K-5 Registration Form  
Robbinsdale Area Schools  
4148 Winnetka Avenue North  
New Hope MN 55427-1288  
763-504-8000

Complete this form for ALL SCHOOLS except the MAGNET schools  
Please complete all information requested below  
Use legal name only

Name of school you are registering for: ____________________________

Has your student ever attended a public school in Minnesota before?  _____Yes  _____No: District or school name: ____________________________

Last school attended: ____________________________  

Student’s legal name: ____________________________  

Birth date: ______________  

Address: ____________________________  

City: ____________________________  

Zip: ____________________________  

Birth place: ____________________________  

U. S. entry date (if applicable): ____________________________

Has the child attended a preschool program?  _____Yes  _____No  

Will this child attend school from a childcare provider?  _____Yes  _____No  

Provider’s Name: ____________________________  

Provider’s address: ____________________________  

Provider’s Phone number: ____________________________  

Kindergarten only: Robbinsdale Area Schools provides a full-day Kindergarten program for its students and your Kindergarten student is automatically registered with the submission of this form. Minnesota statute grants parents the right to an alternative half-day program instead. If you desire to place your child in this half-day alternative, please indicate here: □

Has the child completed preschool screening?  _____Yes  _____No  

Has the child attended a preschool program?  _____Yes  _____No

Adult in home (receives mail)  

(Last, first, middle name)  

Relationship to child: ____________________________  

Work Phone: ____________________________  

Cell Phone: ____________________________  

E-mail address: ____________________________  

Other adult in home  

(Last, first, middle name)  

Relationship to child: ____________________________  

Work Phone: ____________________________  

Cell Phone: ____________________________  

E-mail address: ____________________________

Emergency contact (other than above)  

Name: ____________________________  

Phone Number: ____________________________  

circle: home  cell  work  other  male  female

Name: ____________________________  

Phone Number: ____________________________  

circle: home  cell  work  other  male  female

Other parent not living in home: Is this a 2nd mailing address?  _____Yes  _____No  

Name: ____________________________  

Relationship: ____________________________  

Is this an emergency contact for your child?  _____Yes  _____No  

Work phone: ____________________________  

Home phone: ____________________________  

Cell phone: ____________________________

Address: ____________________________

Custody limitations:  _____Yes (legal documentation required)  _____No

List legal names of other children under age 21 living at the home address:  

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Please turn this form over, complete and sign

October 2013
**Language Background**

Information about a child’s language background will help the school and teacher(s) make better decisions about the child’s education plan. Please check the appropriate boxes below.

| 1. Which language did your child learn first? | English (learned in the USA) | English (learned outside the USA) | Other (specify): |
| 2. Which language is most often spoken in your home? | English (learned in the USA) | English (learned outside the USA) | Other (specify): |
| 3. Which language does your child usually speak? | English (learned in the USA) | English (learned outside the USA) | Other (specify): |

**Racial/Ethnic Background – Please complete all questions (A, B and C)**

**A. For state reporting purposes, please check the ONE response that best describes your child’s primary racial/ethnic background:**
1. American Indian or Alaska Native (Persons having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition.)
2. Asian or Pacific Islander (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes China, India, Japan, Korea, Philippine Islands and Samoa.
3. Hispanic (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - regardless of race.)
4. Black, not of Hispanic origin (Persons having origins in any of the Black racial groups of Africa.)
5. White, not of Hispanic origin (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

**B. For federal reporting purposes, check ONE answer:**

- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
- NOT Hispanic or Latino

**C. For federal reporting purposes, check all that apply:**

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodian, Chinese, Japanese, Korean, Malayan, Malaysian, Philippine, Philippine Islands, Thai, Vietnamese.)
- 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, the Middle East, or North Africa.)

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**American Indian Students (Only)**

In order to apply for a formula grant under the Indian Education Program, your child’s district must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this information to the district. However, if you choose not to submit the information, the school cannot count your child for funding under the program. This form will become part of your child’s school record and will not need to be completed each year. This information will be maintained at the school and information will not be released without your written approval. **Definition:** Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribes or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendant in the first or second degree (parent or grandparent) as described in (1) or (3) considered by the Secretary of the Interior to be Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Name of Tribe, Band or Group: ____________________________

FederaLy recognized incl. Alaska Native: YES NO

State recognized: YES NO Terminated: YES NO Organized Indian Group Meeting #5 above:

Name of individual with tribal membership:

Individual named is: Child’s parent: Child’s Grandparent: YES NO

Proof of membership or enrollment number (if readily available) ____________________________ OR other (explain) ____________________________

Name and address of organization maintaining membership for the tribe, band or group: ____________________________

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**NOTICE TO PARENTS AND GUARDIANS – PLEASE READ AND SIGN**

SCHOOL ATTENDANCE IS COMPULSORY FOR CHILDREN BETWEEN THE AGES OF 7 AND 16.
I HAVE READ THE ABOVE NOTICE AND HAVE COMPLETED ALL APPLICABLE PARTS OF THIS FORM

Signature of parent or guardian ____________________________ Date ____________