

**ROCORI SCHOOL DISTRICT  
FAMILY INFORMATION**



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

*Please list all children in your family.*

Last, First, Middle	Gender		
Name _____	M F	Birthdate _____	Grade _____
Birth City _____	State _____	Country _____	US Arrival Date _____ <small>(if applicable)</small>
Name _____	M F	Birthdate _____	Grade _____
Birth City _____	State _____	Country _____	US Arrival Date _____ <small>(if applicable)</small>
Name _____	M F	Birthdate _____	Grade _____
Birth City _____	State _____	Country _____	US Arrival Date _____ <small>(if applicable)</small>
Name _____	M F	Birthdate _____	Grade _____
Birth City _____	State _____	Country _____	US Arrival Date _____ <small>(if applicable)</small>
Name _____	M F	Birthdate _____	Grade _____
Birth City _____	State _____	Country _____	US Arrival Date _____ <small>(if applicable)</small>
Name _____	M F	Birthdate _____	Grade _____
Birth City _____	State _____	Country _____	US Arrival Date _____ <small>(if applicable)</small>

\*\*\*\*\*  
 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 \_\_\_\_\_

**OVER**

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

## SPECIAL EDUCATION

Does your child receive Special Education services or have a 504 Plan?  Yes  No

If yes, please indicate  Special Education  Section 504 Plan

If yes, does your child receive special education bussing services?  Yes  No

## 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



REQUEST FOR INFORMATION FOR REGISTRATION OF A NEW STUDENT

I authorize ROCORI School District to obtain educational information from:

**Please send us the official records for:**

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

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Previous School Attended:**

\_\_\_\_\_  
Name of previous school

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Phone FAX Email Address

**This student has enrolled at:**

John Clark Elementary  
415 West Broadway  
P.O. Box 37  
Rockville MN 56369  
Ph: 320-251-8651  
Fax: 320-251-8430

Cold Spring Elementary  
601 Red River Ave. North  
Cold Spring MN 56320  
Ph: 320-685-7534  
Fax: 320-685-4962

Richmond Elementary  
P.O. Box 489  
34 2<sup>nd</sup> St North  
Richmond MN 56368  
Ph: 320-597-2016  
Fax: 320-597-2955

Email: [neugartt@rocori.k12.mn.us](mailto:neugartt@rocori.k12.mn.us)

Email: [kuechlea@rocori.k12.mn.us](mailto:kuechlea@rocori.k12.mn.us)

Email: [groetschd@rocori.k12.mn.us](mailto:groetschd@rocori.k12.mn.us)

ROCORI Middle School  
534 5<sup>th</sup> Ave North  
Cold Spring MN 56320  
Ph: 320-685-8683  
Fax: 320-685-4968

ROCORI High School  
534 5<sup>th</sup> Ave North  
Cold Spring MN 56320  
Ph: 320-685-8683  
Fax: 320-685-4968

Email: [molitors@rocori.k12.mn.us](mailto:molitors@rocori.k12.mn.us)

Email: [jungelsr@rocori.k12.mn.us](mailto:jungelsr@rocori.k12.mn.us)

**Please fax or mail the following information if applicable:**

- \* Transcript and school records
- \* Grades for current school year
- \* Standardized test results
- \* Health record
- \* MARSS State Reporting #
- \* Other information:
- \* Psychological services report, if any
- \* Special education information, if any
- \* Social worker involvement, if any
- \* Limited English Proficiency help, if any
- \* Other Legal Documents

Minnesota law requires the former school district to transmit all education records on the student, including records containing medical or mental health data, to the new school district, charter school, or nonpublic school that the student is or will be attending. M.S. 120A.22, subd. 7.

*In accord with revised federal and state statutes, permission of the parent or adult student is no longer required when records are requested by authorized school personnel.*

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

Authorized School Personnel: \_\_\_\_\_ Date: \_\_\_\_\_