests, birth certificate, guardianship/custody)

\_\_\_\_\_ Special Education Records (current IEP and last evaluation report, 504 plan)

\_\_\_\_\_ Health Records (physical examination forms, sports physical and immunizations)

\_\_\_\_\_ Current and/or Withdrawal Grades

Please email or FAX student records to the following school:

**Lincoln Center Elementary** (K-Grade 5)  
357 - 9th Avenue North, South St. Paul, MN 55075  
Phone: (651) 457-9476 Fax: (651) 457-9423  
lc.enroll@sspps.org

**South St. Paul Secondary** (Grades 6-12)  
700 North Second Street, South St. Paul, MN 55075  
Phone: (651) 457-9475 Fax: (651) 306-3661  
sec.enroll@sspps.org

**Kaposia Education Center** (K-Grade 5)  
1225 - First Avenue South, South St. Paul, MN 55075  
Phone: (651) 451-9260 Fax: (651) 457-9453  
kec.enroll@sspps.org

**Community Learning Center** (Grades 9-12)  
141 - 6th Street South, South St. Paul, MN 55075  
Phone: (651) 450-9966 Fax: (651) 306-3666  
clc.enroll@sspps.org

Parent/Guardian Name \_\_\_\_\_

Phone number \_\_\_\_\_

Date \_\_\_\_\_

Home address (proof of residency may be required) \_\_\_\_\_

City /State/Zip \_\_\_\_\_

If registering after the start of the school year, reason for mid-year enrollment:

**NOTE: Only parent or legal guardian may register a student. If other than parent, please attach legal documentation.**