



**Family Registration**

Does the family need interpreter services? Yes / No Preferred Language: \_\_\_\_\_

Does the family currently live in the Willmar School District? Yes / No

If no, what district does the family live in? \_\_\_\_\_

If no, has an Application for Open Enrollment been completed and sent to the Superintendent's Office? Yes / No

**Parent/Guardian – Mail Addressed to - RESIDES AT THE SAME ADDRESS WITH STUDENT – Use full legal name**

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

Suffix: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: Male / Female

Attended Willmar Public Schools Under Different Name (List Name): \_\_\_\_\_

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

Email: \_\_\_\_\_

**Parent/Guardian – RESIDES AT THE SAME ADDRESS WITH STUDENT – Use full legal name**

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

Suffix: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: Male / Female

Attended Willmar Public Schools Under Different Name (List Name): \_\_\_\_\_

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

Email: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Primary Residence \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date moved to this Address: \_\_\_\_\_

Mailing Address of Family (PO Box, including City) – if different from resident address:  
\_\_\_\_\_

Primary Phone number: \_\_\_\_\_

**Students Lives With (please circle):**

Both Parents    Mother    Father    Mother & Stepfather    Father & Stepmother    Foster Parents    Host Family

Other: Please Specify Relationship \_\_\_\_\_

**Parent/Guardian – DOES NOT RESIDE AT THE SAME ADDRESS WITH STUDENT – Use full legal name**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Suffix: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: Male / Female  
 Student/Students this applies to \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Legal Guardian: Yes / No  
 Attended Willmar Public Schools Under Different Name (List Name): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Send duplicate mailings to this address? Yes / No

**List legal names of all children, including pre-school age, residing in the home:**

First, Middle, Last Name	Birth Date	Gender	Relationship to Parent/ Guardian	Legal Guardian	Pre-School Screened (0-6 year old children only)	If yes, list location
		M / F		Y / N	Y / N	
		M / F		Y / N	Y / N	
		M / F		Y / N	Y / N	
		M / F		Y / N	Y / N	
		M / F		Y / N	Y / N	
		M / F		Y / N	Y / N	

**AUTOMATED CALLING SYSTEM**

Automated Calling System – Willmar Public Schools utilizes an automated calling system to notify parent/guardians for reasons such as weather related announcements, attendance absence, and any message administrators feel important to communicate via the automated caller. **All Emergency phone numbers/emails listed below will automatically be called for weather related announcements or emergencies. Please list the phone numbers/emails below for calls that are:**

**Please list any and or all phone number and e-mails that you would like to be contacted on:**

\_\_\_\_\_

If you would like your preferences changed, please log on to your portal account or contact your child’s school.

**MIGRANT STATUS**

Has your family moved to seek or obtain agricultural related work in the last three years? Yes / No / Don’t Know  
 Examples: meat, poultry, fish, timber, field work, or picking eggs.

**PARENT/GUARDIAN SIGNATURE**

I certify that all the information given is true and correct to the best of my knowledge.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_