



**Wadena-Deer Creek Middle/High School**  
**ISD No. 2155**

218.632.2300 • Fax: 218.632.2399 • 600 Colfax Ave SW Wadena, MN 56482

**STUDENT ENROLLMENT**

Student's Legal Name \_\_\_\_\_

Last

First

Middle

Date Enrolled: \_\_\_\_\_ [ ] Male [ ] Female DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_

Student SSN: \_\_\_\_\_

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

Street

City

Zip

County

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_

Has student ever been tested for special education services? [ ] Yes [ ] No

Does student have an IEP? [ ] Yes [ ] No Primary Disability: \_\_\_\_\_

Is student on a 504 plan? [ ] Yes [ ] No

Does your child have a medical concern? [ ] Yes [ ] No

If yes, please describe: \_\_\_\_\_

Name and address of \_\_\_\_\_  
last school attended: \_\_\_\_\_  
\_\_\_\_\_

Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? [ ] Yes [ ] No

Are you part of a military family? [ ] Yes [ ] No

Ethnicity: [ ] Hispanic/Latino [ ] Not Hispanic/Latino

Student's Race: [ ] American Indian [ ] Asian/Pac. Island [ ] Hispanic [ ] Black [ ] White

Student lives with: [ ] Both Parents [ ] Father [ ] Mother [ ] Guardian [ ] Mother/Stepfather

[ ] Father/Stepmother [ ] Other (name & relationship): \_\_\_\_\_

If student lives with only one parent, should the other parent receive school information? [ ] Yes [ ] No

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

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



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**[ ] Check here if there is legal documentation prohibiting the non-custodial parent from seeing or picking up this child at school. [Please provide the school a copy of this documentation.]**

**Emergency Contact**

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

Phone Number: \_\_\_\_\_

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

Names of those allowed to pick up child from school: \_\_\_\_\_

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

**Head of Household and Spouse**

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

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

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

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

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

List Other Children in the Household (Oldest to youngest):

Name		Grade	Date of Birth
_____	[ ] Male [ ] Female	_____	_____
_____	[ ] Male [ ] Female	_____	_____
_____	[ ] Male [ ] Female	_____	_____
_____	[ ] Male [ ] Female	_____	_____
_____	[ ] Male [ ] Female	_____	_____

Please choose an online parent access password (JMC): \_\_\_\_\_

*OFFICE USE ONLY*

Family Lunch ID \_\_\_\_\_ Student Lunch ID \_\_\_\_\_

MARSS # \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

[ ] Walks to School [ ] Transported Bus# : \_\_\_\_\_