



**BRAHAM AREA SCHOOLS**  
**STUDENT ENROLLMENT FORM**  
TO BE COMPLETED BY LEGAL PARENT/GUARDIAN  
<http://brahamhs.ss5.sharpschool.com>

**Office Use Only:**

<b>Food Service/Media/Student ID #</b>		<b>MARSS #</b>	<b>Start Date</b>
<b>Bus #</b>	<b>Advisor</b>	<b>Records Ordered</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SCHOOL**

- ☐ Resident of ISD #314  
☐ Non-Resident (*paperwork required*)  
Non-Resident District Name and # \_\_\_\_\_

☐ Braham Elementary (K-6)

☐ Braham High School (7-12)

**STUDENT**

<b>Last Name (Legal Name)</b>		<b>First Name</b>		<b>Middle Name</b>		<b>Grade</b>
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Birthdate (mm/dd/yyyy)</b>		<b>Does more than one family live at this dwelling?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Home Address (Student Resides Here)</b>			<b>Unit #</b>	<b>City/State/Zip Code</b>		
<b>Mailing Address (If different)</b>			<b>Unit #</b>	<b>City/State/Zip Code</b>		
<b>Home Phone</b>		<b>Primary Phone</b>		<b>Effective date of move (if applicable)</b>		
<b>Student lives with:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> None <input type="checkbox"/> Other						

**Race/Ethnic** Race/Ethnic data is used for the purpose of compliance with federal and state civil rights laws and statistical reports.

<b>Background:</b> <b>Hispanic/Latino (select only one)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>State Ethnicity (select only one)</b> <input type="checkbox"/> Not Northern American Indian <input type="checkbox"/> Northern American Indian	<b>Federal Race (select one or more)</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian or Alaska <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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**GENERAL INFORMATION**

Is your child in Band? ☐ Yes ☐ No If yes, preferred instrument? \_\_\_\_\_ Choir ☐ Yes ☐ No

What is the student's country of birth? ☐ U.S. ☐ Other: \_\_\_\_\_

If not in the U.S. when did the student enter the U.S.? \_\_\_\_\_ (mm/dd/yyyy)

At what grade level? Check One: ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Has this student ever attended Braham Area Schools? ☐ Yes ☐ No If yes, Year \_\_\_\_\_ School/s \_\_\_\_\_

Has this student ever attended any other Minnesota public school? ☐ Yes ☐ No If yes, Year \_\_\_\_\_ School/s \_\_\_\_\_

Student's previous schools attended \_\_\_\_\_

**\*\* Please List Most Recent**

School Name	District#	Address	City/State/Zip	Phone#
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**Attended First**

School Name	District#	Address	City/State/Zip	Phone#
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If Kindergarten, has this student had Early Childhood Screening? ☐ Yes ☐ No If yes, District \_\_\_\_\_

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### Custody Documents

Is there an Order for Protection? ☐ Yes ☐ No If so, date of expiration (mm/dd/yyyy) \_\_\_\_\_

Has the order been provided to the school? ☐ Yes ☐ No

*Please note when custody documents expire the district will shred the documents. You are responsible for providing any new documents to the school. District.*

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### Military Information:

Are there any family members in the military? ☐ Yes ☐ No If yes, please specify \_\_\_\_\_

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### Home Language Questionnaire:

Which language did the student learn first? ☐ English ☐ Other: \_\_\_\_\_

Which language(s) is/are most often spoken in your home? ☐ English ☐ Other: \_\_\_\_\_

Which language does the student usually speak? ☐ English ☐ Other: \_\_\_\_\_

Which language did the Mother speak first? \_\_\_\_\_

Which language did the Father speak first? \_\_\_\_\_

Is an interpreter required to communicate with anyone in your family? ☐ Yes ☐ No If yes, Language: \_\_\_\_\_

Family members: \_\_\_\_\_

Are there any other language accommodations requested at this time? ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

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### Additional Enrollment/Placement Information: Please answer all the questions.

