



# Permanent Record Enrollment Form Pierz Public Schools #484

District Use Only	
MARSS #: _____	<input type="checkbox"/> Food
Open Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Trans
Trans Code #: _____	<input type="checkbox"/> Media

School Enrolling In:  Pioneer Elementary School  Healy High School  ECFE  
**Expected Start Date:** \_\_\_\_\_

School most recently attended by student:

School \_\_\_\_\_ District \_\_\_\_\_ Date Left \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

First Name (legal)	Middle Name (legal)	Last Name (legal)	Birthdate	Gender	Enrolling Grade
<b>Ethnicity/Race</b>		<b>Ethnic Background (Mark all that apply)</b>			
Is your student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander		
		<input type="checkbox"/> Asian	<input type="checkbox"/> White		
		<input type="checkbox"/> Black or African American			

**Current Address (Student):**

House Number (Physical address)	Unit #	City	State	Zip
<i>(If applicable)</i> P.O. Box #:		City:	State:	Zip:

1. Does parent/guardian completing this form have physical and legal custody of student?  Yes  No

2. Do any court orders apply?  Yes *(provide copy)*  No

3. Is student receiving special education services (has an IEP)?  Yes  No  
 If yes, what is your student's disability? *(Mark all that apply)*

<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Speech/Language Impairments	<input type="checkbox"/> Physically Impaired
<input type="checkbox"/> Developmental Cognitive Disability	<input type="checkbox"/> Severely Multiple Impaired	<input type="checkbox"/> Specific Learning Disabilities
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Emotional/Behavior Disorders	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Deaf-Hard of Hearing	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Other Health Disabilities
<input type="checkbox"/> Deaf-Blind		

4. Does student have a 504 Plan?  Yes  No

5. Has this student been receiving English Language Learner (ELL) services?  Yes  No

Preschool or Kindergarten Only

6. Has this student had an Early Childhood Screening?  Yes *(Location)* \_\_\_\_\_  No

**Student lives with:** *(Mark all that apply)*

<input type="checkbox"/> Both Parents (in same home)	<input type="checkbox"/> Mother and Stepparent	<input type="checkbox"/> Joint Physical	<input type="checkbox"/> Grandparent
<input type="checkbox"/> Mother	<input type="checkbox"/> Father and Stepparent	<input type="checkbox"/> Joint Legal	<input type="checkbox"/> Other
<input type="checkbox"/> Father	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Alone
<input type="checkbox"/> Guardian			

**Parent/Guardian 1:**

First Name	Middle Initial	Last Name	Relationship to Student		
Home Phone	Cell Phone	Work Phone	Email Address		
<i>If different from above</i> – House Number (Physical address)		Unit #	City	State	Zip
<i>(If applicable)</i> P.O. Box #:		City:	State:	Zip:	



**Parent/Guardian 2:**

First Name	Middle Initial	Last Name	Relationship to Student		
Home Phone	Cell Phone	Work Phone	Email Address		
<i>If different from above</i> – House Number (Physical address)		Unit #	City	State	Zip
<i>(If applicable)</i> P.O. Box #:		City:	State:	Zip:	

**Emergency Contact 1:**

First Name	Last Name	Relationship to Student
Cell Phone	Home Phone	Work Phone

**Emergency Contact 2:**

First Name	Last Name	Relationship to Student
Cell Phone	Home Phone	Work Phone

*In case of an injury or illness, a parent/guardian or person designated by the parent/guardian will be notified. If we are unable to contact one of these people, the family physician will be contacted and their advice will be followed. 9-1-1 will be called if it is felt necessary.*

Please list younger siblings not yet enrolled

First (Legal) Name	Middle (Legal) Name	Last (Legal) Name	Date of Birth	Gender

<p><b>Please include the following information when submitting enrollment paperwork:</b></p> <ul style="list-style-type: none"> <li>• Copy of Birth Certificate</li> <li>• Permanent Record Form</li> <li>• Confidential Health Form</li> <li>• Transportation Form (elementary only)</li> </ul>	
<p><b>Pioneer Elementary School</b>          66 Kamnic Street, Pierz, MN 56364          Phone: 320.468.6458   Fax: 320.468.6577          ssullivan@pierzschoools.org</p>	<p><b>Healy High School</b>          112 Kamnic Street, Pierz, MN 56364          Phone: 320.468.6458   Fax: 320.468.6577          kradunz@pierzschoools.org</p>

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