

Please note, this is NOT an open enrollment application form



Excellence.
Every School.
Every Student.
Every Day.

Student Enrollment Form

required for all grades

School:

Start Date:

| | | | | | |
|---|---|---|--|---|--|
| Student Last Name | | First Name | | Middle Name | |
| Birth Date | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Grade | Resident District if not Hopkins School District | | |
| Country of Birth: _____ | | Date of entry to USA: _____ | | | |
| If born outside of USA please answer the following questions. | | Date of first enrollment in USA School: _____ | | | |
| Has student completed three or more years of school in the US. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Date of first enrollment in a Minnesota school district: | | Previous School Attended: | | Date Last Attended: | District: |
| Address | | City | State | | Zip |
| Phone | | Fax | | | |
| Has documentation of this student's current immunization records been submitted to the Hopkins School District? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Have you moved to Hopkins School District within the last 36 months for temporary or seasonal agricultural or fishing work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is this student: Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No Ward of the State? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does your child receive Special Services or have an Individual Education Plan (IEP) for any of the following? Check those that apply: | | | Does your child receive any services in the following areas? Check those that apply: | | |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe –Profound Impaired | <input type="checkbox"/> Americans with Disabilities Act 504 Plan | <input type="checkbox"/> Title 1 | <input type="checkbox"/> English as a Second Language (ESL) | <input type="checkbox"/> Gifted/Talented |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Severely Multiple Impaired | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Physically Impaired | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Other Health Disabilities | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Speech/Language Impaired | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Emotional/Behavioral Disorder | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mild –Moderate Impaired | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| Primary Household: | | | | | |
| Address | | Unit # | City | State | Zip |
| Home Phone | | | | | |
| Primary Household Adult 1 Last Name | | First Name | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship to Student | Phones Cell |
| | | | | | Work |
| Primary Household Adult 2 Last Name: | | First Name | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship to Student | Phones Cell |
| | | | | | Work |
| Other Children in Primary Household | | | | | |
| Last Name | First Name | Gender | Relationship to Student | | Birth Date |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |

Complete and Sign Back of Form ↩

Secondary Household:

| | | | | | | |
|-------------------------------------|------------|--|--|-------------------------|------------|----------------|
| Address | | City | State | Zip | Home Phone | |
| Secondary Household Adult 1 | | First Name | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship to Student | Phones | E-Mail Address |
| Last Name | Cell | | | | Work | |
| Secondary Household Adult 2 | | First Name | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship to Student | Phones | E-Mail Address |
| Last Name | Cell | | | | Work | |
| Other Children in Household: | | | | | | |
| Last Name | First Name | Gender | Relationship to Student | | Birth Date | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | |

| | | | |
|--|------------|------------|------------------|
| Emergency Contacts (Other than those listed above): | | | |
| Name | Work Phone | Cell Phone | Other/Home Phone |
| | | | |
| | | | |

I hereby verify that the above information is true and correct to the best of my knowledge and belief. I understand that completing this form enrolls my student in the Hopkins Public Schools and grants permission to obtain all student records pertaining to my child.

| | |
|-----------------------------------|--------------|
| Parent/Guardian Signature: | Date: |
|-----------------------------------|--------------|

FOR OFFICE USE ONLY

Proof of Residency:
_____ Provided

Birth Certificate:
_____ Provided

2019-20 Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select “yes” or “no” to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/ Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____