



Small is Mighty

Marine Village School
550 Pine Street
Marine on St. Croix, MN 55047

FOR SCHOOL OFFICE USE ONLY

Entry Date ___/___/___

Enrolling in Grade _____

Resident District _____

State Student ID _____

Student Registration Form

Please complete all information requested on this form.

STUDENT INFORMATION

Student's Full Legal Name: _____ Gender: _____
(First Name) (Middle Name) (Last Name)

Date of Birth ___/___/___ Entering Grade (circle one) K 1 2 3 4 5 Home Language: _____

Last public or non-public school attended: _____
(Name of School) (City) (State) (Zip) (Phone)

In which school district does the child live? _____

Early Childhood Screening. MN State Law requires a developmental and health screening for each child prior to enrollment in kindergarten. Local school districts provide Early Childhood Screening throughout the year. When your child turns three, you may contact your school district for more information and to schedule a screening for your child. An equivalent screening can be accepted from another agency or health care provider.

If your child is entering Kindergarten at Marine Village School, have they completed Early Childhood Screening?

___ Yes
___ No

If yes, where? _____ Year: _____

Has your child received any of the following special services? (Check all that apply)

- Early Childhood Special Education
- Title 1
- Special Education
- 504 Plan
- Gifted/Talented
- ELL-English Language Learner – Date first enrolled in ESL/ELL program in U.S.: ___/___/___

FAMILY INFORMATION

1. Parent/Guardian Name: _____ Relationship to Student: _____

Home Address: _____
(Number and Street Name) (Apt. Number) (City) (State) (Zip Code)

Home Phone: () _____ Cell Phone: () _____ Email: _____

2. Parent/Guardian Name: _____ Relationship to Student: _____

Home Address: _____
(Number and Street Name) (Apt. Number) (City) (State) (Zip Code)

Home Phone: () _____ Cell Phone: () _____ Email: _____

Alternate/Daycare Address (if different from home address)

Pick Up Address: _____
(Number and Street Name) (Apt. Number) (City) (State) (Zip Code)

Pick Up Contact Person: _____ Pick Up Phone: _____

Drop Off Address: _____
(Number and Street Name) (Apt. Number) (City) (State) (Zip Code)

Drop Off Contact Person: _____ Drop Off Phone: _____

Minnesota Statutes and rules require the school district to keep accurate records and updated personal records for all pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of Marine Village School.

I hereby verify that the above information is true and correct to the best of my knowledge and belief. Parent/Guardian

Signature _____ Date ___/___/___