

**Westonka School District #277**

**Grandview Middle School**

**1881 Commerce Blvd.**

**Mound, MN 55364**

**(952)491-8309 gmsoffice@277apps.org Fax: (952)-491-8303**

**REQUEST FOR INFORMATION FOR REGISTRATION OF NEW STUDENT**

**To:** \_\_\_\_\_  
**(School last attended) District #**

**Address:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**Please send us official school records for:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_ **who enrolled in our school on (date):** \_\_\_\_\_

**Please include:**

- **Transcripts (student records)**
- **Grades for the current or most recent school year**
- **Standardized test results**
- **Health records**
- **Psychological services report, if any**
- **Social worker involvement, if any**
- **Special education information and/or IEP**
- **Limited English proficiency help, if any**
- **Other information which may be helpful in admission or placement of this student.**

**Please send to: Grandview Middle School  
1881 Commerce Blvd.  
Mound, MN 55364**

**Thank you!**

\_\_\_\_\_  
**Parent Signature Date Staff Signature Date**

**In accordance with revised federal and state statutes, permission of the parent is no longer required when records are requested by authorized school personnel.**



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

# Registration Form

## FOR SCHOOL OFFICE USE ONLY

Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

Enrolling in Grade \_\_\_\_\_ Resident District \_\_\_\_\_

(K-4) Teacher Name \_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_ ENTERING GRADE (circle one) K 1 2 3 4 5 6 7 8 9 10 11 12 12+

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

Last public or non-public school attended: \_\_\_\_\_  
 (Name of School) (City) (State) (Zip) (Phone)

Has student previously attended Westonka Public Schools?  YES (If yes, when? \_\_\_\_\_)  NO

### 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)

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

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 \_\_\_\_\_

## 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.

## Westonka District #277 Emergency Contact Information

All persons listed on this form have permission to have contact with your child.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  
 Phone 2: ( ) - \_\_\_\_\_ Type: \_\_\_\_\_ Phone 3: \_\_\_\_\_ Type: \_\_\_\_\_

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

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

Parent 2: \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_  
 Phone 2 \_\_\_\_\_ Type: \_\_\_\_\_ Phone 3: \_\_\_\_\_ Type: \_\_\_\_\_

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

Email Address \_\_\_\_\_

Parent 3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  
 Phone 2: \_\_\_\_\_ Type: \_\_\_\_\_ Phone 3: \_\_\_\_\_ Type: \_\_\_\_\_

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

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

Child Lives with: \_\_\_\_\_ Which parent should be called first? \_\_\_\_\_

Information may be shared with Step-Parent?  Yes  No

**PERSON WHO WILL CARE FOR YOUR ILL CHILD IN CASE PARENT CANNOT BE REACHED. MUST HAVE TWO EMERGENCY CONTACTS, TWO PHONE NUMBERS AND CANNOT BE PARENTS.**

Name _____	Phone: _____	Phone: Name: _____ Phone: _____
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In case of EMERGENCY, our procedure is to contact the Parent/Guardian and call 911.

Clinic: \_\_\_\_\_ Dr. Contact Phone: \_\_\_\_\_

Critical Alert Information on Record:

Reported Health Conditions:

Please check off additional conditions that affect your child:

<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bee Sting Allergy	<input type="checkbox"/> Diabetes
<input type="checkbox"/> ADHD	<input type="checkbox"/> Milk Allergy		

Food Allergy (Dr's note required.) List: \_\_\_\_\_

Other. Explain: \_\_\_\_\_



## GMS 5th Grade Registration

Student Name:	Previous School:
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*New student placement recommendations will be determined upon receipt of previous school records and/or placement testing in the fall. If you have questions about which course to select, please contact the GMS Guidance Counselor 952-491-8302 or your child's previous school for recommendations. Course details can be found at <http://westonka.k12.mn.us/grandview> under Registration.*

### ***Required Classes***

### ***Select 1 Music***

X	Morning Meeting		Choir
X	Science/Social		Band
X	Physical Education		

### ***Select 1 Math***

### ***Select 1 Language Arts***

	Small Group Math 5 (SPED only)		Small Group LA 5 (SPED only)
	Supported Math 5		Supported Language Arts 5
	Math 5		Language Arts 5
	Accelerated Math 5		Advanced Language Arts 5