I certify that the student:

Check one:

Did your child receive special education services of any kind? ☐ Yes ☐ No If yes, please describe \_\_\_\_\_

Has current IEP? ☐ Yes ☐ No If yes, please describe \_\_\_\_\_

Was **previously** enrolled in a special program and is no longer enrolled ? ☐ Yes ☐ No If yes, please describe \_\_\_\_\_

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The student has participated in the following special program(s): *Mark the appropriate box for each of the following:*

Summer School within the past year ☐ Yes ☐ No If yes, where? \_\_\_\_\_

Gifted & Talented Education Program (*G&T*) ☐ Yes ☐ No

English Language Development (*ELD*) ☐ Yes ☐ No

504 Plan ☐ Yes ☐ No

Title I ☐ Yes ☐ No

Regularly sees the counselor or school social worker ☐ Yes ☐ No Please specify \_\_\_\_\_

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### Transportation:

Will the student need transportation by Braham Area Schools? ☐ Yes ☐ No

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### Student Pictures/Internet Access:

Parent/Guardian permission for student's picture to appear on School District hosted websites. ☐ Yes ☐ No

Parent/Guardian permission for student to access the internet on School District systems. ☐ Yes ☐ No

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Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for pupils. This information will become a part of the student's permanent cumulative record and will be available in accordance to District Policy #515 of Braham Area Schools.

**PRIMARY LEGAL PARENT/GUARDIAN – Household #1 (Primary Residence)**

Last Name:		First Name:		Middle Name:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
Phone Type	Phone Number:		Extension:	Select One:			
Home:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Cell:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Work:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
<b>Legal Custody</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Email:					
Last Name:		First Name:		Middle Name:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
Phone Type	Phone Number:		Extension:	Select One:			
Home:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Cell:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Work:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
<b>Legal Custody</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Email:					
Mailing Address: <i>(if different)</i>				City/State/Zip Code:			

**LEGAL PARENT/GUARDIAN – Household #2**

Please check alternate mailing below if you would like report cards, discipline etc. mailed.

Last Name:		First Name:		Middle Name:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
Phone Type	Phone Number:		Extension:	Select One:			
Home:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Cell:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Work:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
<b>Legal Custody</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Email:					
Last Name:		First Name:		Middle Name:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Relationship
Phone Type	Phone Number:		Extension:	Select One:			
Home:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Cell:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
Work:				<input type="checkbox"/> Primary		<input type="checkbox"/> Not Listed <input type="checkbox"/> Ok to Contact	
<b>Legal Custody</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Email:					
Address: (Alternate mailing sent to this address <input type="checkbox"/> Yes <input type="checkbox"/> No)				City/State/Zip Code:			

**LIST ALL OTHERS LIVING IN THE PRIMARY HOUSEHOLD** *Continued on next page*

Last, First, Middle Name	Relationship	Date of Birth	Gender	Lives at Home	School Attending/Grade
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Last, First, Middle Name	Relationship	Date of Birth	Gender	Lives at Home	School Attending/Grade
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMERGENCY INFORMATION

### EMERGENCY CONTACTS

List *local* contacts that the student may be released to in the case of illness or other emergency if **unable to notify parent**. In case of a serious accident or illness at school, 911 will be called. The parent/guardian is responsible for all expenses.

For younger children, list daycare as an emergency contact.

<b>CONTACT 1</b>				
Name	Relationship	Home Phone	Work Phone	Cell Phone
Address:		City/State/Zip Code:		
<b>CONTACT 2</b>				
Name	Relationship	Home Phone	Work Phone	Cell Phone
Address:		City/State/Zip Code:		
<b>CONTACT 3</b>				
Name	Relationship	Home Phone	Work Phone	Cell Phone
Address:		City/State/Zip Code:		

### HEALTH

Please list all health concerns, medications, allergies, and disabilities. Information on this form may be shared with appropriate school personnel to meet your child's health and educational needs in school. Please list names of all medications (including at home or at school) that the student is taking.

**Physician Clinic:**

**Physician Clinic Phone:**

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**Health Condition:**

**Health Comment:**

<b>Medical Alerts or Allergies</b>	

*This is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act.) The questions below will assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the minor child is not staying with his/her parent(s) or guardian(s), the Caregiver Authorization form will also need to be completed to address guardianship issues.*

Have you recently moved to the school district for temporary or seasonal agriculture or fishing work? ☐ Yes ☐ No

Do you and your student lack a fixed, regular, adequate nighttime residence? ☐ Yes ☐ No

Is your current address a temporary living arrangement? ☐ Yes ☐ No

Is the temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

☐ The student has had or is currently receiving support through County Services (*Children's Mental Health, Family Services, Probation*)

**Signature of legal parent/guardian is required.**

Print Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

## School Bus Route Information



Braham Bus Company is the contract bus provider for Braham School District. They operate out of Braham Ford and the contact person is Dawn Olson at 320-396-2962. This form will be faxed to their office so that your child can be scheduled on a bus.

