



**Kelliher Public Schools**  
**Independent School District #36**  
 345 4th Street NW, P.O. Box 259  
 Kelliher, MN 56650  
 Phone: (218)647-8286  
 Fax: (218)647-3110

STUDENT ENROLLMENT FORM

STUDENT INFORMATION

MARSS \_\_\_\_\_ (office use only)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M/F Grade Level: \_\_\_\_\_ Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

If entering Kindergarten, has your child been screened? Y / N If yes: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Racial and Ethnic Groups (please check those that apply)

- American Indian/Alaska Native
- White
- Asian
- Two or more races

- Black/African-American
- Native Hawaiian/Pacific Islander
- Hispanic/Latino

Special Education/IEP: Yes / No

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Speech/Language          | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Physically Impaired         |
| <input type="checkbox"/> Visually Impaired        | <input type="checkbox"/> Traumatic Brain Injury       | <input type="checkbox"/> Emotional/Behavior Disorder |
| <input type="checkbox"/> Autistic                 |   | <input type="checkbox"/> Hearing Impaired            |
| <input type="checkbox"/> Dev/Cognitive Disability |   | <input type="checkbox"/> Other                       |

Please list any health concerns we should be aware of: \_\_\_\_\_

Previous Enrollments: (for new students only)

Name of School	Year/Grade	City and State	Phone and Fax
1. _____	____/____	_____	_____/____
2. _____	____/____	_____	_____/____

Signature (Authorization to release records) \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian (1) Information

Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Primary Parent Guardian (2) Information

Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Secondary Parent/Guardian (1) Information

Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Secondary Parent/Guardian (2) Information

Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

\*Note: Please notify the school office and provide legal documentation if there is a custodial issue.

\*Note: Request school information to be sent to this household also? Yes \_\_\_ No \_\_\_

EMERGENCY INFORMATION

In the event of an emergency when parent/guardian cannot be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

CENSUS Please list all other permanent members (adult & children) in student's household

Full Legal Name Birth Date Gender Relationship Age/Grade (last, first, middle)

- 1. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ M / F \_\_\_\_\_ / \_\_\_\_
- 2. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ M / F \_\_\_\_\_ / \_\_\_\_
- 3. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ M / F \_\_\_\_\_ / \_\_\_\_
- 4. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ M / F \_\_\_\_\_ / \_\_\_\_
- 5. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ M / F \_\_\_\_\_ / \_\_\_\_

TRANSPORTATION INFORMATION: (Please give a brief driving direction from school to your home)

\_\_\_\_\_  
\_\_\_\_\_

Closest neighbor with children attending school \_\_\_\_\_

*I certify the information provided here is true and complete to the best of my knowledge.*

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Tennison Warning You have been asked to supply private information concerning your child. Pursuant to M.S. 12.04, school districts are required to inform parent/guardians how this information will be used. All information will be private and confidential. We may need to phone you or other designated people. You may refuse to supply the requested information. This may greatly hinder us in helping your child. Please note that information you provide to our school will only be available to staff who work directly with your child or to emergency response personnel. Data privacy laws protect confidentiality. Non-Discrimination Notice Kelliher School #36 does not discriminate on the basis of race, color, creed, religion, national origin, sex, age, marital status with regard to public assistance, sexual orientation, or disability in its programs and activities.