

**ZUMBROTA-MAZEPPA PUBLIC SCHOOLS STUDENT ENROLLMENT FORM (Required)**  
**(Please complete ONE per Student)**

**STUDENT INFORMATION**

|                                     |                           |                                 |                                   |
|-------------------------------------|---------------------------|---------------------------------|-----------------------------------|
| Student Last Name <i>(legal)</i> :  | Suffix: <i>(Jr., III)</i> | Grade:                          | Legal Gender:<br>Female      Male |
| Student First Name <i>(legal)</i> : | Nickname:                 | Birthdate (mm/dd/yy):    /    / |                                   |
| Student Middle Name <i>(full)</i> : |                           | Household Phone:                |                                   |
| Address:                            |                           | City:                           | Zipcode:                          |

**STUDENT'S HERITAGE**

|  |   |   |  |
|--|---|---|--|
| Racial/Ethnic background <b>(REQUIRED – circle only one)</b> :<br><br>American Indian/Alaskan Native<br>Asian or Pacific Islander<br>Hispanic<br>Black/African American, not of Hispanic Origin<br>White, not of Hispanic Origin |   | Additional federal Race/Ethnicity categories are <b>(REQUIRED. Mark the box YES or NO in Part A below. More than one box may be marked for Part B)</b><br><b>PART A – Is the child Hispanic/Latino? (Check only one)</b><br>NO, not Hispanic/Latino<br>YES, Hispanic/Latino<br><b>PART B – What is the child's race? (Check at least one)</b><br>American Indian/Alaskan Native<br>Asian<br>Native Hawaiian/Pacific Islander<br>White<br>Black/African American |  |
| Military Connect Youth:  | Yes      No   |   |  |
| Which language did your child learn first:<br>English<br>Other _____   | Which language is most often spoken in your home:<br>English:<br>Other: _____ | Which language does your child usually speak:<br>English<br>Other: _____  |  |
| Birth Country:    - USA    - Other   |   | If other, Date Entered<br>United States: (mm/dd/yy)   |  |

**STUDENT'S PREVIOUS EDUCATIONAL EXPERIENCE**

|   |              |                |                           |
|---|--------------|----------------|---------------------------|
| Has student been enrolled in a MINNESOTA Public School?    Yes      No  |              |                |                           |
| *If YES, what is the name of the MN Public School and year(s) attended?<br>Name: _____      Years attended: _____ |              |                |                           |
| Has student attended ZM previously?      Yes    No      If YES, year(s) that student attended ZM                  |              |                |                           |
| Last School Attended:   | District No. | City/State/Zip | Month/Year Last Attended: |

**ADDITIONAL INFORMATION**

|  |                    |
|--|--------------------|
| Is the student a resident of the ZM school district?<br>* If not a ZM resident, has an Open Enrollment form been completed for the student?  | - Y - N<br>- Y - N |
| Is the student a ward of the State?  | - Y - N            |
| Has the student's family moved to this school district within the last 36 months for temporary or season agricultural or fishing work?   | - Y - N            |
| Has this student received ESL (English as a Second Language) services?   | - Y - N            |
| Has this student been identified as Gifted and Talented?   | - Y - N            |
| Has the student ever been assessed for or received Special Education Services (this includes speech & early childhood)?<br>* If YES, please provide details:   | - Y - N            |
| Are there legal custody, restraining orders or school disciplinary (expulsion) issues that we should be aware of? (Please provide documentation)<br>* If YES, please describe:   | - Y - N            |
| <b>KINDERGARTEN ONLY – Early childhood Screening is a requirement for Kindergarten Enrollment: Has your child received a comprehensive health and developmental screening as a preschooler (3-5 years old)?</b><br>* If YES,      Early childhood Screening Location: _____      Screening Date: (mm/dd/yy): _____ | - Y - N            |

|  |         |
|--|---------|
| <b>KINDERGARTEN ONLY</b> – Has your child completed a Pre-School Program?<br>*If YES,<br>Name of Pre-School: _____<br>Location (City): _____ | - Y - N |
|--|---------|

**HEALTH INFORMATION:** Please check any conditions which apply to the student.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Allergies          | <input type="checkbox"/> Asthma               | <input type="checkbox"/> Orthopedic condition |
| <input type="checkbox"/> Bee Sting Allergy  | <input type="checkbox"/> Convulsive Disorder  | <input type="checkbox"/> Special Diet         |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Emotional Problems   | <input type="checkbox"/> Vision Impairment    |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Headaches - frequent | <input type="checkbox"/> Weight Concerns      |

Please describe any of the previously checked conditions and care.

|  |  |  |
|--|--|--|
| Is student under medical care?<br>- Yes - No                               | If Yes, please explain.                              |  |
| Is student taking routine medications?<br>- Yes - No                       | If Yes, please explain.                              |  |
| Are there any restrictions on student's physical activity?<br>- Yes - No   | If Yes, please explain.                              |  |
| Any serious illness, accident or injury in the past 3 years?<br>- Yes - No | If Yes, please explain.                              |  |
| Wear glasses or contact lenses?<br>- Yes - No                              | If yes, are they to be worn at school?<br>- Yes - No | Would you like a conference with the school nurse?<br>- Yes - No |

**TRANSPORTATION INFORMATION**

How will this student get to school? - Bus - Walk - Parent Drop-off - Drive Themselves (HS only) - Other

How will this student get home? - Bus - Walk - Parent Pick-up - Drive Themselves (HS only) - Other

Pick-Up/Drop-Off/Daycare Address (for bussed Students ONLY, if other than primary residence):

a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

**VERIFICATION OF INFORMATION**

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for all students. The information will become part of the student's cumulative record and will be available to appropriate staff member of District 2805. By signing below, I certify that all the information that appears on this form is correct and complete to the best of my knowledge and release it to Independent School District #2805 for enrollment purposes.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Save form as PDF and email to [tammyg@zmsch.k12.mn.us](mailto:tammyg@zmsch.k12.mn.us)