



**Westonka Public Schools**  
 Educational Service Center  
 5901 Sunnyfield Road East  
 Minnetrista, MN 55364  
 (952)491-8000

# Early Childhood Registration Form

## FOR SCHOOL OFFICE USE ONLY

Registration Date \_\_\_/\_\_\_/\_\_\_ Fee Status: 01 02 03  
 Funding Source(s): 01 02 03 04 05 06 07 08 09 10 11 12 13  
 Volunteer Type: 01 02 03 99 Special Needs: 0 1  
 Interpreter Assistance: Yes No Resident District \_\_\_\_\_  
 Program: Preschool ECFE Screening Location: ECC ELC  
 State Student ID \_\_\_\_\_

Please complete all information requested below and on the other side of this sheet

### STUDENT INFORMATION

STUDENT'S FULL LEGAL NAME \_\_\_\_\_ GENDER  M  F  
 (First Name) (Middle Name) (Last Name)

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_

PRIMARY ETHNICITY (mark **only** one box)

1 – American Indian  2 – Asian or Pacific Islander  3 – Hispanic  4 – Black, not of Hispanic Origin  5 – White, not of Hispanic Origin

**Additional federal Race/Ethnicity categories are required. Mark the box YES or NO in part A below. More than one box may be marked in B.**

**PART A** – Is the child Hispanic/Latino? (choose only one)

NO, not Hispanic/Latino  YES, Hispanic/Latino

**PART B** – What is the child's race? (choose one or more)

American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian/Pacific Islander  White

Which language did your child learn first?  English  Other (specify): \_\_\_\_\_

Which language is most often spoken in your home?  English  Other (specify): \_\_\_\_\_

Which language does your child usually speak?  English  Other (specify): \_\_\_\_\_

### FAMILY INFORMATION

STUDENT ADDRESS \_\_\_\_\_  
 (Number and Street Name) (Apt. No.) (City) (State) (Zip)

MAILING ADDRESS (if different from above) \_\_\_\_\_ PRIMARY PHONE (\_\_\_\_\_) \_\_\_\_\_

Do you live in the Westonka school district?  YES  NO Date moved into District: \_\_\_/\_\_\_/\_\_\_ (If no, in which district do you live? \_\_\_\_\_)

WITH WHOM DOES THE STUDENT LIVE? (circle one) Father & Mother Father & Stepmother Mother & Stepfather Father only Mother only

Mother & Mother Father & Father Legal Guardian(s) Foster Parent(s) Grandparent(s) Other: \_\_\_\_\_

**LEGAL GUARDIAN #1 (living in same dwelling as student)**  
 (Primary contact for district announcements and mailings)

**OTHER GUARDIAN / ADULT (living in same dwelling as student)**

Name (First, MI, Last):

Name (First, MI, Last):

Gender: M F Date of Birth: / /

Gender: M F Date of Birth: / /

Relationship to Student:

Relationship to Student:

Legal Parent / Guardian:  YES  NO

Legal Parent / Guardian:  YES  NO

Work Phone: ( ) Cell Phone: ( )

Work Phone: ( ) Cell Phone: ( )

Email:

Email:

**(PLEASE COMPLETE OTHER SIDE)**

**STUDENT NAME:** \_\_\_\_\_

Daycare Name and Address (for District transportation to / from during the school year) \_\_\_\_\_

Has your child completed Early Childhood Screening?  YES (If yes – where? \_\_\_\_\_ Year \_\_\_\_\_)  NO

Is your child an immigrant?  YES (If yes – what is the country of origin \_\_\_\_\_ Date arrived \_\_\_\_\_)  NO

Is your child a migrant?  YES (If yes – what is the country of origin \_\_\_\_\_ Date arrived \_\_\_\_\_)  NO

Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work?

YES (If yes – what is the country of origin \_\_\_\_\_ Date arrived \_\_\_\_\_)  NO

Has your child received any of the following special services? (Check all that apply)

Early Childhood Spec Ed  Title 1  ALC (Alternative Learning)  Special Education  504 Plan  PSEO  Gifted/Talented

ELL-English Language Learner – Date first enrolled in ESL/ELL program in U.S. \_\_\_\_\_

**OTHER PARENT NOT LIVING IN HOME**

(If this parent is not to receive information on above student please attach the court order paperwork)

\_\_\_\_\_ Gender  M  F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (First Name) (Middle Initial) (Last Name)

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

Address: \_\_\_\_\_  
 (Number and Street Name) (Apt. No.) (City) (State) (ZIP)

Phone: (Primary) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

**OTHER HOUSEHOLD MEMBERS UNDER AGE 21**

(Please use legal names, not nicknames)

First Name	M.I.	Last Name	Sex	Date of Birth MM/DD/YYYY	Child's relationship to Head(s) of Household	Name of the school the child attends	Child's Grade
			M F				
			M F				
			M F				
			M F				
			M F				

Minnesota Statutes and rules require the school district to keep accurate records and updated personal records for all pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 277. Certain information known as "directory information" is available to the public unless the district receives a written request from a parent.

In compliance with state and federal laws, it is the policy of the Westonka School District to make all educational, including vocational, course work available to all students without regard to race, color, creed, religion, national origin, sex, marital status, parental status, status with regard to public assistance, disability, sexual orientation or age.

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

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