

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: <div style="text-align: center;">Male Female</div>
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 ☐ Indian from South or Central America

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):

Is student currently in foster care? Yes or No (please circle one)

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):

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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:

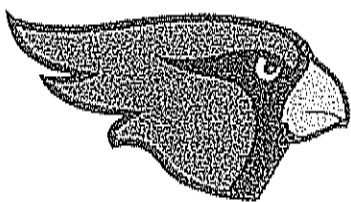
Doctor:	Phone:
Dentist:	Phone:

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

PO Box 190
Annandale, MN 55302

Jeff Erickson, Principal

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

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.