### ***Trimester Classes***

### ***Select 1 STEM***

X	Post Secondary Skills (1 Trimester)		STEM (1 Trimester)
X	Art (1 Trimester)		Advanced STEM (1 Trimester)

### ***Intervention and Special Education Classes with Case Manager or Special Permission Only***

	Social / Personal Skills (SPED)		EXCEL Guided Study (ADSIS)
	Guided Study (SPED)		

Parent Signature: *Your signature below gives permission for enrollment in these courses, including classes designed for extra support. Some classes are funded through ADSIS grant dollars and Title 1 dollars.*

X



## GMS 6th Grade Registration

We've indicated the math and language arts courses recommended for your child next year with an "X." If you decide to choose another option, please make an 'X' by the class you'd prefer and strike through the recommended class. Please return this form to your child's MM teacher as soon as possible. Please note some recommendations are dependent on the successful completion of current class and/or summer school.

Student Name:	Morning Meeting Teacher:
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### *Required Classes*

X	Morning Meeting		
X	Science	X	Social Studies

### *Select 1 Math*

	Small Group Math 6 (SPED only)
	Supported Math 6
	Math 6
	Pre-Algebra 6
	Self-Paced Math

### *Select 1 Language Arts*

	Small Group LA 6 (SPED only)
	Supported Language Arts 6
	Language Arts 6
	Advanced Language Arts 6

### *Trimester Courses*

X	Art (1 Trimester)
X	STEM (1 Trimester)

### *Select Either PSS or FPS*

	Post Secondary Skills (1 Trimester)
	Future Problem Solving (1 Trimester) Application on Schoology or <a href="https://forms.gle/SaeG9Lcsa5g5WvVN6">https://forms.gle/SaeG9Lcsa5g5WvVN6</a>

### *Every Other Day Courses*

X	Physical Education

### *Select Band or Choir*

	Band
	Choir

### *For Recommended Students Only*

	Daily Special Education Guided Study (No Trimester Classes)		Every Other Day Special Education Guided Study (No Music)
	Daily EXCEL Guided Study (No Trimester Class)		Every Other Day EXCEL Guided Study (No Music)
	Social Personal Class		

**Parent Signature:** Your signature below gives permission for enrollment in these courses, including classes designed for extra support. Some classes are funded through ADSIS and/or Title I grant dollars

X \_\_\_\_\_



## GMS 7th Grade Registration

We've indicated the math and language arts courses recommended for your child next year with an "X." If you decide to choose another option, please make an 'X' by the class you'd prefer and strike through the recommended class. Please return this form to your child's MM teacher as soon as possible. In some cases, successful completion of their current course and/or summer school will be necessary to enroll in the recommended classes.

Student Name:	Morning Meeting Teacher:
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### Required Classes

X	Morning Meeting		
X	Science (One Semester)	X	History (One Semester)

### Select 1 Math

	Small Group Math 7 (SPED only)
	Pre-Algebra Part 1
	Pre-Algebra
	Algebra
	Self-Paced Math

### Select 1 Language Arts

	Small Group LA 7 (SPED only)
	Supported Language Arts 7
	Language Arts 7
	Advanced Language Arts 7

### Trimester Courses

#### Select Art or Advanced

X	Post Secondary Skills (1 Trimester)
	Art (1 Trimester)
	Advanced Art (1 Trimester) Application on Schoology or here: <a href="https://forms.gle/Kgu3dSZ7muKUH5FRA">https://forms.gle/Kgu3dSZ7muKUH5FRA</a>

#### Select STEM or Future Cities

	STEM (1 Trimester)
	Future Cities (1 Trimester) Application on Schoology or here: <a href="https://forms.gle/3LhdKXCUSZASidnc8">https://forms.gle/3LhdKXCUSZASidnc8</a>

### Every Other Day Courses

X	Physical Education

### Select Band, Choir or Music Technology

	Band
	Choir
	Music Technology

### For Recommended Students Only

	Daily Special Education Guided Study (No Trimester Classes)		Every Other Day Special Education Guided Study (No Music)
	Daily EXCEL Guided Study (No Trimester Class)		Every Other Day EXCEL Guided Study (No Music)
	Social Personal Class		

Parent Signature : Your signature gives permission for enrollment in these courses, including classes designed for extra support. Some classes are funded through ADSIS grant dollars. \_\_\_\_\_