



## Ellendale Public School Student Registration

We are so glad you are registering your student at Ellendale Public School! Follow the steps below to begin the registration process.

### **Registering @ EPS:**

1. Fill out this registration packet below, then save, download, and email it to [office@ellendale.k12.nd.us](mailto:office@ellendale.k12.nd.us) or print it to turn into the school.
2. Call EPS to schedule a time to stop in to complete registration paperwork.
3. Bring your student's **birth certificate** and **immunization records** when you visit the school to complete paperwork.
4. If you are living outside of the EPS District, ask the office for an Open Enrollment form.

If you have any questions, please call the office during business hours for assistance.

**EPS Office Hours:** Monday-Friday 7:30 am - 4:00 pm

**EPS Phone Number:** 701-349-3232



## Ellendale Public School Registration Information

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

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

Physical Address (if different) \_\_\_\_\_

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

.....  
Father's Name \_\_\_\_\_ Email \_\_\_\_\_

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

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Same as Above

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

Physical Address (if different) \_\_\_\_\_

Check here if Non-Custodial Parent

.....  
Mother's Name \_\_\_\_\_ Email \_\_\_\_\_

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

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Same as Above

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

Physical Address (if different) \_\_\_\_\_

Check here if Non-Custodial Parent

Other Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

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

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Physical Address (if different) \_\_\_\_\_

Emer. Contact Name \_\_\_\_\_ Cell/Home Phone \_\_\_\_\_

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

**Storm Home Information/Bus Students Only**

(For Bus Students Only) In the event that buses do not run, please provide an in-town storm home.

Storm Home Family \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information**

Doctor Name \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Any medical problems/allergies \_\_\_\_\_

Any Medications Taken \_\_\_\_\_

**Legal Alert**

Is anyone LEGALLY barred from seeing this student?  YES  NO  
(Court Documentation and physical description must be provided to the school office)

Who? \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**Education Needs**

Does your student have an IEP?  YES  NO

Does your student have a 504?  YES  NO

Was your child in Title I?  YES  NO



## EPS Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

Name of Student: \_\_\_\_\_ Male:  Female:

Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Name of Person(s) Student is Staying with: \_\_\_\_\_  
(If Applicable)

### 1. Presently, where is the student living? Check one box:

- in a shelter
- with more than one family in a house or apartment
- in a motel, car or campsite
- with friends or family members (other than parent/guardian)
- Does not apply**

### 2. The student lives with:

- 1 parent
- 2 parents
- 3 parent & another adult
- 4 a relative, friend(s) or other adult(s)
- 5 alone with no adults or an adult that is not the parent or the legal guardian

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date \_\_\_\_\_



# Home Language Survey

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

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

Student's School: \_\_\_\_\_

The US Office of Civil Rights requires that schools identify possible English Language Learner students during enrollment. This Home Language Survey will be used as a tool to determine if your child is eligible for language support services (ELL). If a language other than English is used by you or your child and your child meets the Limited English Proficient definition, the school may give your child an English Language Proficiency Assessment. The school will share the results of the assessment with you.

What language(s) are spoken at home? \_\_\_\_\_

What language(s) do you use the most to speak to your child? \_\_\_\_\_

What language(s) does your child use the most at home? \_\_\_\_\_

What language(s) did your child learn when he/she first began to talk? \_\_\_\_\_

List other language(s) that your child has used with a grandparent or caretaker: \_\_\_\_\_

If available, in what language would you prefer to receive information from the school? \_\_\_\_\_

Has your child ever been in an English as a Second Language {ESL or ELL} Program?      Yes      No

Put an X in the boxes on the top line to show the grades your child has gone to school in the United States. Put an X in the boxes on the bottom line to show the grades that your child went to school in another country.

School	Grade													
Grade level attended school <b>inside</b> of the US	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12
Grade level attended school <b>outside</b> of the US	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12

If your child has gone to school outside of the United States:

In which country or countries did your child go to school? \_\_\_\_\_

Which language or languages did your child learn in school? \_\_\_\_\_

This form also asks for information used by other programs to help your student in school. You are not required to answer these questions, but if you circle yes or no for questions 1-4, your student may qualify for additional services.

