

ANNANDALE MIDDLE SCHOOL STUDENT REGISTRATION

Student Information:

Legal Last name:	Legal First Name:	Legal Middle Name:
Name used if different from legal:	Date of Birth:	Gender: ____ Male ____ Female
Grade Registering for:	Previous School most recently attended:	Last date attended:

Which language did your child learn first? ____ English ____ Other (Specify)

Which language is most often spoken in your home? ____ English ____ Other (Specify)

Which language does your child usually speak? ____ English ____ Other (Specify)

Ethnic Origin (optional - check all that apply)

____ American Indian/Alaskan Native	____ Native Hawaiian/Pacific Islander	____ Asian
____ Hispanic/Latino	____ Black/African American	____ White

Has your student QUALIFIED for and PARTICIPATED in a Gifted and Talented Program in the past? ____ Yes ____ No

Has your child ever had a 504 plan (formal accommodation plan that will ensure their academic success and access to the learning environment) in the past? ____ Yes ____ No

Does or has your student ever had an Individual Learning Program (IEP)? ____ Yes ____ No

If yes, in what area is the IEP in?

____ Learning Disabilities	____ Developmentally/ Cognitively Delayed
____ Emotional/Behavior Disorder	____ Speech/Language

What is your student's former Case Manager/Teacher's name? _____

My Student would like to participate in Band. ____ Yes ____ No

If yes to Band, what instrument does your child play? _____

Has your student been in school band previously? ____ Yes ____ No If yes, for how long _____

(* Please keep in mind that Band is a year-long commitment)

My 7th/8th grade Student would like to be in Choir. ____ Yes ____ No

(* Please keep in mind that Choir is a year-long commitment)

If you have any questions regarding the registration process, please contact us at 320-274-8226. If you would like to mail the registration information, please send it to: Annandale Middle School, PO Box 190, Annandale, MN 55302

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Primary Household: (This is the address where the student resides the majority of the time)

Is this Primary Household in the Annandale School District?
☐ Yes ☐ No (If, no please complete Open Enrollment form.)

Physical Address:	City:	State:	Zip Code:
Mailing Address: (if different)	City:	State:	Zip Code:

Home Phone Number:

Parent or Guardian 1 (This is the primary parent/guardian for the student.)

Last Name:	First Name:	Cell Phone Number:
Employer:		Work Phone Number:

Email Address:

Relationship to Student (s): ☐ Parent/Guardian ☐ Legal Guardian ☐ Step Parent ☐ Other (please specify): _____

Parent or Guardian 2 (Either the second parent/guardian or step-parent living in this primary household)

Last Name:	First Name:	Cell Phone number:
Employer:		Work Phone Number:

Email Address:

Relationship to Student (s): ☐ Parent/Guardian ☐ Legal Guardian ☐ Step Parent ☐ Other (please specify): _____

Secondary Household: (This section should only be completed if both parents do not live in the Primary Household.)

Is this Secondary Household in the Annandale School District?
☐ Yes ☐ No

Physical Address:	City:	State:	Zip Code:
Mailing Address: (if different)	City:	State:	Zip Code:

Home Phone Number:

Parent or Guardian 1 (This is generally the parent who does NOT live with the student the majority of the time.)

Last Name:	First Name:	Cell Phone number:
Employer:		Work Phone Number:

Email Address:

Relationship to Student (s): ☐ Parent/Guardian ☐ Legal Guardian ☐ Step Parent ☐ Other (please specify): _____

Parent or Guardian 2 (Either the second parent/guardian or step-parent living in the household)

Last Name:	First Name:	Cell Phone number:
Employer:		Work Phone Number:

Email Address:

Relationship to Student (s): ☐ Parent/Guardian ☐ Legal Guardian ☐ Step Parent ☐ Other (please specify): _____

ANNANDALE MIDDLE SCHOOL STUDENT REGISTRATION

Brothers' and sisters' from birth - grade 12. Include name, grade, age:

1.

2.

3.

4.

5.

6.

Emergency Contacts:

If possible, include at least one local adult who may give your student permission to leave the building if you cannot be reached.

Name:	Relationship:	Home Phone:	Cell Phone:
1.			
2.			
3.			

Hospital preference if necessary:

Doctor:	Phone:
Dentist:	Phone:

Health and Immunization Records:

Do you have immunizations and health records to share with the office? ____ Yes ____ No

Are you including those records when you return this packet to AMS? ____ Yes ____ No

If there are any specific health concerns regarding your student you need to contact the middle school Health Services Office directly by calling 320-274-8226 ext 2800.



