



Dassel-Cokato Schools - ISD # 466 -
Additional Information Enrollment Form
320-286-4100
www.dc.k12.mn.us



Children in Same Household

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

Birth to Pre-K (Ages 0-5)

Child 3

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 4

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 3

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 4

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 3	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 4	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 3	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 4	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:			