

Stonebridge Community School
REGISTRATION FORM 2007 - 2008

Child's Name _____ Social Security # _____ - _____ - _____
Last First Middle

Birth Date (mm/dd/yy) _____ Sex M F Grade Level _____

Address _____ Apt # _____ City _____ Zip _____ Phone # _____

Previous School attended _____ City _____ State _____

Student's birth place: City _____ State _____ County _____

Student lives with (circle one): Both parents Mother Father Guardian Other Relative Foster parents Ward of State

Racial/Ethnic background: American Indian or Alaska Native Asian or Pacific Islander Hispanic
 Black (Not of Hispanic origin) White (Not of Hispanic origin) Multi-ethnic Other (specify) _____

Language(s) spoken at home: English Other _____

Has your child received Special Education services of any kind? No Yes _____

Does your child have a current IEP or 504 plan? No Yes _____

Does your child have a disability that requires an accommodation? No Yes _____

Does either parent/guardian need an accommodation in order to fully participate as a partner in your child's education?
 No Yes If yes, please indicate which parent and the need: _____

Mother's Name _____ Social Security # _____ - _____ - _____

Address _____ Apt # _____

City _____ Zip _____ Phone # _____

Work Phone # _____ Email address _____

Father's Name _____ Social Security # _____ - _____ - _____

Address _____ Apt # _____

City _____ Zip _____ Phone # _____

Work Phone # _____ Email address _____

Other Adult(s) (who live with student): _____ Phone # _____

Emergency Contact Persons (in order of priority)				
Name	Address	Relationship to child	Home Phone #	Work Phone #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Other children who live in the household:

Last Name	First Name	Birthdate	Sex	School

How did you hear about Stonebridge Community School? _____

Signature of Parent/Guardian _____ Date _____

PLEASE CONTINUE ON BACK OF FORM

Permission to Release Records

Student Name _____

Grade 2006-2007

I grant permission to the proper authorities at _____

Student's current school

to release a copy of my child's record to Stonebridge Community School.

Please mail materials to Stonebridge.

Please send:

- Transcript – including current year's first semester grades if applicable
- Standardized test scores
- Special Education File (if applicable)
- Cumulative Record
- Discipline File
- Immunization Records
- Other applicable records

Signature of Parent or Guardian _____

Date _____

Please mail records to: Stonebridge Community School
614 E. Grant Street
Minneapolis, MN 55404
tel: 612-655-0211

This space is for office use only!

- Kindergartener pre-school screening received and reviewed Date _____ Initial _____
- Kindergartner physical received and reviewed Date _____ Initial _____
- Immunization received and reviewed Date _____ Initial _____
- Birth date and legal name verification:
Birth Certificate Baptismal Record Passport Other _____ Date _____ Initial _____
- Student records received and reviewed Date _____ Initial _____
- IEP records received and reviewed Date _____ Initial _____

Additional notes: _____

Date _____ Initial _____

Additional notes: _____

Date _____ Initial _____

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School Number: _____

Start Date: _____

Withdrawal Date: _____

State Reporting Number: _____