

**DISCOVERY PUBLIC SCHOOL OF FARIBAULT DIST 4081
STUDENT REGISTRATION SUPPLEMENT
(TO BE COMPLETED ONCE STUDENT IS ENROLLED)**

ADDITIONAL SCHOOL I.D.	Student's Full Name _____ Date of Birth: _____ Birth City: _____ Birth State: _____ Country of Birth: _____ Citizenship of Student: <input type="radio"/> U.S.A. <input type="radio"/> Other (Please Specify) _____ Birth Certificate Rec'd: <input type="radio"/> Yes <input type="radio"/> No Are you a migrant family? <input type="radio"/> Yes <input type="radio"/> No Sex: <input type="radio"/> Male <input type="radio"/> Female Is the student currently on an IEP? <input type="radio"/> Yes <input type="radio"/> No Social Security Number: _____ <small>In accordance with the Federal Privacy Act of 1974 and the State of Minnesota Privacy Law (M.S. Section 13.43), you do not have to provide the social security number.</small> How will your child be transported to and from school? _____												
	<p style="text-align: center;">To assure that equal and meaningful education is provided to all students, <u>Minnesota Law 120.095</u> requires that schools report the languages spoken by students and their families at home. All your answers will remain confidential. Thank you for your help in this effort to better Minnesota educational opportunities.</p>												
	<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">1. Which language did your child learn first?</td> <td><input type="radio"/> English</td> <td><input type="radio"/> Other (Please specify): _____</td> </tr> <tr> <td>2. Which language is most often spoken in your home?</td> <td><input type="radio"/> English</td> <td><input type="radio"/> Other (Please specify): _____</td> </tr> <tr> <td>3. Which language does your child usually speak?</td> <td><input type="radio"/> English</td> <td><input type="radio"/> Other (Please specify): _____</td> </tr> <tr> <td>4. Enrolled previously in an ESL Program?</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> </table>	1. Which language did your child learn first?	<input type="radio"/> English	<input type="radio"/> Other (Please specify): _____	2. Which language is most often spoken in your home?	<input type="radio"/> English	<input type="radio"/> Other (Please specify): _____	3. Which language does your child usually speak?	<input type="radio"/> English	<input type="radio"/> Other (Please specify): _____	4. Enrolled previously in an ESL Program?	<input type="radio"/> Yes	<input type="radio"/> No
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Ethnicity Question Part A: Is this student Hispanic/ Latino? (Check only one.) <input type="radio"/> <u>Yes, Hispanic/ Latino</u> (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) <input type="radio"/> <u>No, not Hispanic/ Latino</u>													
Ethnicity Question Part B: What is the student's Race? (Check all that apply.) <input type="radio"/> American Indian/ Alaska Native <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Black/ African American <input type="radio"/> Hawaiian/ Pacific Islander <input type="radio"/> Other: _____													

MEDICAL INFORMATION	HEALTH CONCERNS: _____ ALLERGIES: _____ MEDICATIONS: Please attach Medical Authorization Form. <i>In case of an accident or serious illness, I request the school to contact me. If unable to contact me, I hereby authorize the school to contact the physician listed and follow his directive. If unable to contact the physician, the school may make whatever arrangements that seem necessary.</i> DOCTOR: _____ HOSPITAL: _____ PHONE: _____ <small>**It is the parent's responsibility to notify the school if the family changes doctor or hospital.</small> TYLENOL / ADVIL: The administration of acetaminophen (Tylenol) and ibuprofen (Advil) to students is permitted as long as parent/guardian authorization is received. School personnel have permission to administer acetaminophen (Tylenol) product or ibuprofen (Advil) product to my child. No more than 5 doses per month without physician's order. Yes <input type="radio"/> No <input type="radio"/>				
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	<p style="text-align: center;"><i>This section is required to be complete and on file in the school office should any medication require administration within school hours. Without this form on record, administration of medication cannot be given.</i></p>				

EMERGENCY	<p style="text-align: center;">EMERGENCY INFORMATION:</p> <p>If parent/guardian is unavailable, the following person(s) are authorized to care for and transport child in case of illness or emergency:</p>												
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