



Mankato Area Public Schools Registration & Census

10 Civic Center Plaza
Post Office Box 8741
Mankato, MN 56002-8741

507-207-4037/Fax 507-387-2618/ rswans1@isd77.org / jcleme1@isd77.org

Office use only:

Today's date _____ Personnel initials _____

Start date _____

Previous School attended _____

*Please enter legal names *								Primary household- parent/guardian household		If other than father or mother please provide papers to show legal guardianship				
Parent/Guardian Last name (Maiden name also if Mankato grad)	First name	Middle name	Gender M/F	Cell phone	Work phone	Place of employment	Email address							
Street address								City			State		Zip	
Secondary household- parent/guardian household (if applicable-divorce, separation etc.)														
Parent/Guardian Last name (Maiden name also if Mankato grad)	First name	Middle name	Gender M/F	Cell phone	Work phone	Place of employment	Email address							
Street address								City			State		Zip	
Please list in order of birth all children living with this family- infant through high school														
Last name	First name	Middle name	Birth date mm/dd/yy	Gender M/F	Federal and State Race/ Ethnicity *See below Q1 Q2		Birth Country If other than USA	Date entered USA mm/dd/yy	Date entered school in USA mm/dd/yy	Grade	Student lives with- mother father aunt uncle grandparents			
**Ethnicity & Race (Federal and State)														
Q1. Is the student (s) Hispanic/Latino? (Y) Yes, Hispanic/Latino (N) No, not Hispanic/Latino														
Q2. I declare the student's race to be: *** Choose one or all that apply.														
(A) American Indian/Alaska Native (B) Asian (C) Black or African American (D) Native Hawaiian or Other Pacific Islander (E) White														
Have any children listed attended Mankato area public schools? ____Yes ____No Minnesota school? ____Yes ____No														
Have any of your children registered under a different name than what is listed on this application? ____Yes ____No Other name _____														

Emergency contact *other than parent/guardian					
Last name	First name	Relationship to student	Cell phone	Home phone	Work phone
Daycare name/preschool name			Daycare/ preschool phone		
Have you moved to this school district for temporary or seasonal agricultural work (migrant)? ___ Yes ___ No Do you currently reside with another family, or person other than family, or in a temporary housing facility? ___ Yes ___ No Currently, does the student(s) have a parent, guardian, sibling or relative in the military? ___ Yes ___ No If yes whom _____ (Example: mother, father , brother, sister)					
Special service information					
Do any of your children currently receive special education services (IEP)? ___ Yes ___ No Does your child receive special transportation? ___ Yes ___ No					
If yes, which child, and service are they currently receiving? *(see below)	Name of child			Service currently receiving	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">*ASD -Autism Spectrum Disorder</div> <div style="width: 33%;">D/B-Deaf/Blind</div> <div style="width: 33%;">DHH-Deaf Hard of Hearing</div> <div style="width: 33%;">DCD-MM-Developmental Cognitive</div> <div style="width: 33%;">Delay-Mild Moderate</div> <div style="width: 33%;">DCD-SP-Developmental Cognitive Delay-Severe Profound</div> <div style="width: 33%;">ECSE -Early Childhood Special Education</div> <div style="width: 33%;">EBD -Emotional Behavioral Disorder</div> <div style="width: 33%;">DD-Developmental Delayed</div> <div style="width: 33%;">ESL -English as a Second Language</div> <div style="width: 33%;">504 Plan</div> <div style="width: 33%;">OHD -Other Health Disabilities</div> <div style="width: 33%;">SMI-Severely Multiply Impaired</div> <div style="width: 33%;">SLD-Specific Learning Disability</div> <div style="width: 33%;">SL -Speech Language</div> <div style="width: 33%;">TBI-Traumatic Brain Injury</div> <div style="width: 33%;">VI-Visually Impaired</div> <div style="width: 33%;">PI-Physically Impaired</div> </div>					
Kindergarten registration only					
My child has received early childhood screening? ___ Yes ___ No If yes where _____					
Media release					
Protection and Privacy of Pupil Records I have read and understand the Protection and Privacy of Pupil Records document? ___ Yes ___ No					
I give Mankato Area Public Schools, 10 Civic Center Plaza, Mankato, MN 56001, the right to publish my child’s likeness, photograph, name, words and/or artistic works; and/or likeness, photograph, and the same to be published in any form or medium (for example: public publications such as the city newspaper, school website, school social media, video of concert performances, etc.). ___ Yes ___ No					
Signature					
I verify that all of the information listed is accurate to the best of my knowledge _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Parent/guardian signature Date </div>					