

STUDENT'S LEGAL LAST NAME			FIRST NAME	MIDDLE NAME
STUDENT'S 911 ADDRESS				
STUDENT'S MAILING ADDRESS			APT. NO.	RES. DIST.
CITY	STATE	ZIP CODE	STUDENT HOME PHONE	
E-MAIL ADDRESS		MASS CALLING PHONE NUMBER(S) FOR SCHOOL CLOSINGS, ETC.		
		PHONE #1	PHONE #2	
<b>HAS STUDENT EVER REGISTERED UNDER A DIFFERENT NAME?</b>				
<input type="checkbox"/> NO <input type="checkbox"/> YES NAME: _____				
<b>STUDENT'S BIRTHDATE</b>		<b>STUDENT'S BIRTH PLACE</b>		STATE COUNTY
MO.	DAY	YEAR	CITY	
			<b>STUDENT'S RACE / ETHNICITY - Please CIRCLE ONE for each Category:</b> AMERICAN INDIAN/ALASKA NATIVE Y or N ASIAN Y or N BLACK / AFRICAN AMERICAN Y or N HISPANIC / LATINO Y or N NATIVE HAWAIIAN/PACIFIC ISLANDER Y or N WHITE Y or N	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE			
<b>STUDENT LIVES WITH:</b> <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER & STEPFATHER <input type="checkbox"/> FATHER & STEPMOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FOSTER PARENTS			<b>WHICH PARENT PAYS LUNCH?</b>	
<b>MOTHER'S LAST NAME</b>			FIRST NAME	MIDDLE INITIAL
MOTHER'S HOME PHONE		MOTHER'S CELL PHONE		
<b>ADDRESS OF MOTHER IF DIFFERENT FROM STUDENT'S</b>				
CITY		STATE	ZIP	
MOTHER'S EMPLOYMENT		BUSINESS PHONE	EXT.	
<b>FATHER'S LAST NAME</b>			FIRST NAME	MIDDLE INITIAL
FATHER'S HOME PHONE		FATHER'S CELL PHONE		
<b>ADDRESS OF FATHER IF DIFFERENT FROM STUDENT'S</b>				
CITY		STATE	ZIP	
FATHER'S EMPLOYMENT		BUSINESS PHONE	EXT.	
<b>NAME OF THE ADULT PERSON(S) THE STUDENT LIVES WITH IF OTHER THAN A MOTHER OR FATHER:</b>				
LAST	FIRST	DAYTIME PHONE	EXT.	
<b>NAME OF A PERSON TO CALL IN AN <u>EMERGENCY</u> OTHER THAN A PERSON THE STUDENT LIVES WITH:</b>				
EMERGENCY NAME _____		DAYTIME PHONE	EXT.	
RELATIONSHIP TO STUDENT _____				
SIGNATURE			RELATIONSHIP TO STUDENT	

