



Dassel-Cokato Schools - ISD # 466 - Enrollment Form

4852 Reardon Ave SW

Cokato, MN 55321

Phone: 320-286-4100 Fax: 320-286-4101

Jeff Powers, Superintendent



Household Registration

Primary Household

(This is the address where the student(s) reside.)

Is the Primary Household in the D/C School District boundaries? Yes No (If no, please also complete Open Enrollment form.)

Please note Open Enrollment is CLOSED for grades 5-8.

Physical Address:	City:	State:	Zip Code:
Mailing address if different from physical address:	City:	State:	Zip Code:

Home Phone Number:

Parent or Guardian 1

(This is the primary parent/guardian for the student(s).)

Last Name:	First Name:	Cell Phone Number:
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Employer:	Work Phone Number:
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Email Address:

Relation to Student(s): Parent/Guardian Legal Guardian (by court) Step-parent Foster Parent Other (Please Specify): _____

Parent or Guardian 2

(This is either the second parent/guardian or a step-parent living in the household.)

Last Name:	First Name:	Cell Phone Number:
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Employer:	Work Phone Number:
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Email Address:

Relation to Student(s): Parent/Guardian Legal Guardian (by court) Step-parent Foster Parent Other (Please Specify): _____

Secondary Household

(This section should be completed if both parents do not live in the Primary Household.)

Physical Address:	City:	State:	Zip Code:
Mailing address if different from physical address:	City:	State:	Zip Code:

Home Phone Number:

Parent or Guardian 3

(This will generally be a parent who does NOT live in the Primary Household with the student(s).)

Last Name:	First Name:	Cell Phone Number:
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Employer:	Work Phone Number:
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Email Address:

Relation to Student(s): Parent/Guardian Legal Guardian (by court) Step-parent Foster Parent Other (Please Specify): _____

Parent or Guardian 4

(This will generally be the individual living with a parent in a Secondary Household.)

Last Name:	First Name:	Cell Phone Number:
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Employer:	Work Phone Number:
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Email Address:

Relation to Student(s): Parent/Guardian Legal Guardian (by court) Step-parent Foster Parent Other (Please Specify): _____

Children/Students in Same Household

(Please list all children/students in Primary Household in correct age group.)

Birth to Pre-K (Ages 0-5)

Child 1	Legal Last Name:		Legal First Name:		Middle Name:	Nickname:	
	Birthdate:	Place of Birth:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Daycare Provider:			Daycare Phone:			
	Racial/Ethnic Background (Please check all that apply):						
	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White						
	Has this child/student had preschool screening? <input type="checkbox"/> Yes (If yes, where? _____) <input type="checkbox"/> No						
	Has this child/student received or is receiving the following services? (Please check all that apply.)						
	<input type="checkbox"/> Special Education <input type="checkbox"/> Help Me Grow (Birth-3 Special Education) <input type="checkbox"/> Speech <input type="checkbox"/> ESL/ELL						
Do you have any developmental concerns about your child/student? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Child 2	Legal Last Name:		Legal First Name:		Middle Name:	Nickname:	
	Birthdate:	Place of Birth:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Daycare Provider:			Daycare Phone:			
	Racial/Ethnic Background (Please check all that apply):						
	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White						
	Has this child/student had preschool screening? <input type="checkbox"/> Yes (If yes, where? _____) <input type="checkbox"/> No						
	Has this child/student received or is receiving the following services? (Please check all that apply.)						
	<input type="checkbox"/> Special Education <input type="checkbox"/> Help Me Grow (Birth-3 Special Education) <input type="checkbox"/> Speech <input type="checkbox"/> ESL/ELL						
Do you have any developmental concerns about your child/student? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Elementary (Grades K-4)

Child 1	Legal Last Name:		Legal First Name:		Middle Name:	Nickname:	Grade:	
	Birthdate:	Place of Birth:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
	Daycare Provider:			Daycare Phone:				
	Racial/Ethnic Background (Please check all that apply):							
	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White							
	Has this child had preschool screening? <input type="checkbox"/> Yes (If yes, where? _____) <input type="checkbox"/> No							
	Has this student received or is receiving the following services? (Please check all that apply.)							
	<input type="checkbox"/> Special Education <input type="checkbox"/> Title I <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Speech <input type="checkbox"/> ESL/ELL							
	Has student been enrolled in a MINNESOTA Public School? <input type="checkbox"/> Yes (If yes, please list: Year: _____ City: _____) <input type="checkbox"/> No							
	Has student attended a Dassel/Cokato Public School? <input type="checkbox"/> Yes (If yes, please list: Year: _____ School: _____) <input type="checkbox"/> No							
Last School Attended:				City/State/Zip:				

Child 2	Legal Last Name:		Legal First Name:		Middle Name:	Nickname:	Grade:	
	Birthdate:	Place of Birth:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
	Daycare Provider:			Daycare Phone:				
	Racial/Ethnic Background (Please check all that apply):							
	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White							
	Has this child had preschool screening? <input type="checkbox"/> Yes (If yes, where? _____) <input type="checkbox"/> No							
	Has this student received or is receiving the following services? (Please check all that apply.)							
	<input type="checkbox"/> Special Education <input type="checkbox"/> Title I <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Speech <input type="checkbox"/> ESL/ELL							
	Has student been enrolled in a MINNESOTA Public School? <input type="checkbox"/> Yes (If yes, please list: Year: _____ City: _____) <input type="checkbox"/> No							
	Has student attended a Dassel/Cokato Public School? <input type="checkbox"/> Yes (If yes, please list: Year: _____ School: _____) <input type="checkbox"/> No							
Last School Attended:				City/State/Zip:				

