

STUDENT INFORMATION:	
Student Legal Last Name:	Home Phone: ()
Student Legal First Name:	School: North Star / Raleigh
Student Middle Name:	Suffix (Jr., III, etc):
Gender: Male / Female Birth Date: (month/date/year): / /	Grade for 2018-19 school year:
Individual(s) with Legal Custody: <input type="checkbox"/> 1 – Both Parents <input type="checkbox"/> 2 – Father <input type="checkbox"/> 3 – Mother <input type="checkbox"/> 4 – Foster Parents <input type="checkbox"/> 5 – Other _____	Individual(s) with Physical Custody: <input type="checkbox"/> 1 – Both Parents <input type="checkbox"/> 2 – Father <input type="checkbox"/> 3 – Mother <input type="checkbox"/> 4 – Foster Parents <input type="checkbox"/> 5 – Other _____
Military Connected Youth? (Do you have an immediate family member, including a parent or sibling, currently in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUE TO DIFFERENCES IN STATE AND FEDERAL REPORTING GUIDELINES, IT IS NECESSARY TO MAKE SELECTION(S) IN EACH SECTION BELOW:	
ETHNIC GROUP: ARE YOU HISPANIC OR LATINO (A PERSON OF CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURE, REGARDLESS OF RACE) <input type="checkbox"/> Yes <input type="checkbox"/> No	SELECT ONE OR MORE: <input type="checkbox"/> Black, African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/other Pacific Island <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Unknown
IF YOU HAVE SELECTED MORE THAN ONE RACE AND ETHNIC BACKGROUND ABOVE, PLEASE STATE WHICH YOU WISH TO IDENTIFY AS PRIMARY: _____	
CURRENT SCHOOL ATTENDING (PLEASE INCLUDE CITY, STATE IF OTHER THAN DULUTH):	
EMERGENCY CONTACT INFORMATION 1 (OTHER THAN PARENT):	
FULL NAME (LAST, FIRST):	HOME PHONE: ()
CELL PHONE: ()	WORK PHONE: ()
MAY PICK UP STUDENT FROM SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No	RELATIONSHIP TO STUDENT:
EMERGENCY CONTACT INFORMATION 2 (OTHER THAN PARENT):	
FULL NAME (LAST, FIRST):	HOME PHONE: ()
CELL PHONE: ()	WORK PHONE: ()
MAY PICK UP STUDENT FROM SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No	RELATIONSHIP TO STUDENT:
EMERGENCY CONTACT INFORMATION 3 (OTHER THAN PARENT):	
FULL NAME (LAST, FIRST):	HOME PHONE: ()
CELL PHONE: ()	WORK PHONE: ()
MAY PICK UP STUDENT FROM SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No	RELATIONSHIP TO STUDENT:
LIST ANY OTHER PERSON WHO MAY PICK YOUR CHILD UP FROM SCHOOL (OTHER THAN EMERGENCY CONTACTS):	
FULL NAME (LAST, FIRST):	
FULL NAME (LAST, FIRST):	
FULL NAME (LAST, FIRST):	
FULL NAME (LAST, FIRST):	
LIST ANY OTHER PERSON WHO MAY NOT PICK YOUR CHILD UP FROM SCHOOL:	
FULL NAME (LAST, FIRST):	
FULL NAME (LAST, FIRST):	
FULL NAME (LAST, FIRST):	
FULL NAME (LAST, FIRST):	

STUDENT MEDICAL INFORMATION:

DOCTOR'S NAME:

PHONE: ()

DENTIST'S NAME:

PHONE: ()

HOSPITAL OF CHOICE: ST. LUKE'S ST. MARY'S OTHER _____EARLY CHILDHOOD SCREENING (KINDERGARTEN ONLY): YES NO IF YES, WHERE: _____

PLEASE NOTE ANY SPECIAL MEDICAL ALERT/ALLERGIES THAT SCHOOL STAFF SHOULD BE AWARE OF:

IS YOUR CHILD ON ANY MEDICATIONS: Yes No If YES, please list medication and reason:DOES THE SCHOOL HAVE PERMISSION TO CALL DOCTOR/DENTIST/AMBULANCE: Yes No

PLEASE NOTE: MEDICAL INFORMATION WILL BE SHARED WITH NECESSARY SCHOOL STAFF

LEGAL ALERT INFORMATION IF ANY:**EARLY RELEASE INFORMATION:**

IN CASE OF EARLY RELEASE FROM SCHOOL PLEASE:

 SEND STUDENT ON BUS AS USUAL PARENT WILL PICK UP NOTIFY: NAME: _____ PHONE: _____ NOTIFY: NAME: _____ PHONE: _____

PLEASE NOTE: IN CASE OF EARLY DISMISSAL, DPSA WILL CONTACT THE TV AND RADIO STATIONS, AS WELL AS PUT A MESSAGE ON OUR PHONE SYSTEM. WE WOULD ONLY HAVE EARLY RELEASE IN CASE OF EMERGENCY.

MISCELLANEOUS INFORMATION:DOES YOUR CHILD HAVE AN IEP OR A 504 PLAN: IEP 504 NONESTUDENT HAS PERMISSION TO ATTEND FIELD TRIPS: Yes No STUDENT'S PHOTO/NAME CAN BE USED FOR MEDIA/WEBSITE: Yes No

WHAT LANGUAGE DOES YOUR CHILD USUALLY SPEAK?

WHAT LANGUAGE DID YOUR STUDENT LEARN FIRST?

WHAT LANGUAGE IS MOST OFTEN SPOKEN AT HOME?

ARE THERE ANY OTHER LANGUAGES SPOKEN IN THE HOME: Yes No

IF YES, WHICH ONE(S)?

DO YOU WISH COMMUNICATION FROM SCHOOL IN ANY LANGUAGE OTHER THAN ENGLISH: Yes No

IF YES, WHAT LANGUAGE?

DO YOU WISH COMMUNICATION FROM SCHOOL IN ANY OTHER FORMAT THAN WRITTEN: Yes No

IF YES, WHAT FORMAT?

PARENT/GUARDIAN SIGNATURE:

SIGNATURE OF PARENT/GUARDIAN

DATE

THE DPSA EDISON CHARTER SCHOOL IS A TUITION-FREE PUBLIC SCHOOL. STUDENTS WHO SUBMIT TIMELY APPLICATIONS WILL BE ENROLLED UNLESS NUMBERS EXCEED CAPACITIES, IN WHICH CASE SELECTION WILL BE MADE ACCORDING TO THE PROCEDURE DESCRIBED IN THE DULUTH PUBLIC SCHOOLS ACADEMY RESOLUTION DATED OCTOBER 20, 1997.

****STUDENTS MUST LIVE IN MINNESOTA TO ENROLL IN DPSA EDISON CHARTER SCHOOLS****

APPLICATIONS ARE TO BE RETURNED TO: EDISON CHARTER SCHOOL
3301 TECHNOLOGY DRIVE
DULUTH, MN 55811
ATTN: BARB JUNTUNE

FOR ADDITIONAL INFORMATION CALL (218)728-9556 EXT. 5006

FOR OFFICE USE ONLY

DATE RECEIVED _____

DATE ENTERED INTO IC _____

INITIALS _____