

ADRIAN ELEMENTARY SCHOOL  
Adrian Independent School District #511  
Adrian, Minnesota

SCHOOL REGISTRATION FORM

Student Name: \_\_\_\_\_ Male ( ) Female ( )  
(Last Name) (First Name) (Middle Name)

Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ B.C. Verification \_\_\_\_\_

Birthplace: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Am. Indian \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Black \_\_\_\_\_ White

Previously attended school in MN: Yes No If yes, what district \_\_\_\_\_

Special Education/IEP? Yes No

School(s) previously attended:

A.) \_\_\_\_\_ City, State \_\_\_\_\_

B.) \_\_\_\_\_ City, State \_\_\_\_\_

Father: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Home

Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Home

Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Brothers and sister: (oldest first, include date of birth)

1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

5. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_