



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

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.