



Student Registration

STUDENT'S FULL LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE

Last Name: _____ First Name: _____ Middle: _____

Suffix: _____ Check if No Middle Name: _____ Nickname: _____

Grade: _____ Birth Date: _____ Gender: Male / Female

RACIAL/ETHNIC BACKGROUND – PLEASE COMPLETE ALL QUESTIONS

1. For Federal reporting purposes – **Is the student Hispanic or Latino?** Yes / No
A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
2. For Federal reporting purposes – Please check all that apply for the student. You must check at least one.
 - _____ **American Indian or Alaska native** – a person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 - _____ **Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia or the subcontinent including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
 - _____ **Black or African American** – a person having origins in any of the black racial groups of Africa.
 - _____ **Native Hawaiian or other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
 - _____ **White** – a person having origins in any of the original peoples of Europe, Middle East or North Africa.

ADDITIONAL INFORMATION

1. Is the student a teen parent? Yes / No
2. Is the student currently homeless (lacks a fixed, regular and adequate nighttime residence)? Yes / No
3. Is the student a Ward of the State (parental rights have been terminated by court order)? Yes / No

EDUCATIONAL INFORMATION

Please check: New Student _____ Student has previously attended a Willmar school _____ Dates _____

Student has previously attended a Minnesota school: _____ Location _____ Dates _____

Previous Schools Attended (list most recent school first)	City	State	Dates of Attendance	Grade Level

SPECIAL EDUCATION SERVICES

- Does the student have a current Individual Education Plan (IEP)? Yes / No
***Please submit a copy of an IEP/IFSP/IIP upon registration.**
 Is Special transportation documented in the IEP? Yes / No
 Did your child receive Special Education services at their last school? Yes / No
 Does your child have a 504 Accommodation Plan? Yes / No

WILLMAR



PUBLIC SCHOOLS

Request for Student Records

I hereby authorize:

(Former School /School District)

(Street or P.O. Box)

(City, State and Zip Code)

Phone: _____

Fax: _____

To forward all information including Immunizations/Health, Educational, Psychological, Standardized & Basic Test Scores, Title I, ELL, Special Education and /or Early Childhood Records concerning:

Student:

First

Middle

Last

Grade _____

Birth Date _____

Parent/Guardian Signature _____

Date _____

Please forward this information to the following school address or fax to:

Kennedy Elementary
824 7th St SW
Willmar, MN 56201
(P) 320-214-6688
(F) 320-235-9536

Lakeland Elementary
1001 Lakeland Dr SE
Willmar, MN 56201
(P) 320-263-5020
(F) 320-263-5030

Roosevelt Elementary
1800 19th Ave SW
Willmar, MN 56201
(P) 320-231-8471
(F) 320-231-1170

Willmar Middle School
209 Willmar Ave SE
Willmar, MN 56201
(P) 320-214-6000
(F) 320-235-1254

District Office
611 5th St SW
Willmar, MN 56201
(P) 320-231-8500
(F) 320-231-1061

Jefferson Learning Center
1234 Kandiyohi Ave SW
Willmar, MN 56201
(P) 320-231-8490
(F) 320-231-5484

Willmar Senior High
2701 30th St NE
Willmar, MN 56201
(P) 320-231-8300
(F) 320-231-8460

Alternative Learning Center
512 8th St SW
Willmar, MN 56201
(P) 320-214-6692
(F) 320-235-5352

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 further assessment. 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 instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction 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 consistent interaction in:	<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.



Student Health Questionnaire

Today's Date: _____

Child's Name: _____ Gender: Male / Female

Date of Birth: _____

I agree to allow my child's school to share my student's immunization documentation with Minnesota's immunization information system (MIIC). Yes / No

Parent/Guardian: _____ Daytime Phone: _____

MEDICAL HISTORY

1. When was your child's last medical exam? _____
Physician or Clinic name: _____
2. Has your child been hospitalized within the last year? Yes / No
If yes, state reason why?

3. Does your child take medication on a regular basis? Yes / No
If yes, what medication?

4. Does your child have special dietary needs? Yes / No
If yes, please explain.

Has your child had any of the following health concerns?

Frequent colds _____ Sore Throats _____ Ear Infections _____ Asthma _____ Eczema _____ Speech Difficulty _____
Heart Condition _____ Diabetes _____ Seizure Disorder _____

Allergies: If yes, please identify trigger and describe symptoms.

Foods _____
Bee Sting _____
Other _____

Other health concerns: (please describe)

VISION

Has your child ever had a vision examination or treatment? No / Yes; when?

Results: Normal Vision ____ Glasses/Contacts ____ "Lazy Eye" ____

Other:

ELEMENTARY STUDENTS ONLY

Check any concerns you have about the following behavior(s) in your child:

Bad Dreams ____ Irritable, easily upset ____ Destroys things purposely ____ Nervousness ____

Thumb Sucking ____ Holds Breath ____ Restlessness ____ Unable to Share ____ Overly sensitive ____

Jealousy ____ Stubborn, uncooperative ____ Wants too much attention ____ Disobedient ____

Glum, sulky, moody ____ Bad temper ____ Nail Biting ____ Difficult separating from parents ____

Very sensitive to smells or textures ____

Other: _____

Can your child independently use the bathroom? Yes / No

Does your child still have toileting accidents? Yes / No