**STUDENT NAME:** \_\_\_\_\_

**ALBANY AREA SCHOOLS DISTRICT #745 - STUDENT REGISTRATION FORM**

TODAY'S DATE		MO	DAY		YEAR		<b>IS THIS STUDENT (OR ARE YOU) HISPANIC/LATINO?</b> <i>(Choose only one)</i> <input type="checkbox"/> <b>No, Not Hispanic/Latino</b> <input type="checkbox"/> <b>Yes, Hispanic/Latino</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)  The above part of the question is about ethnicity, not race. No matter what you selected above, <b>please continue to answer the following</b> by marking one or more boxes to indicated what you consider your student' (or your) race to be.  <b>WHAT IS STUDENT' (OR YOUR) RACE?</b> <i>(Choose one or more)</i> <input type="checkbox"/> <b>American Indian or Alaska Native</b> (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.) <input type="checkbox"/> <b>Asian</b> (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.) <input type="checkbox"/> <b>Black or African American</b> (A person having origins in any of the black racial groups of African.) <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.) <input type="checkbox"/> <b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)
START DATE		MO	DAY		YEAR		
GRADE LEVEL		SCHOOL					
<b>WAS STUDENT PREVIOUSLY ENROLLED IN ALBANY DISTRICT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO							
<b>SCHOOL MOST RECENTLY ATTENDED BY STUDENT</b>							
DISTRICT NAME OR NO.		SCHOOL NAME					
CITY				STATE			
DATE LAST ATTENDED			TYPE OF SCHOOL LAST ATTENDED				
MO	DAY	YEAR	<input type="checkbox"/> PUBLIC		<input type="checkbox"/> NONPUBLIC		
<b>HAS THIS STUDENT EVER RECEIVED SPECIAL EDUCATION SERVICES?</b> <input type="checkbox"/> NO    IF YES, IN WHAT SCHOOL DISTRICT(S)? <input type="checkbox"/> YES							
<b>MAILING INFORMATION:</b> SCHOOL MAILINGS MAY BE SENT TO ALTERNATE MAILING ADDRESS IN ADDITION TO OR IN PLACE OF THE STUDENT'S ADDRESS.  <b>CHECK BELOW WHERE TO SEND SCHOOL MAILINGS:</b> <input type="checkbox"/> STUDENT ADDRESS ONLY <input type="checkbox"/> ALTERNATE MAILING ADDRESS ONLY <input type="checkbox"/> BOTH STUDENT ADDRESS & ALTERNATE ADDRESS  <b>PROVIDE CHOSEN ALTERNATE MAILING ADDRESS HERE:</b>							
NAME				DAY CARE PROVIDER (IF ANY)			
ADDRESS				APT. NO.		PHONE	
CITY			STATE	ZIP		ADDRESS	
<b>OTHER CHILDREN IN THIS SAME HOUSEHOLD:</b> BROTHERS, SISTERS, STEPBROTHERS, STEPSISTERS, FOSTER BROTHERS, FOSTER SISTERS, OR OTHER							
FIRST NAME		LAST NAME		BIRTHDATE	SEX	SCHOOL	
<b>OFFICE USE ONLY</b>				<b>BIRTHDATE &amp; LEGAL NAME VERIFIED BY:</b>			
<b>MN STATE STUDENT ID NUMBER</b>				<input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PASSPORT <input type="checkbox"/> BAPTISMAL RECORD <input type="checkbox"/> OTHER _____			
<b>HAS IMMUNIZATION INFORMATION BEEN GIVEN TO THE SCHOOL'S HEALTH OFFICE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> NA    INITIALS _____				<b>WHO IDENTIFIED STUDENT'S ETHNICITY?</b> <input type="checkbox"/> PARENT/GUARDIAN/STUDENT OR OTHER FAMILY MEMBER <input type="checkbox"/> SCHOOL STAFF <input type="checkbox"/> OTHER			

## Albany Area Schools, District 745

Avon Elementary  
410 Avon Avenue  
Avon, MN 56310  
320-356-7346  
Fax 320-356-2241

Albany Junior-Senior High  
30 Forest Avenue, Box 40  
Albany, MN 56307  
320-845-2171  
Fax 320-845-2179

Albany Elementary  
10 Forest Avenue  
Albany, MN 56307  
320-845-2161  
Fax 320-845-2165

### AUTHORIZATION FOR RELEASE OF INFORMATION

Student name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or guardian name (s) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize Albany Schools to obtain records from \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Indicate the specific information to be released or available:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>All of the choices below</b>      | <input type="checkbox"/> Medical reports                        |
| <input type="checkbox"/> Athletic physical exam               | <input type="checkbox"/> Official school records                |
| <input type="checkbox"/> Attendance reports                   | <input type="checkbox"/> Psychiatric reports                    |
| <input type="checkbox"/> Career planning & writing portfolios | <input type="checkbox"/> Psychological reports                  |
| <input type="checkbox"/> Chemical abuse/dependency reports    | <input type="checkbox"/> Social work reports                    |
| <input type="checkbox"/> Discipline reports                   | <input type="checkbox"/> Special education records              |
| <input type="checkbox"/> Grade transcript                     | <input type="checkbox"/> Teacher, counselor, staff observations |
| <input type="checkbox"/> Health records & immunizations       | <input type="checkbox"/> Telephone contact                      |
| <input type="checkbox"/> Key to grading system                |   |
| <input type="checkbox"/> Other (specify) _____                |   |

These records are required for the purpose of: \_\_\_\_\_

This authorization will remain in effect for a maximum of one year from the date of signature and may be cancelled in writing at any time. A photocopy of this authorization will be treated in the same manner as the original.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Return records to:** \_\_\_\_\_  
**at** \_\_\_\_\_ **at the address**  
**listed in the letterhead.**