



Enrollment/Permanent Record Form

Pierz Public Schools #484

District Use Only	
MARSS #: _____	<input type="checkbox"/> Food
Open Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Trans.
Trans Code: _____	<input type="checkbox"/> Media Center

School Enrolling In: Pioneer Elementary School Healy High School Expected Start Date: _____

School most recently attended by student:

School _____ District _____ Date Left _____ Last Grade Completed _____

First Name (legal)	Middle Name (legal)	Last Name (legal)	Birthdate	Gender	Enrolling Grade
Ethnicity/Race		Ethnic Background (Mark all that apply)			
Is your student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander		
		<input type="checkbox"/> Asian	<input type="checkbox"/> White		
		<input type="checkbox"/> Black or African American			

Current Address (Student):

House Number (Physical address)	Unit #	City	State	Zip
<i>(If applicable)</i> P.O. Box #:		City:	State:	Zip:

1. Does parent/guardian completing this form have physical and legal custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do any court orders apply? <input type="checkbox"/> Yes <i>(provide copy)</i> <input type="checkbox"/> No
3. Is student receiving special education services (has an IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is your student's disability? <i>(Mark all that apply)</i>
<input type="checkbox"/> Autism Spectrum Disorders <input type="checkbox"/> Speech/Language Impairments <input type="checkbox"/> Physically Impaired
<input type="checkbox"/> Developmental Cognitive Disability <input type="checkbox"/> Severely Multiple Impaired <input type="checkbox"/> Specific Learning Disabilities
<input type="checkbox"/> Developmental Delay <input type="checkbox"/> Emotional/Behavior Disorders <input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Deaf-Hard of Hearing <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Other Health Disabilities
<input type="checkbox"/> Deaf-Blind
4. Does student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has this student been receiving English Language Learner (ELL) services? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Preschool Only</i>
6. Has this student had an Early Childhood Screening? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Location)</i> _____ <i>(Date)</i> _____

Student lives with:	<input type="checkbox"/> Both Parents (in same home)	<input type="checkbox"/> Mother and Stepparent	<input type="checkbox"/> Joint Physical	<input type="checkbox"/> Grandparent
<i>(Mark all that apply)</i>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father and Stepparent	<input type="checkbox"/> Joint Legal	<input type="checkbox"/> Other
	<input type="checkbox"/> Father	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Alone
	<input type="checkbox"/> Guardian			

Father/Guardian 1:

First Name	Middle Initial	Last Name	Relationship to Student		
Home Phone	Cell Phone	Work Phone	Email Address		
<i>If different from above</i> – House Number (Physical address)		Unit #	City	State	Zip
<i>(If applicable)</i> P.O. Box #:		City:	State:	Zip:	



Mother/Guardian 2:

First Name		Middle Initial	Last Name		Relationship to Student	
Home Phone		Cell Phone		Work Phone		Email Address
<i>If different from above</i> – House Number (Physical address)			Unit #	City		State
<i>(If applicable)</i> P.O. Box #:		City:		State:		Zip:

Emergency Contact 1 (other than those listed above):

First Name		Last Name		Relationship to Student	
Cell Phone		Home Phone		Work Phone	

Emergency Contact 2 (other than those listed above):

First Name		Last Name		Relationship to Student	
Cell Phone		Home Phone		Work Phone	

In case of an injury or illness, a parent/guardian or person designated by the parent/guardian will be notified. If we are unable to contact one of these people, the family physician will be contacted and their advice will be followed. 9-1-1 will be called if it is felt necessary.

****Pertinent Health Information will be shared with faculty members as needed.**

Parent/Guardian Signature (type) _____ Current Date: _____

TERMS OF ACCEPTANCE AND SIGNATURE: I, the parent/guardian for this enrollment/permanent record form warrant the truthfulness of the information of the information provided in this application.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

<p>Please include the following information when submitting enrollment paperwork:</p> <ul style="list-style-type: none"> • Copy of Birth Certificate • Permanent Record Form • Confidential Health Form • Field Trip Permission Form (high school only) • Transportation Form (elementary only) 	
<p>Pioneer Elementary School 66 Kamnic Street, Pierz, MN 56364 Phone: 320.468.6458 Fax: 320.468.2841 ssullivan@pierz.k12.mn.us</p>	<p>Healy High School 112 Kamnic Street, Pierz, MN 56364 Phone: 320.468.6458 Fax: 320.468.6577 kradunz@pierz.k12.mn.us</p>

or