

Student ID	SAC	Enrollment Date	LLA	Park Rapids Area High School 401 Huntsinger Ave - Park Rapids, MN 56470			
MARSS #:		Locker # & Combination					
Student Information							
LEGAL Last Name:		LEGAL First Name:		LEGAL Middle Name:	Grade	Gender	
Student Address			List any previous Minnesota School the student has attended				
City-State- Zip							
Home phone		Date of Birth	Has child ever attended Park Rapids School District before? YES NO				
School Student is transferring from- Please list school name/address/city/state/zip/phone number							
Legal Father of Student			Step-Father of Student				
Name			Name				
Address			Address				
City-State- Zip			City-State- Zip				
Home phone		Lives with	<input type="radio"/>	Home phone		Lives with	<input type="radio"/>
Cell Phone		Contact Allowed	<input type="radio"/>	Cell Phone		Contact Allowed	<input type="radio"/>
Work Phone		Education Rights	<input type="radio"/>	Work Phone		Education Rights	<input type="radio"/>
Employee		Deceased	<input type="radio"/>	Employee		Deceased	<input type="radio"/>
Email Address:			Email Address:				
Legal Mother of Student			Step-Mother of Student				
Name			Name				
Address			Address				
City-State- Zip			City-State- Zip				
Home phone		Lives with	<input type="radio"/>	Home phone		Lives with	<input type="radio"/>
Cell Phone		Contact Allowed	<input type="radio"/>	Cell Phone		Contact Allowed	<input type="radio"/>
Work Phone		Education Rights	<input type="radio"/>	Work Phone		Education Rights	<input type="radio"/>
Employee		Deceased	<input type="radio"/>	Employee		Deceased	<input type="radio"/>
Email Address:			Email Address:				

Complete this section if student lives with someone other than parents		Ethnicity	Race(may check more than one)	Migrant Worker
Name		Am Indian <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/>	Have you moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? YES NO
Address		Asian <input type="checkbox"/>	Am Indian or Alaska <input type="checkbox"/>	
City-State- Zip		Hispanic <input type="checkbox"/>	Asian <input type="checkbox"/>	
Home phone	Lives with <input type="radio"/>	Black <input type="checkbox"/>	Black or African American <input type="checkbox"/>	
Cell Phone	Contact Allowed <input type="radio"/>	White <input type="checkbox"/>	Native Hawaiian or Pacific <input type="checkbox"/>	
Work Phone	Education Rights <input type="radio"/>		White <input type="checkbox"/>	
Employee	Deceased <input type="radio"/>	Resident District School District where student lives		
Would you like the school to send correspondence to non-custodial parent? Y or N				
Emergency Contact(someone other than parent/guardian)		Emergency Contact(someone other than parent/guardian)		
Name		Name		
Address		Address		
City-State- Zip		City-State- Zip		
Home phone		Home phone		
Cell Phone		Cell Phone		
Work Phone		Work Phone		
Home Language		Migrant worker		
First language learned by student?		Have you moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? YES NO		
Language normally used by student at home?				
By parents at home?				
By student with friends?				
Student Support Services check those services that this student received				
Speech/Hearing <input type="checkbox"/>				
Occupational Therapy/Physical Therapy <input type="checkbox"/>				
Emotional Behavioral Disorder <input type="checkbox"/>				
Learning Disabled <input type="checkbox"/>				
EMH/TMH <input type="checkbox"/>				
Title I <input type="checkbox"/>				
None of the Above <input type="checkbox"/>				