



# Chokio-Alberta Public School District 0771

## Enrollment Registration

Notifications will be automatically set up for cell phones, home phones, and e-mail. Please log on to ParentVue to change notification preferences.

Student lives primarily with:  Both parents  Mother  Father  Guardian/Other

If parents have separate households, does the student spend time at both households? Please explain how the child's time is rotated between parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Members of Primary Household (All adults and children):

Name: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: (Person who will assume temporary care and/or transportation in the event that you cannot be reached.)

Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____

If applicable: Daycare Provider: \_\_\_\_\_ Phone#: \_\_\_\_\_ Bus# \_\_\_\_\_

School most recently attended: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Fax #: \_\_\_\_\_ Ph#: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

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About the Student: (Fill in all that apply)

**Has the student:**

- Previously been Preschool Screened?    \_\_\_ No \_\_\_ Yes, Where?: \_\_\_\_\_
- Previously attended Chokio-Alberta School?    \_\_\_ No \_\_\_ Yes, Last grade attended in Chokio \_\_\_\_\_
- Previously attended a school outside MN?    \_\_\_ No \_\_\_ Yes, When?/Where? \_\_\_\_\_
- Previously attended a school in MN?    \_\_\_ No \_\_\_ Yes
- Does the student receive Special Services?    \_\_\_ No \_\_\_ Yes  
If yes, please describe: \_\_\_\_\_
- Does the student have an IEP?    \_\_\_ No \_\_\_ Yes
- Is the student a Military Connected Youth?    \_\_\_ No \_\_\_ Yes
- Does the student live outside the C-A District?    \_\_\_ No \_\_\_ Yes (If yes, Open Enrollment papers will be provided)

**The information I have provided in this enrollment document is correct. I authorize the release of my child's records.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Office Use Only:**

Received: \_\_\_\_\_ Start Date: \_\_\_\_\_

- |                           |                     |
|---------------------------|---------------------|
| ___ Student ID Validation | ___ ID Verification |
| ___ Transportation        | ___ Records Request |
| ___ I.T. Dept             | ___ ParentVue       |
| ___ School Messenger      | ___ Permission Slip |
| ___ SPED                  | ___ OE Forms        |
| ___ Title I               | ___ Device Auth.    |
| ___ Nurse                 | ___ Ethnicity       |
| ___ Speech                | ___ Digital Equity  |
| ___ EE Family Quest.      | ___ ELL             |