

Murray County Central Family Enrollment

2018-19

Please list all children you are newly enrolling in Murray County Central Schools:

Last Name	First Name	Middle Name	Gender	Birthdate	Entering Grade

(Please continue on additional forms if needed)

Primary Household (where children live):

Address	Apt#	City	State	Zip	Primary Phone Number

Permanent: Yes No, please explain:

Primary Household Parent/Guardian Information: (person listed first will be responsible for lunch account)

Last Name	First Name	Relationship to student(s)	Cell Phone	Work Phone	Email

Have you moved to this school district within the last 36 months for temporary or seasonal agriculture or fishing work? Yes No

List All Other Children Under the Age of 18 Living in the Primary Household:

Full Legal Name	Birthdate	Gender	Grade or Age < 5	Attending school? Preschool screened?	If yes, where?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

** This information is used for census purposes, which helps plan for future enrollment and allows us to notify families of preschool screening and kindergarten registration dates. (Please continue on back if needed)*

Secondary Household Parent/Guardian Information: (if applicable)

Please list any other parent/guardian who has access to educational records. Provide copies of court documents if there are restrictions.

Last Name	First Name	Gender	Relationship to student(s)	Cell Phone	Work Phone	Email

Address	Apt#	City	State	Zip	Primary Phone Number

List All Other Children Under the Age of 18 Living in the Secondary Household:

Full Legal Name	Birthdate	Gender	If attending school, where?

Individual Student Registration

2018-19

Anticipated Start date:

Student Last Name	First Name	Middle Name	Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Entering Grade

Previous Schools Attended: (please list most recent first)

School Name:	City/State or Country:	Dates Attended:	School Fax Number:

Race and Ethnicity:

For state reporting, check ONE response:	For federal ethnicity, check ONE response:	For federal race, check ALL that apply :
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian/Other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> White, not of Hispanic Origin	<input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White

Home Language Questionnaire:

Which language did your child learn first?	<input type="checkbox"/> English <input type="checkbox"/> Other: (please specify)
Which language is most often spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other:
Which language does your child usually speak?	<input type="checkbox"/> English <input type="checkbox"/> Other:
Has your child lived in another country?	<input type="checkbox"/> No <input type="checkbox"/> Yes:

Student Needs:

Has your child ever received English Learner services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever had a 504 Accommodation Plan ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever received Title 1 services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any special health needs ? Please specify: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Allergies: <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child require Special Education services? If yes, please check appropriate box (es) below and submit a copy of the IEP upon registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Deaf-Hard of Hearing <input type="checkbox"/> Developmental Cognitive Disability <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Emotional/Behavior Disorder <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Severe Multiple Impairment <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Speech/Language <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment	
Does your child need Transportation (bus) services? If yes, you MUST contact Ludolph Bus Service at 507-836-6750.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Miscellaneous Information:

Do you have an immediate family member currently serving in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have a parent or grandparent that is a member of an Indian tribe or band?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student a ward of the county or state? (parental rights have been terminated by court order)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student ever been suspended before? If so, for what?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Kindergarten only: A copy of your child's birth certificate and immunization record is required.	
Has your child had preschool screening? <input type="checkbox"/> Yes Where? _____ <input type="checkbox"/> No Please call 507-836-6450 to schedule an appointment.	
Have you previously submitted a copy of your child's birth certificate to District 2169? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, please submit a copy with your registration.)	

***Emergency Contacts: Parents/Guardians are always called first. Please list 2 other contacts:**

Name	Relationship to student	Phone

Parent/Guardian Printed Name	Signature	Date

***I certify the information above is true and complete to the best of my knowledge.**

REQUEST FOR RECORDS

Notice of Change in Student Enrollment

Please complete this section and sign at the bottom

Student Last Name	First Name	MI	Birthdate	Grade Entering
Prior District/School Name	City/State	School Fax Number		

District Name	District Number	District Type	Student Start Date	SAC
Murray County Central Schools	2169	01		
MARSS Contact Person	Email Address	MARSS Number:		
Deb Bleyenberg	deb_bleyenberg@mcc.mntm.org			

Transfer to District: (to be completed by school)

Please send the following records:

- Official administrative records (student's name, birthdate, parent's or guardian's names, address, phone numbers)
- Copy of birth certificate
- Official transcripts and/or report cards (academic work completed, grades, class rank, attendance data)
- Standardized achievement test scores and MCA test scores
- Discipline Reports
- Health records including preschool screening, immunizations, and current athletic physical
- Special Education IEP, psychological reports and testing, 504 plan
- ELL/LEP records
- Intelligence, aptitude, interest inventory scores
- Record of extracurricular activities
- Other information that may be helpful in placement of student

Please mail, fax, or email to the correct school contact listed below:

Send to: (check one)	Mail:	Fax:	Contact:	Email:
	West Elementary (K-6) 2640 Forest Avenue Slayton, MN 56172	507-836-8827	Della Haupert	della_haupert@mcc.mntm.org
	Central High School (Gr. 7-12) 2420 28 th Street Slayton, MN 56172	507-836-8827	Nichole Johnson	nichole_johnson@mcc.mntm.org

Parent Signature _____

Date: _____

For School Use Date Requested:

Student Health Form

Please complete the following health information for your child and keep us informed if there are any changes in your child's health or medication needs.

Student Name _____ **Grade** _____

Medical History: Check all that apply and explain conditions marked in the chart below:

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drug, latex)			Concussion		
Allergies (seasonal)			Hearing Impairment		
Asthma or breathing problems			PE Tubes		
ADHD/ADD			Heart problems		
Anxiety			Migraines		
Depression			Scoliosis		
Bladder Concerns			Seizures		
Bleeding Concerns			Skin Conditions		
Bowel Concerns			Stomach Disorder		
Dental problems			Surgery		
Diabetes			Visual Impairment		
Low Blood Sugar			Glasses/Contacts		

Describe any other important health-related information about your child (for example: hospitalizations, fractures, other health concerns, etc.):

List all prescription, over-the-counter, and herbal medications your child takes regularly: _____

If a prescription medication or an inhaler needs to be administered at school, please contact the school nurse for the medication administration form.

The medications listed below will be administered only when absolutely necessary. If you know that your child may need the below over the counter medications during school, you may provide them for your child and they will be kept in the nurse's office. **According to school policy, no medication will be given without yearly written parental permission.**

My child may have the following medications as needed, which will be administered by the school nurse or his/her designee:

Ibuprofen (Motrin) ____ Yes ____ No

Acetaminophen (Tylenol) ____ Yes ____ No

*Print Parent/Guardian Name _____

*Parent/Guardian Signature _____ Date _____

This consent, unless the school is notified by the parent/guardian to the contrary, is good for the current school year at Murray County Central Schools.