



East Central Schools

INDEPENDENT SCHOOL DISTRICT #2580

NEW STUDENT ADMISSION

Fill out the front and back of the form

Date: _____

Name: _____

Last name

First name

Middle name

Grade: _____ Date of birth: _____ M _____ F _____

If your child has previously attended school, did he/she receive any additional services? _____

If yes, please specify: _____

Parent/Guardian Contact Information

Father/Guardian:

Mother/Guardian:

Address:

Address:

City & Zip:

City & Zip:

Email:

Email:

Cell Phone:

Cell Phone:

Work Phone:

Work Phone:

Lives with?

Lives with?

State any custody arrangements/restrictions. **Court documents must be provided to be enforced.**

Previous school attended: _____

Address: _____ City, State: _____

Last date attended this school: _____

The Minnesota Department of Children, Families and Learning were recently notified by the United States Department of Education, Improving America's Schools act to complete the compliance requirements in IASI, Title I – Part C, Section 1309. The following question must be answered:

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

Did your child attend Early Childhood/Preschool Screening? _____

Name of school: _____ City, State: _____

Please list any brothers and / or sisters:

Name: _____ Age: _____ Birthdate: _____

***School district policy states that any student taking medication during the school day must have a consent form completed and on file in the Health Office. The forms may be obtained from the Health Office OR initial below.**

I, the undersigned parent/guardian, give my consent for the above named child to be released to me or my spouse or to the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency. I understand that East Central #2580 does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan. I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.

Acetaminophen (aspirin substitute) permission, to be given at the nurse's discretion

Please initial one: _____ PERMITTED _____ NOT PERMITTED

Signature of Parent/Guardian: _____ Date: _____