

Independent School District #181  
Brainerd, MN 56401

ELEMENTARY ENROLLMENT FORM

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

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

Based on District Guidelines, do you require bussing?  Yes  No

School Last Attended \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone Number)  
\_\_\_\_\_  
(Address) (City) (State, Zip)

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)

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

Father/Guardian Name \_\_\_\_\_ email address \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Employed at \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ email address \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Employed at \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Siblings \_\_\_\_\_ School \_\_\_\_\_ Gender:  M  F Birthdate \_\_\_\_\_  
\_\_\_\_\_ School \_\_\_\_\_ Gender:  M  F Birthdate \_\_\_\_\_  
\_\_\_\_\_ School \_\_\_\_\_ Gender:  M  F Birthdate \_\_\_\_\_  
\_\_\_\_\_ School \_\_\_\_\_ Gender:  M  F Birthdate \_\_\_\_\_

**STUDENT HEALTH INFORMATION**

Does your child have any medical concerns that the school should be aware of?  Yes  No  
If yes, what? \_\_\_\_\_

Is your child taking any medications?  Yes  No  
If yes, what medications? \_\_\_\_\_

Medications may be brought to school for administration only with a written consent from a parent. All medication administered in school will require a written order by a licensed healthcare provider. Medication to be administered must be brought to school in the container labeled by the pharmacy or physician.

Is your child receiving extra assistance during the school day?  Yes  No  
(Example: Title 1, Special Education)  
If yes, in what areas? \_\_\_\_\_

Does your child have a current Individual Education Plan (IEP)?  Yes  No  
If yes, what services were provided? \_\_\_\_\_

**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 \_\_\_\_\_

**SECOND FAMILY or NON CUSTODIAL INFORMATION**

Complete information below if applicable to family situation and is not listed on page 1.

The parent(s) / guardian(s) listed below shall have access to the student's records unless court documentation is provided.

Father/Stepfather/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ Cell phone # \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Employed at \_\_\_\_\_ Work #, ext. \_\_\_\_\_

Mother/Stepmother/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ Cell phone # \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Employed at \_\_\_\_\_ Work #, ext. \_\_\_\_\_

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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.

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