

**Independent School District #181**

**Brainerd, MN 56401**

**SCHOOL ENROLLMENT FORM**

**PLEASE PRINT CLEARLY**

**For Office Use Only**

Copy of Birth Certificate \_\_\_\_\_  
Copy of Immunization Record \_\_\_\_\_  
MARSS # \_\_\_\_\_  
Resident District \_\_\_\_\_  
Date of Records Request \_\_\_\_\_  
Date Records Received \_\_\_\_\_

Today's Date: \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Gender:  Male  Female  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_

City and State of Birth \_\_\_\_\_

Is student Hispanic/Latino?  Yes  No

Race:  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Primary Home Language \_\_\_\_\_

Is the student a military-connected youth?  Yes  No

A "military-connected youth" means having an immediate family member, including a parent or sibling, who is currently in the armed forces either as a reservist or on active duty or has recently retired from the armed forces.

Student's First Day of School will be \_\_\_\_\_  
(month/day/year)

Has student ever previously attended a school in Brainerd?  Yes  No

Student Lives With:  Both Parents  Father only  Mother only  Other, relationship \_\_\_\_\_  
 Father and \_\_\_\_\_  Mother and \_\_\_\_\_  
(relationship) (relationship)

Current Living Situation:  Own Home  with relatives  shelter  hotel  
 Vehicle/campground  Other \_\_\_\_\_

Student's Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Father/Guardian LEGAL Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Employed at \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother/Guardian LEGAL Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Employed at \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Siblings** \_\_\_\_\_ Gender:  M  F Birthdate \_\_\_\_\_  
 (Last) (First) (Middle)

\_\_\_\_\_ Gender:  M  F Birthdate \_\_\_\_\_  
 (Last) (First) (Middle)

\_\_\_\_\_ Gender:  M  F Birthdate \_\_\_\_\_  
 (Last) (First) (Middle)

\_\_\_\_\_ Gender:  M  F Birthdate \_\_\_\_\_  
 (Last) (First) (Middle)

Does your child have a current Individual Education Plan (IEP)?  Yes  No

Does your child have a 504 Accommodation Plan?  Yes  No

Has the student ever attended a public school in Minnesota?  Yes  No

Is your child up to date on his/her immunizations?  Yes  No

List any medications your child may be taking \_\_\_\_\_

Any other health concerns our school nurses need to be aware of? \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**EMERGENCY CONTACT**

Other than those living with student

1. \_\_\_\_\_  
 Name Relationship Phone Other Phone

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

2. \_\_\_\_\_  
 Name Relationship Phone Other Phone

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

**FOR KINDERGARTEN ENROLLMENTS ONLY**

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 This information will help us plan the **Kindergarten** school year. If your plans for kindergarten change, or if you have a change of address, please contact the ISD #181 Main Office at 454-6900 or call the Early Childhood Center at 454-5430.

1) My Child is eligible to start Kindergarten in \_\_\_\_\_  
 \_\_\_\_\_ I plan to have my child start Kindergarten then  
 \_\_\_\_\_ I plan to have my child remain at home another year  
 \_\_\_\_\_ I am undecided at this time

2) My child will attend:  
 \_\_\_\_\_ Brainerd Public Schools  
 \_\_\_\_\_ Lake Region Christian School  
 \_\_\_\_\_ St. Francis Parochial School  
 \_\_\_\_\_ Other \_\_\_\_\_

3) \_\_\_\_\_ We may or will be moving out of the area.