



# 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
<b>Ethnicity/Race</b>		<b>Ethnic Background (Mark all that apply)</b>			
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> _____

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

or