ANNANDALE MIDDLE SCHOOL

125 Cherry Ave N
Annandale, MN 55302

Jeff Erickson, Principal

Phone: 320-274-8226 Fax: 320-274-5978

Sarah Mjelde: smjelde@isd876.org

PERMISSION TO RELEASE SCHOOL RECORDS

(Please include the following records: Cumulative Records, including: Transcript, Grades, Attendance, Standardized test scores, Discipline. Health and Immunization records. Current IEP and Evaluation, 504 plan. Current sports physical and sports eligibility. Change of status form with MN state reporting number.)

The following student(s) have enrolled at Annandale Middle School:

Student's Full Name:	Date of Birth:	Grade:

School Transferring from:

School Address:

School Phone number & fax number:

Consent for Release of Information:

Parent/Guardian Signature:

Date:

*Note: According to section 7.0 and 7.2 of the Family Educational Rights to Privacy Act of 1974, P.L. 93-380, parent signature is not required to transfer student's records to other school districts upon official request from school.

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/ | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | Spanish-American | |

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 _____

Print/Save

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time. Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

Encuesta sobre los Idiomas de Minnesota

Minnesota es el hogar de hablantes de más de 100 idiomas diferentes. La capacidad de hablar y entender varios idiomas es valorada. La información que usted proporcione será utilizada por el distrito escolar para ver si su estudiante es multilingüe. En Minnesota, los estudiantes que son multilingües pueden calificar para un sello multilingüe tras una previa evaluación. Además, la información que usted provea determinará si su estudiante debe tomar una prueba de habilidad del idioma inglés. Basado en los resultados de la prueba, su estudiante puede tener derecho a instrucción de desarrollo del idioma inglés. El acceso a la instrucción es requerido por la ley federal y estatal. Como padre o tutor, usted tiene el derecho de rechazar la instrucción de clases de Aprendiz de Inglés (English Learner) en cualquier momento. Cada estudiante que se matricula debe recibir la Encuesta sobre los Idiomas de Minnesota durante la inscripción. La información solicitada en este formulario es importante para poder servir a su estudiante. Su ayuda para completar la Encuesta sobre los Idiomas de Minnesota es muy apreciada.

Información del estudiante	
Nombre completo del estudiante: (Apellido, Nombre, Segundo Nombre)	Fecha de nacimiento o identificación del estudiante:

	Marque la frase que mejor describe a su estudiante:	Indique el (los) idioma (s) aparte del inglés en el espacio provisto:
1. Mi estudiante primero aprendió:	<input type="checkbox"/> idioma(s) aparte del inglés. <input type="checkbox"/> inglés e idioma(s) aparte del inglés. <input type="checkbox"/> solo inglés.	
2. Mi estudiante habla:	<input type="checkbox"/> idioma(s) aparte del inglés. <input type="checkbox"/> inglés e idioma(s) aparte del inglés. <input type="checkbox"/> solo inglés.	
3. Mi estudiante entiende:	<input type="checkbox"/> idioma(s) aparte del inglés. <input type="checkbox"/> inglés e idioma(s) aparte del inglés. <input type="checkbox"/> solo inglés.	
4. Mi estudiante tiene una interacción consistente con:	<input type="checkbox"/> idioma(s) aparte del inglés. <input type="checkbox"/> inglés e idioma(s) aparte del inglés. <input type="checkbox"/> solo inglés.	

El uso del lenguaje por sí solo no identifica a su estudiante como aprendiz de inglés. Si se indica un idioma que no sea el inglés, se evaluará a su hijo para determinar el dominio del idioma inglés.

Información del padre/tutor	
Nombre del padre/tutor (en letra de imprenta):	
Firma del padre/tutor	Fecha:

* Todos los datos en este formulario son privados. Solo se compartirán con el personal del distrito que necesite dicha información para atender mejor a su estudiante y para los informes requeridos legalmente sobre el idioma del hogar y elegibilidad del servicio al Departamento de Educación de Minnesota. En el distrito y en el Departamento de Educación de Minnesota, esta información no se compartirá con otras personas o entidades, excepto si están autorizadas por ley estatal o federal para acceder a la información. El cumplimiento de esta solicitud de información es voluntario.