



# STEP Academy

## Student Registration

Enrollment Document 1

### Student Information

Student (LEGAL) Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt City State Zip

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Ethnic

Ethnic information is used for reporting ethnic composition for administration and Office of Civil Right Purposes. Ethnic data is treated in accordance with the Federal Data Privacy Act of 1974 and State of Minnesota Privacy Law.

Please indicate this student's race:

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian/Alaska Native          | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |                                |
| Is this student Hispanic/Latino? <input type="checkbox"/> Yes   | <input type="checkbox"/> No    |

### Education History (Skip this section if enrolling in kindergarten.)

Student has most recently attended school:

<input type="checkbox"/> In the United States	<input type="checkbox"/> In another country
School Name & Address _____ _____ _____	Country _____
Years Attended _____	Years Attended _____
Previous Schools/Years Attended _____ _____ _____	Do you have school records? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has student received ELL testing through the St. Paul Service Center? <input type="checkbox"/> Yes <input type="checkbox"/> No

### OFFICE USE ONLY

Enrollment Date: _____	Start Date _____ Birth Verification _____ Class _____
<input type="checkbox"/> Entered into	RES District: _____ LLC: _____
JMC ID#: _____	Transportation 0 1 2 3 4 5 6 7 8
<input type="checkbox"/> Records Requested <input type="checkbox"/> Received	MARRS #: _____
<input type="checkbox"/> Immunization Received	Lunch Application _____ A / D
Locker Number: _____	Home Language Code _____ Homeless Y / N

Information requested on this form will be used for school district purposes and to comply with state reporting requirements. In accordance with the *Minnesota Data Privacy Act*, directory information (name, address, phone number, gender, date of birth) can be released and made public.