



ROCORI SCHOOL DISTRICT  
FAMILY INFORMATION



DATE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

Please list all children in your family.

Last Name, First Name, Middle	Gender	Birthdate	Grade	Birth City	State	County	Country
_____	F M	_____	_____	_____	_____	_____	_____
_____	F M	_____	_____	_____	_____	_____	_____
_____	F M	_____	_____	_____	_____	_____	_____
_____	F M	_____	_____	_____	_____	_____	_____
_____	F M	_____	_____	_____	_____	_____	_____
_____	F M	_____	_____	_____	_____	_____	_____

\*\*\*\*\*

Student/s resides with: ( ) Both Parents ( ) Family #1 ( ) Family #2 ( ) Other \_\_\_\_\_

**FAMILY #1 GUARDIAN CONTACT INFORMATION**

Guardian #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ Apt # \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary/Home Phone Number: \_\_\_\_\_

Guardian #1 Cell Phone: \_\_\_\_\_ Guardian #2 Cell Phone: \_\_\_\_\_

Guardian #1 Work Place: \_\_\_\_\_ Guardian #2 Work Place: \_\_\_\_\_

Guardian #1 Work Phone: \_\_\_\_\_ Guardian #2 Work Phone: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Yes, I would like to receive all school information via email/school website when possible.

I do not have access to email/internet. Paper Copies Only Please.

Are you a resident of the ROCORI District? Yes \_\_\_\_\_ No \_\_\_\_\_

**FAMILY #2 (if different from Family #1) GUARDIAN CONTACT INFORMATION**

Guardian #1 Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ Apt# \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Guardian #1 Cell Phone: \_\_\_\_\_ Guardian #2 Cell Phone: \_\_\_\_\_

Guardian #1 Work Place: \_\_\_\_\_ Guardian #2 Work Place: \_\_\_\_\_

Guardian #1 Work Phone: \_\_\_\_\_ Guardian #2 Work Phone: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

Yes, I would like to receive all school information via email/school website when possible.

I do not have access to email/internet. Paper Copies Only Please.

**FAMILY EMERGENCY INFORMATION**

Doctor to Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist to Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALTERNATIVE CARE IN CASE A PARENT CANNOT BE REACHED:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

**If emergency treatment is required, and the parents cannot be reached immediately, the school authorities will use professional judgment in calling the named doctor or 911 emergency number, which could include an ambulance being dispatched at the expense of the parent.**

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



# STUDENT ENROLLMENT

NAME \_\_\_\_\_  
(Legal) Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering \_\_\_\_\_ Gender: ( ) Male ( ) Female

Last school attended: \_\_\_\_\_ Location: \_\_\_\_\_

Does Your Child Receive Special Ed Services or have a 504 Plan? ( ) Y/N ( ) Special Ed ( ) 504 Plan

Does Your Child Receive Special Ed Bussing Services? ( ) Y ( ) N

## HEALTH INFORMATION

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER SIGNIFICANT MEDICAL INFORMATION:

**Alternative Housing question (required by the state of Minnesota): Do any of the housing conditions describe your situation?:**

Shelters, transitional housing, awaiting foster care  Doubled-up (e.g., living with another family

Unsheltered (e.g., cars, abandoned buildings)  Hotels/Motels

## STUDENT'S ETHNICITY (Choose all that apply)

\_\_\_ **Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

\_\_\_ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

\_\_\_ **Asian** (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.)

\_\_\_ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

\_\_\_ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)

\_\_\_ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

## PRIMARY/SECONDARY LANGUAGE INFORMATION

Which language did your child learn first?  English  Other (specify): \_\_\_\_\_

Which language is most often spoken in your home?  English  Other (specify): \_\_\_\_\_

Which language does your child usually speak?  English  Other (specify): \_\_\_\_\_

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



**ROCORI SCHOOL DISTRICT**  
**Independent School District No. 750**

**Custody Information (if parents are not living together)**

The ROCORI School District believes that all parents/guardians need to be involved with the education of their children. We also understand that many children have parents who may be divorced or separated. If that is the case for you, please take time to complete this questionnaire so that the school can communicate effectively to all parents/guardians about school related information. If you have any questions, please contact our office at 320.685.8683 for grades 6-12 and 320.685.7631 for grades K-5. Thank you.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

1.) Who has **legal custody** of your child? If joint, please indicate both.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2.) Who has **physical custody** of your child? If joint, please indicate both.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3.) Is there a living/visitation schedule that we should be aware of?  No \_\_\_\_\_  Yes \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_

4.) Are there any restrictions regarding physical or legal custody as defined by the courts?  No \_\_\_\_\_ Yes \_\_\_\_\_

**If there are restrictions, you must provide the school with the most current court paperwork. Without such documentation, the school will assume joint legal and physical custody. It is also your responsibility to inform the school of any changes to this information.**

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

\_\_\_\_\_  
Date