



NEW STUDENT ENROLLMENT FORM

Date: _____

STUDENT INFORMATION -----

LAST name _____ First name _____ Middle name _____ Entering Grade _____

Male / Female (circle one) Birth Month _____ Day _____ Year _____

Primary Phone number _____

Address _____ City _____ Zip Code _____ Homeless: Yes / No

Student Race:

- ☐ American Indian/ Alaskan
- ☐ Asian/Pacific Islander
- ☐ Hispanic
- ☐ Black, not Hispanic
- ☐ White, not Hispanic

Has your student ever:

- ☐ been screened or attended a public school in MN?
- ☐ received special education services (have an IEP)?
- ☐ had a 504 plan?
- ☐ been identified for a Gifted and Talented Program
- ☐ received English Learner services?

Parent/Guardian 1 -----

LAST name _____ First name _____ Relation (mom, dad, etc.) _____

Lives with student: Yes/ No

Cell phone _____ Work phone _____ email address _____

Parent/Guardian 2 -----

LAST name _____ First name _____ Relation (mom, dad, etc.) _____

Lives with student: Yes/ No

Cell phone _____ Work phone _____ email address _____

Notes about student living arrangements: _____

Student pick-up: requesting bus (St. Paul, parts of Minneapolis, Roseville and Woodbury): yes / no

Who has permission to pick-up student?: _____

Sibling Information-----

Name _____ grade _____ sex _____ school _____

Name _____ grade _____ sex _____ school _____

Name _____ grade _____ sex _____ school _____

Name _____ grade _____ sex _____ school _____

Name _____ grade _____ sex _____ school _____

Emergency Contact Info -----

Name _____ Cell phone _____ Relation to student _____

Name _____ Cell phone _____ Relation to student _____

Health Conditions -----

Please list any health concerns of which the school should be aware:

Allergies (be specific)

Foods: _____

Bee sting or bug bites: _____

Other: _____

Asthma: _____ Does student have inhaler: _____

Hearing problems: _____

Vision problems (glasses or contacts?) _____

Other Concerns: _____

MEDIA RELEASE

By signing below, I give Sejong Academy consent to photograph or videotape my student for non-profit use (school advertisements, website or social media, etc.)

Signature: _____

Date: _____

HOME LANGUAGE

Was student born in US? _____

If no, where _____

How many years has student attended school in the U.S.? _____

What language is most often spoken at home?

English _____ Other _____

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

School Use Only:

Student MARSS # _____ Previous District: _____

Bus # _____

Received:

☐ Application for Benefits☐ Request for Records Form Date Records Requested _____ Date Records Received _____☐ Immunization Form☐ Early Childhood Screening☐ Birth Certificate/Passport