

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