Please choose one of the following options:

- [ ] My student will attend the elementary school in our attendance area which is:
  - [ ] Afton-Lakeland
  - [ ] Andersen
  - [ ] Brookview
  - [ ] Lake Elmo
  - [ ] Lily Lake
  - [ ] Rutherford
  - [ ] Stonebridge

- [ ] I would prefer my student attend a different public school within the Stillwater Area Public School District's boundaries. Alternate School Application must be submitted with this enrollment form. Please stop by your local elementary school or Central Services Office to obtain an Alternate School Attendance Application.

Deadline for returning applications is **January 15, 2020**. Alternate School Choice: __________________________________________

- [ ] My student will not attend kindergarten until fall of 2021.
- [ ] My student will be home schooled.
- [ ] My student has applied to attend a public school other than District 834.
  - They will be attending ______________________________ as a (check one) [ ] Open Enrollment [ ] Charter School

- [ ] My student will attend a nonpublic school.
  - Please print name of school and city ______________________________

(We are required to keep track of District 834 students enrolled in private schools.)

1. Does parent/guardian above have legal custody of student? [ ] Yes [ ] No
2. Has student completed Early Childhood Screening? [ ] Yes [ ] No If yes, district name ______________________________
3. Is the student a member of a military family (Parent or guardian is currently a Reservist, National Guard member, on Active Duty, or has recently retired from the armed forces)? [ ] Yes [ ] No If yes, is the military member actively deployed or expects to be actively deployed this school year? [ ] Yes [ ] No
4. Is student receiving special education services (has an IEP)? [ ] Yes [ ] No If yes, what is your student’s disability? (Check all that apply)
   - [ ] Autism Spectrum Disorders
   - [ ] Developmental Cognitive Disability
   - [ ] Speech/Language Impairments
   - [ ] Severely Multiple Impaired
   - [ ] Developmental Delay
   - [ ] Emotional/Behavior Disorders
   - [ ] Physically Impaired
   - [ ] Specific Learning Disabilities
   - [ ] Traumatic Brain Injury
   - [ ] Deaf-Hard of Hearing
   - [ ] Visually Impaired
   - [ ] Other Health Disabilities
  - Does student require special transportation per IEP? [ ] Yes [ ] No
5. What is your students country of birth? __________________________________________
   - If not in the United States, when did your student first enter the USA? (mm/dd/yyyy) ______________________________
6. Have you moved to this district for temporary seasonal agricultural or fishing work in the last 36 months? [ ] Yes [ ] No
7. Which language did your child learn first? [ ] English [ ] Other (Which language?) ______________________________
8. Which language is most often spoken in your home? [ ] English [ ] Other (Which language?) ______________________________
9. Which language does your child usually speak? [ ] English [ ] Other (Which language?) ______________________________
10. Will you need an interpreter for conferences? [ ] Yes [ ] No
    - If yes, can you provide your own? (English-speaking family member or friend) [ ] Yes [ ] No
    - If yes, do you need the school to provide one for you? [ ] Yes [ ] No
11. Will student use district transportation? (a.m. pick-up) [ ] Yes [ ] No (p.m. drop-off) [ ] Yes [ ] No
    - If yes, pick-up location? [ ] Home [ ] Other (Address) ______________________________
    - If yes, drop-off location? [ ] Home [ ] Other (Address) ______________________________
### Current Address (if not in District 834)

<table>
<thead>
<tr>
<th>House Number</th>
<th>Street Name</th>
<th>Apt. #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Date expected to move into District:**

### District 834 Address (Student)

<table>
<thead>
<tr>
<th>House Number</th>
<th>Street Name</th>
<th>Apt. #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Do you use a PO Box?**  
PO Box #: City State Zip

### Parent/Guardian Residing with Student

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student lives with:**

(choose all that apply)

- [ ] Both Parents
- [ ] Mother
- [ ] Joint Physical
- [ ] Mother and Stepfather
- [ ] Guardian
- [ ] Father
- [ ] Joint Legal
- [ ] Father and Stepmother
- [ ] Grandparent
- [ ] Other Relative
- [ ] Foster Parent
- [ ] Alone
- [ ] Spouse
- [ ] Other

### Second Mailing (Parent): List other parent/guardian for additional mailings and information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
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<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Ethnicity/Race

Is your student Hispanic/Latino  [ ] Yes  [ ] No

Please identify the race of your student by checking either “Yes” or “No” in any of the categories that apply.

- [ ] Yes  [ ] No American Indian or Alaska Native
- [ ] Yes  [ ] No Asian
- [ ] Yes  [ ] No Black or African American
- [ ] Yes  [ ] No Native Hawaiian or Pacific Islander
- [ ] Yes  [ ] No White

Please identify the race of your student by checking either “Yes” or “No” in any of the categories that apply.

<table>
<thead>
<tr>
<th>First, Middle, Last Name</th>
<th>Birthdate</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### List additional preschool children residing in the home

<table>
<thead>
<tr>
<th>First, Middle, Last Name</th>
<th>Birthdate</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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