



MOORHEAD

AREA PUBLIC SCHOOLS

Dorothy Dodds Elementary • 218-284-1300
Ellen Hopkins Elementary • 218-284-4300
Robert Asp Elementary • 218-284-6300
S.G. Reinertsen Elementary • 218-284-5300

ADMINISTRATIVE USE ONLY: Date submitted _____ / _____ / _____ Student ID # _____

Assigned School: ☐ Dorothy Dodds ☐ Ellen Hopkins ☐ Robert Asp ☐ S.G. Reinertsen Birth cert. ☐

Transportation Pickup ☐ Home ☐ Daycare _____ ☐ Parent Transportation Drop Off ☐ Home ☐ Daycare _____ ☐ Parent Program Information ☐ Spanish Immersion ☐ EIS ☐ Other _____ ☐ Jump Start Immuniz. ☐ HQL ☐ InfoSnap ☐

GRADE K-4 PRE-REGISTRATION FORM

Student Information

Name: First _____ Middle _____ Last _____

Gender: ☐ Male ☐ Female Date of Birth (mm/dd/yyyy) _____ / _____ / _____ (Proof of birth date required: birth certificate, passport, etc.)

Grade _____ Student's Address: Street _____

City _____ State _____ Zip _____

Student's Ethnicity (Must complete both Federal and State ethnicity sections.)

- **Student's Federal Ethnicity.** Choose Non Hispanic/Latino OR Hispanic/Latino and select appropriate Race(s)

☐ Not Hispanic/Latino ☐ Hispanic/Latino (must select two Race choices below with one being Hispanic)

Race. Select all that apply. Must choose at least one.

☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Hispanic

- **Student's State of Minnesota Ethnicity.** Choose only one.

☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ White

Parent / Guardian 1

- **Check One:** ☐ mother ☐ father ☐ guardian ☐ step-parent

Name _____

Contact Phone _____ - _____ - _____

Email address _____

Parent / Guardian 2

- **Check One:** ☐ mother ☐ father ☐ guardian ☐ step-parent

Name _____

Contact Phone _____ - _____ - _____

Email address _____

Emergency Contact (if parent/guardian cannot be reached)

Name _____

Contact Phone _____ - _____ - _____

Email address _____

Has your child ever been enrolled in a school in Minnesota? ☐ Yes ☐ No

Has your child ever been enrolled in a school in Moorhead? ☐ Yes ☐ No

Does your child have an Individualized Education Plan (IEP)? ☐ Yes ☐ No

Has your child received Title I Services or extra help at their previous district? ☐ Yes ☐ No

Do you have academic concerns for your child?

Do you have social/emotional concerns for your child?

Is there anything else you would like us to know to help us better meet the needs of your child?

Rev 9.14.2018



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REQUEST FOR EDUCATIONAL RECORDS

Student Information

Name: First _____ Middle _____ Last _____

Gender: ☐ Male ☐ Female Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Grade _____

Student's Last School Attended

School Name _____ Last Date Attended _____ / _____ / _____

City _____ State _____ Zip _____ Fax _____ - _____ - _____

The student named above has enrolled in Moorhead Area Public Schools ISD 152 at:

☐ **Dorothy Dodds Elementary**

4400 24th Avenue South
Moorhead, MN 56560
Phone: 218-284-1300
Fax: 218-284-1333

☐ **Robert Asp Elementary**

910 11th Street North
Moorhead, MN 56560
Phone: 218-284-6300
Fax: 218-284-6333

☐ **Ellen Hopkins Elementary**

2020 11th Street South
Moorhead, MN 56560
Phone: 218-284-4300
Fax: 218-284-4333

☐ **S.G. Reinertsen Elementary**

1201 40th Avenue South
Moorhead, MN 56560
Phone: 218-284-5300
Fax: 218-284-5333

Please send the following information for our records:

- ☐ Cumulative, health and attendance records
- ☐ Date of withdrawal
- ☐ Progress report(s)
- ☐ Special education folders, IEPs & evaluation results
(If you use SpedForms, please send case management access to _____)
- ☐ Standardized test results
- Including but not limited to:
 - AIMSweb
 - STAR Assessments
 - NWEA MAP scores

- ☐ Early childhood screening results
- ☐ ESL information
- ☐ 504 Plan
- ☐ Psychological services report
- ☐ Social work report
- ☐ Discipline incident report
- ☐ Other _____

Rev 9.14.2018

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 high school graduation. 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 services. **Access to services are required by federal and state law. As a parent or guardian, you have the right to decline English Learner services 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 or 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 meaningful and consistent exposure to:	<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.

May 8, 2017