**Refugee Student:**

NDDPI applies for a Refugee School Impact Grant to provide services for newly arrived refugee students. A refugee student left their home country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion and has fled to another country to be resettled. Newly arrived is defined as within the last three years.

**1. Would your child be considered a newly arrived refugee student?** **Yes**      **No**

**Immigrant Student:**

Immigrant students are mentioned specifically in the LEP definition and may qualify for LEP services. Additionally, students who have attended schools in the US for three years or less may qualify for additional services.

**2. Would your child be considered an immigrant student?** **Yes**      **No**

If yes, please fill in the Country \_\_\_\_\_ and US entry date (mm/dd/yy) \_\_\_ / \_\_\_ / \_\_\_

(For refugee students, this is the country that you originally fled, not the country that you lived in most recently.)

**Native American or Alaska Native student:**

Native American and Alaska Native students are mentioned specifically in the LEP definition and may qualify for LEP services.

**3. Would your child be considered Native American or Alaska Native student?** **Yes**      **No**

**Migrant Student:**

Migrant students are mentioned specifically in the LEP definition and may qualify for LEP services. A migrant student has a parent who is a migratory agricultural worker and in last 3 years, has moved from one school district to another, in order to work (temporary or seasonal) in agricultural activities.

**4. Would your child be considered a migrant student?** **Yes**      **No**

If yes, what is the date that you moved to this area? (mm/dd/yy) \_\_\_ / \_\_\_ / \_\_\_

If your family moved to this area for agriculture (temporarily or seasonally) in what area(s) do you work: (please check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Sugar Beet Industry                     | <input type="checkbox"/> Meat Processing Plant                     | <input type="checkbox"/> Trimming Trees        |
| <input type="checkbox"/> Potato Industry                         | <input type="checkbox"/> Chicken Farms/Processing                  | <input type="checkbox"/> Raw Cheese Production |
| <input type="checkbox"/> Bee Keeper/Honey Processing             | <input type="checkbox"/> Plant/Cultivate Trees                     | <input type="checkbox"/> Custom Combining      |
| <input type="checkbox"/> Turkey Farm/Processing                  | <input type="checkbox"/> General Dairy Farm Work                   | <input type="checkbox"/> Egg Production        |
| <input type="checkbox"/> Transportation of Agricultural Products | <input type="checkbox"/> Landscaping, Laying Sod or Planting Grass |  |



*\*This form does not need to be filled out for incoming kindergarten students.*

# AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

To: \_\_\_\_\_

Name of School \_\_\_\_\_ Phone number \_\_\_\_\_

Street Address \_\_\_\_\_ Fax Number \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby request and authorize that the following records for the above-named student be released and sent to Ellendale Public School.

*For office use only below this line*

- Grades transcript including credits earned and interpretation of grading system.
- Withdrawal grades.
- Attendance records including enrollment and withdrawal dates.
- Immunization Records.
- Standardized Testing Results.
- Physical Examination or Health Information (if applicable).
- All Discipline Records, specifically and information regarding suspension or expulsion and any pending disciplinary actions.
- Individualized Education Plans & Section 504 Plans (if applicable).
- EEN Records (if applicable).

Please address records to:

Ellendale Public School  
 C/O \_\_\_\_\_  
 321 N. First St  
 PO Box 400  
 Ellendale, ND 58436-0400

In Compliance with the Federal Regulations – Family Rights and Privacy Act, Final Rule on Educational Records – Federal Register Volume 41, Number 118, Page 24673 states that parental permission is no longer required to release records between schools or school systems when requested by authorized school personnel.

At this time, I am making such a request.

Sincerely, *Chip Sundberg, Superintendent*

Request Sent or Faxed \_\_\_\_\_ by \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

The Ellendale School District does not discriminate on the basis of race, national origin, sex, or handicap in its educational program, activities, and employment practices.

*The request for records will not be submitted to the previous school until the registration meeting at EPS is complete.*