Once your child is placed on a bus route, you will need to notify the bus company/school office of any changes in your address or the address of your day care provider. **At the end of every day, your child will be placed on the assigned school bus unless you have notified the school office by sending a note with the change for the day.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Names of siblings in school:

Mother work #: \_\_\_\_\_

\_\_\_\_\_

Father work #: \_\_\_\_\_

\_\_\_\_\_

**\*\* DIRECTIONS FROM SCHOOL TO YOUR HOME: (THIS SECTION MUST BE FILLED OUT WHETHER YOU RIDE THE BUS OR WALK) \*\***

Closest neighbors: \_\_\_\_\_

Will your child be attending a day care? ☐ Yes ☐ No

Please circle the days of the week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Name, address, and phone # of your day care provider \_\_\_\_\_

**\*\*DIRECTIONS FROM SCHOOL TO YOUR DAY CARE:**

Bus start date: \_\_\_\_\_ Bus # that goes by your home (if known): \_\_\_\_\_

## **BRAHAM AREA SCHOOLS**

### **DISTRICT #314**

#### **REQUEST FOR STUDENT SOCIAL SECURITY NUMBER**

All Minnesota school districts are required to be part of a statewide computer reporting system to record information about students' enrolled. This information is, in turn, provided to the Minnesota Education. The Department is required by law to collect and store information about each pupil, district staff member, and educational program. A piece of the information collected by the district and reported to the Department of Education is the student's social security number. Therefore, we ask that you, the parent, provide your child's social security number although you are not legally required to do so.

The Department of Education uses the formation reported by the school district to determine how much money your school district receives from the state and federal government. This information is also used to judge the quality of educational programs within the state, to improve instruction, to follow trends in student enrollment, and to track student participation in various programs.

Your child 's school district will share this information with the Department of Education. The Department of Education will share the information with Department of Human Resources to allocate additional funding to improve the school's educational programs.

As a parent, you do not have to provide your child's social security number. If you choose not to provide the number, the school district staff will need to provide the Department of Education another type of report to receive money distributed by the state or federal government for program improvement.

**Enrolling School:** \_\_\_\_\_

**Student's Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## School Census Form

Attention: Families with children ages birth to Kindergarten entrance.

### WHO SHOULD FILL OUT?

- Families that have children ages birth to Kindergarten entrance.
- Families that live in the Braham Area School District or plan on open-enrolling.
- Families that have made changes to their contact information, although they have filled out this form previously. This includes address and name change, new phone number, birth of a new baby, adoption, etc. If you do not continue to update your family information, all important educational information will stop coming.

### WHY SHOULD YOU FILL THIS OUT?

- We can contact you about ECFE, preschool, Early Childhood Screening, Kindergarten enrollment and more....
- We can better prepare for your family in our district, including knowing how many teachers we may need for kindergarten.
- Money that we receive from the federal government for various programs is based on our school census information.

### YOU ARE IMPRTANNT TO US!

Please complete the information below so we can plan for you...

Parent or Guardian's Name(s)\_\_\_\_\_

Home Address\_\_\_\_\_ Apt. No.\_\_\_\_\_

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

Home Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_

School District you live in:\_\_\_\_\_

Your family's primary language:\_\_\_\_\_

List all children that live in your household:

Legal Name – First, middle & last	M/F	Birthdate
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

# BRAHAM AREA HIGH SCHOOL

Grades K-12  
531 Elmhurst Ave. South  
Braham, MN 55006  
(320) 396-4444 Fax (320) 396-3068

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Please circle the appropriate answer to the following questions (if yes, explain below).  
Please know that you are not required to answer these questions; however, the information  
will help us to serve you and your child more efficiently.**

1. Yes No Has your child received special education previously?
2. Yes No Does your child have a current IEP?
3. Yes No Has your child received Title 1 services previously?
4. Yes No Has your child received speech services previously?
5. Yes No Has your child received counseling services previously?
6. Yes No Has your child had any previous behavior or social adjustments problems?
7. Yes No Has your child had reading or math problems previously?
8. Yes No Has your child received any Gifted (Talented) services previously?
9. Yes No Has our child received any English as a Second Language services previously?

**Comments:** \_\_\_\_\_

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The data requested will help us to serve you and your child more efficiently and will be maintained as part of your child's education record. You are not required by law to answer the questions asked. If you do not answer the questions, we will have incomplete information for our records. The data supplied falls under our policy for protection of student records and is considered private. If you have questions, please call 320-396-5220.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_