Middle School (Grades 5-8)

Child 1	Legal Last Name:		Legal First Name:		Middle Name:	Nickname:	Grade:
	Birthdate:	Place of Birth:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Racial/Ethnic Background (Please check all that apply):						
	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White						
	Has this student received or is receiving the following services? (Please check all that apply.)						
	<input type="checkbox"/> Special Education <input type="checkbox"/> Title I <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Speech <input type="checkbox"/> ESL/ELL						
	Has student been enrolled in a MINNESOTA Public School? <input type="checkbox"/> Yes (If yes, please list: Year: _____ City: _____) <input type="checkbox"/> No						
	Has student attended a Dassel/Cokato Public School? <input type="checkbox"/> Yes (If yes, please list: Year: _____ School: _____) <input type="checkbox"/> No						
Last School Attended:				City/State/Zip:			
Is this student in Band? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Child 2	Legal Last Name:		Legal First Name:		Middle Name:	Nickname:	Grade:
	Birthdate:	Place of Birth:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Racial/Ethnic Background (Please check all that apply):						
	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White						
	Has this student received or is receiving the following services? (Please check all that apply.)						
	<input type="checkbox"/> Special Education <input type="checkbox"/> Title I <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Speech <input type="checkbox"/> ESL/ELL						
	Has student been enrolled in a MINNESOTA Public School? <input type="checkbox"/> Yes (If yes, please list: Year: _____ City: _____) <input type="checkbox"/> No						
	Has student attended a Dassel/Cokato Public School? <input type="checkbox"/> Yes (If yes, please list: Year: _____ School: _____) <input type="checkbox"/> No						
Last School Attended:				City/State/Zip:			
Is this student in Band? <input type="checkbox"/> Yes <input type="checkbox"/> No							

High School (Grades 9-12)

Child 1	Legal Last Name:		Legal First Name:		Middle Name:	Nickname:	Grade:
	Birthdate:	Place of Birth:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Racial/Ethnic Background (Please check all that apply):						
	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White						
	Has this student received or is receiving the following services? (Please check all that apply.)						
	<input type="checkbox"/> Special Education <input type="checkbox"/> Title I <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Speech <input type="checkbox"/> ESL/ELL						
	Has student been enrolled in a MINNESOTA Public School? <input type="checkbox"/> Yes (If yes, please list: Year: _____ City: _____) <input type="checkbox"/> No						
	Has student attended a Dassel/Cokato Public School? <input type="checkbox"/> Yes (If yes, please list: Year: _____ School: _____) <input type="checkbox"/> No						
Last School Attended:				City/State/Zip:			

Child 2	Legal Last Name:		Legal First Name:		Middle Name:	Nickname:	Grade:
	Birthdate:	Place of Birth:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Racial/Ethnic Background (Please check all that apply):						
	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White						
	Has this student received or is receiving the following services? (Please check all that apply.)						
	<input type="checkbox"/> Special Education <input type="checkbox"/> Title I <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Speech <input type="checkbox"/> ESL/ELL						
	Has student been enrolled in a MINNESOTA Public School? <input type="checkbox"/> Yes (If yes, please list: Year: _____ City: _____) <input type="checkbox"/> No						
	Has student attended a Dassel/Cokato Public School? <input type="checkbox"/> Yes (If yes, please list: Year: _____ School: _____) <input type="checkbox"/> No						
Last School Attended:				City/State/Zip:			

Verification of Information

I certify that all information on this form is correct to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____



Dassel-Cokato Schools - ISD # 466
2011-2012 Health & Emergency Contact Form

4852 Reardon Ave SW, Suite 1600
 Cokato, MN 55321

Phone: 320-286-4100 Fax: 320-286-4201
 Kelly Krueger, Licensed School Nurse



PLEASE NOTE, ONLY ONE FORM IS NEEDED PER FAMILY

Parent/Guardian Last Name:	Parent/Guardian First Name:	
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Household Student(s) Information

Please describe any health concerns and/or medication information for each student.
 For example: Allergies, Asthma, Diabetes, Mental Health, Seizures, Sensory Impairments, etc.

Student Name (list all student(s) in household)	D.O.B.	School (CE, DE, MS, HS)	Health & Medication Information: Specific Concern or None	
			<input type="checkbox"/> None	
			<input type="checkbox"/> None	
			<input type="checkbox"/> None	
			<input type="checkbox"/> None	
			<input type="checkbox"/> None	
			<input type="checkbox"/> None	

Emergency Contact Information

In emergency situations, parent/guardian will be contacted first. The emergency contacts provided below are the only contacts that may transport or care for your child **if you cannot be reached**. In case of serious accident or illness at school, 911 will be called. The parent/guardian is responsible for all expenses.

Emergency Contact 1 (Other than Parent/Guardian)

Last Name:	First Name:	Home Phone Number:
Cell Phone Number:	Work Phone Number:	
Relation to Student(s): <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Neighbor <input type="checkbox"/> Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other (Please Specify): _____		

Emergency Contact 2 (Other than Parent/Guardian)

Last Name:	First Name:	Home Phone Number:
Cell Phone Number:	Work Phone Number:	
Relation to Student(s): <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Neighbor <input type="checkbox"/> Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other (Please Specify): _____		

Clinic/Hospital/Dentist Preference:

Clinic Preference:	Clinic Phone:
Hospital Preference:	Hospital Phone:
Dentist Preference:	Dentist Phone:

Parental Consent

If considered necessary by school nurse, this health information may be shared with other school personnel: Yes No
 I certify that all information on this form is correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

This information is confidential and is for health office use only.