

Independent School District 196
 Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 501P Adopted July 2000 Revised March 2016
 Title Student and Census Information

Date _____ School # _____ Student # _____ Family # _____

PRINT AND COMPLETE ALL INFORMATION REQUESTED BELOW USING BLACK INK.

STUDENT Full Legal Name _____		last name _____		first name _____		middle name _____			
birthdate _____		sex _____		grade _____					
month/day/year _____									
Has student ever attended school in Minnesota? <input type="checkbox"/> No <input type="checkbox"/> Yes - Where? _____									
Which special service(s) has student received? <input type="checkbox"/> 504 Plan <input type="checkbox"/> ELL (English Language Learner) <input type="checkbox"/> Special Ed (IEP) specify primary language _____ <input type="checkbox"/> Early Childhood _____ <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Other _____									
						FOR FEDERAL REPORTING PURPOSES If left blank staff will complete.			
						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Ethnicity (Check one): <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino </td> <td style="width: 50%; vertical-align: top;"> Race (Check all that apply): <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White </td> </tr> </table>		Ethnicity (Check one): <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino	Race (Check all that apply): <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
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last school attended _____						District # _____			
school address _____									
(if other than District 196)		street _____		city _____		state _____ zip _____			

HEAD OF HOUSE (HOH)					What relation is Head of House to student? Please use Code from box below. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">F = Father</td> <td style="width: 50%;">G = Guardian</td> </tr> <tr> <td>M = Mother</td> <td>X = Self</td> </tr> <tr> <td>P = Foster parent</td> <td>S = Step parent</td> </tr> <tr> <td>GP = Grandparent</td> <td></td> </tr> <tr> <td>O = Other _____</td> <td></td> </tr> </table>			F = Father	G = Guardian	M = Mother	X = Self	P = Foster parent	S = Step parent	GP = Grandparent		O = Other _____	
F = Father	G = Guardian																
M = Mother	X = Self																
P = Foster parent	S = Step parent																
GP = Grandparent																	
O = Other _____																	
1st HOH _____		sex _____															
last _____ first _____ middle _____		<input type="checkbox"/> M <input type="checkbox"/> F															
2nd HOH _____		sex _____															
last _____ first _____ middle _____		<input type="checkbox"/> M <input type="checkbox"/> F															
address _____ apt. # _____																	
city _____ state _____ zip _____																	
If above address is temporary, please list permanent address and approximate date of possession:																	
street _____		city _____		state _____		zip _____											
date _____																	
primary phone () _____		1st HOH work phone () _____		2nd HOH work phone () _____													
		1st HOH cell phone () _____		2nd HOH cell phone () _____													
		1st HOH email address _____		2nd HOH email address _____													
List ALL children and adults living at this address other than those above: (List additional residents on separate sheet.)																	
Full Legal Name _____		first _____	middle initial _____	sex _____	birthdate mo/day/yr _____	school and grade (if enrolled) _____	What relationship is person to student? _____										
				<input type="checkbox"/> M <input type="checkbox"/> F													
				<input type="checkbox"/> M <input type="checkbox"/> F													
				<input type="checkbox"/> M <input type="checkbox"/> F													
Have you moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																	
X _____						parent/guardian signature _____	date _____										

OFFICE USE	
homeroom _____ teacher/counselor _____ <input type="checkbox"/> re-enrolled	
language code _____ last location code _____ start date _____ Bus # _____ Time _____	
<input type="checkbox"/> birth certificate <input type="checkbox"/> guardianship papers received <input type="checkbox"/> transfer paperwork completed	

Minnesota law requires the school district to keep accurate, updated records for all students. Failure to provide some or all of the requested information may limit the school district's ability to enroll and serve your student. This information will be used within the school district and may also be shared with the Minnesota Department of Education and as otherwise permitted by state and federal law. Some of the information may be classified as directory (public) information.