



2019-2020 Kindergarten Enrollment Form

Tel: 651.351.8412 • Fax: 651.351.8370

Return Forms to: Central Services • Attn: Enrollment Office • 1875 South Greeley St. • Stillwater, MN 55082

District Use	
Trans Code _____	<input type="checkbox"/>
Student # _____	<input type="checkbox"/>
	<input type="checkbox"/> E.O.
	<input type="checkbox"/> Food
	<input type="checkbox"/> Trans

Parent/Guardian Signature: _____ Date: _____

Student Information:

First Name (legal)	Middle Name (legal)	Last Name (legal)	Birthdate	Gender	Grade
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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, 2019**. Alternate School Choice: _____

- My student will not attend kindergarten until fall of 2020.
- 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
School Name and/or District # _____

- 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.)

- Does parent/guardian above have legal custody of student? Yes No
- Has student completed Early Childhood Screening? Yes No If yes, district name _____
- 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
- Is student receiving special education services (has an IEP)? Yes No
If yes, what is your student's disability? (Check all that apply)

- | | | |
|---|---|---|
| <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 |

Does student require special transportation per IEP? Yes No

- What is your students country of birth? _____
If not in the United States, when did your student first enter the USA? (mm/dd/yyyy) _____

- Have you moved to this district for temporary seasonal agricultural or fishing work in the last 36 months? Yes No

- Which language did your child learn first? English Other (Which language?) _____

- Which language is most often spoken in your home? English Other (Which language?) _____

- Which language does your child usually speak? English Other (Which language?) _____

- 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) _____

Ethnicity/Race
Is your student Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
Please identify the race of your student by checking either "Yes" or "No" in any of the categories that apply. <input type="checkbox"/> Yes <input type="checkbox"/> No American Indian or Alaska Native <input type="checkbox"/> Yes <input type="checkbox"/> No Asian <input type="checkbox"/> Yes <input type="checkbox"/> No Black or African American <input type="checkbox"/> Yes <input type="checkbox"/> No Native Hawaiian or Pacific Islander <input type="checkbox"/> Yes <input type="checkbox"/> No White

List additional preschool children residing in the home		
First, Middle, Last Name	Birthdate	Gender

Parent/Guardian Residing with Student

First Name	Middle Initial	Last Name	Relationship to Student
Home Phone	Cell Phone	Work Phone	Email Address
First Name	Middle Initial	Last Name	Relationship to Student
Home Phone	Cell Phone	Work Phone	Email Address
Student lives with: (check all that apply)	<input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	<input type="checkbox"/> Joint Physical <input type="checkbox"/> Joint Legal <input type="checkbox"/> Foster Parent <input type="checkbox"/> Mother and Stepfather <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> Alone

District 834 Address (Student)

House Number	Street Name	Apt. #	City	State	Zip
Do you use a PO Box?	PO Box #	City	State	Zip	

Current Address (if not in District 834)

House Number	Street Name	Apt. #	City	State	Zip
Date expected to move into District:					

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

First Name	Middle Initial	Last Name	Relationship to Student
Home Phone	Cell Phone	Work Phone	Email Address

House Number	Street Name	Apt. #	City	State	Zip