

SOUTHWEST METRO INTERMEDIATE DISTRICT 288 STUDENT REGISTRATION FORM

STUDENT INFORMATION STUDENT'S LEGAL NAME

STAFF USE ONLY (REQUIRED)

Diploma Granting School _____	Grad Year _____	Disability Setting _____
Last School Attended _____		
Primary Disability _____		
TRANSPORTATION		
<input type="checkbox"/> Walk <input type="checkbox"/> Own <input type="checkbox"/> School (District) _____		
PROGRAM		
<input type="checkbox"/> SWMHS ALC <input type="checkbox"/> Catalyst <input type="checkbox"/> Freedom Academy ALC <input type="checkbox"/> New Beginnings <input type="checkbox"/> Online / FT		
ALC ELIGIBILITY		
<input type="checkbox"/> Performs substantially below the performance level for pupils of the same age in a locally determined achievement test <input type="checkbox"/> Is at least one year behind in satisfactorily completing coursework or obtaining credits for graduation <input type="checkbox"/> Is pregnant or parenting <input type="checkbox"/> Has been assessed as chemically dependent <input type="checkbox"/> Has been excluded or expelled according to section 121A.40 to 121A.56 <input type="checkbox"/> Has been referred by a school district for enrollment in an eligible program or a program pursuant to section 124D.69 <input type="checkbox"/> Is a victim of physical or sexual abuse <input type="checkbox"/> Has experienced mental health problems <input type="checkbox"/> Has experienced homelessness something within the last six months before requesting a transfer to an eligible program <input type="checkbox"/> Speaks English as a second language or has limited English proficiency <input type="checkbox"/> Has withdrawn from school or has been chronically truant		
CASE MANAGER / CLASS ADVISOR _____		Student start date _____

DISTRICT OFFICE
792 Carnegie Road, Ste 211 | Shakopee, MN 55379
(952) 567-8100 | swmetro.k12.mn.us



STUDENT INFORMATION STUDENT'S LEGAL NAME

Last _____ First _____ Middle _____

Street Address _____ Apartment # _____ Student Phone _____

City _____ State _____ Zip Code _____

GENDER **BIRTHDATE** **ETHNIC ORIGIN**
(CHECK ALL THAT APPLY)

Male Female ____/____/____

Hispanic / Latino
 Asian
 Black
 American Indian / Alaska Native
 Native Hawaiian / Pacific Islander
 White

AGE ____ **GRADE** ____

STUDENT LIVES WITH

Parent 1 Both Parents
 Parent 2 Other:

PARENT 1 Mother Father

Parent 1 Name _____ Address _____

City / State / Zip Code _____

PARENT 2 Mother Father

Parent 2 Name _____ Address _____

City / State / Zip Code _____

Call Phone _____ Cell Phone _____

Email _____ Email _____

EMERGENCY CONTACT 1 **EMERGENCY CONTACT 2**
(OTHER THAN PARENTS) (OTHER THAN PARENTS)

Name _____ Name _____

Relationship _____ Relationship _____

Phone _____ Phone _____