

2010-2011

287 Student ID # \_\_\_\_\_

NOTE: This information is required by the ALC for state reporting purposes and the operation of the ALC. All information is protected under the Data Privacy Act.

Today's Date \_\_\_\_\_ RETURN FORM TO: \_\_\_\_\_

ALC School Name & Number \_\_\_\_\_ Address \_\_\_\_\_

**STUDENT NAME** (Use legal name and permanent address only.) (CE220)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address (CE010) \_\_\_\_\_ APT: \_\_\_\_\_

City \_\_\_\_\_ State: MN \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Birth date: (CE220) MM \_\_\_\_\_ DD \_\_\_\_\_ YY \_\_\_\_\_ Age \_\_\_\_\_ Gender:  M  F

Is this student Hispanic/Latino?  Yes  No

Primary Ethnicity:  White(5)  Black(4)  Hispanic(3)  Asian/Pacific Islander(2)  Native American/Alaskan Native(1)

What is the student's race? (choose one or more):  Black/African American  American Indian/Alaska Native  Asian  
 White  Native Hawaiian/Pacific Islander

(CE220) Primary Home Language \_\_\_\_\_ Student Birth Country \_\_\_\_\_

"Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work?"  Yes  No

**WITH WHOM DOES THE STUDENT LIVE?** (circle one) Father & Mother Father & Stepmother Mother & Stepfather

Father only Mother Only Legal Guardian(s) Foster Parent(s) Grandparent(s) Other \_\_\_\_\_

**PARENT/GUARDIAN #1** Relationship \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Address (if different from above)

Street \_\_\_\_\_ APT \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell \_\_\_\_\_

**PARENT/GUARDIAN #2** Relationship \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Address (if different from above)

Street \_\_\_\_\_ APT \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell \_\_\_\_\_

Grade Level \_\_\_\_\_ Ward of State  Yes  No

Transportation Code \_\_\_\_\_ Transportation District \_\_\_\_\_

State ID # \_\_\_\_\_

Spec Ed Evaluation Status (SP205) \_\_\_\_\_

Primary Disability \_\_\_\_\_ Instructional Setting \_\_\_\_\_

**Grad Standards Year (GSY)** \_\_\_\_\_  
(NOTE: GSY must be completed for all students in ninth grade or over.)

**ENROLLMENT DATE** (ST208): MM \_\_\_\_\_ DD \_\_\_\_\_ YY \_\_\_\_\_ Limited English Proficient:  Yes  No (LEP Start Date \_\_\_\_\_ )

State Aid Category: **03** GI \_\_\_\_\_ **Resident District** \_\_\_\_\_ Post-Secondary Options:  Yes  No

Last School Attended \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Previous District # \_\_\_\_\_

Compensatory Aid 0 1 2 FTE % \_\_\_\_\_ School Code \_\_\_\_\_ Last Location of Attendance Code \_\_\_\_\_

Opt Out: MN Care  Yes  No GAMC  Yes  No

NOTE: Approval of this form indicates verification that a Continuous Learning Plan is on file and in mutual agreement with the resident district.

**ADMINISTRATOR**—We acknowledge that the student listed above is a resident of our school district, and we expect to be billed for alternative instruction and service costs provided for this student during the indicated school year by Intermediate District 287. Credits earned will be accepted and the information contained on this document is correct to the best of our knowledge.

Resident District Administrator or Designee

School District

Date