

Office Use Only: Date Received _____ Student's Grade _____ Teacher Assigned _____ Date Starting _____

12/13/24



Crosslake Community School
Seat-Based Student Enrollment Form 2025-2026
Please Complete All Information Requested
Kindergarten - 8th Grade

STUDENT INFORMATION

Student's Legal Name _____ Last _____
First Middle Preferred Name _____

Address _____ City _____ Zip _____
Birth Date ____/____/____ Legal Gender ___ Male ___ Female Grade (2025/2026) _____

Mark if your student currently have an: ___ IEP ___ 504 ___ Neither
If yes, at which school? _____ Received or ___ Evaluated

Has your student ever received or been tested for special education services? ___ Yes ___ No
If yes, please list types of services _____ School Year Served _____

Mark any that apply to your student at any point in the past:
___ ESL ___ Special Education ___ Summer School ___ Title 1 Reading/Math

Students enrolling in Kindergarten or never having attended CCS need to include photocopies of their Birth Certificate and Immunizations (before start of school)

Has the student had ECFE/Preschool screening? ___ Yes ___ No Where _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents/guardians are not required to answer the federal questions for their students. If you chose not to answer the federal questions, federal law requires CCS to choose for you. This is a last resort -- we prefer that parents/guardians complete the form.

Is your student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.
(You must select "yes" or "no" to this question) ___ Yes ___ No

As defined by the federal government, does the student identify as the following? Mark all that apply:
___ American Indian or Alaskan Native ___ Hawaiian/Other Pacific Islander ___ Asian ___ White
___ Black or African American ___ North American Indian

GUARDIAN INFORMATION

Legal Guardian #1

Last First Middle
Does student reside with Legal Guardian #1? Yes No Relationship to student _____
Address _____ City _____
_____ State _____ Zip _____ Cell Phone _____
_____ Alternate Phone _____

Legal Guardian #2 Email _____
Please include my phone # in all school communications? Please check all that apply:
 Message Emergency/Weather Related Lunch Related General School Information

Legal Guardian #2

Last First Middle
Does student reside with Legal Guardian #2? Yes No Relationship to student _____
Address _____ City _____
_____ State _____ Zip _____ Cell Phone _____
_____ Alternate Phone _____

Legal Guardian #2 Email _____
Please include my phone # in all school communications? Please check all that apply:
 Message Emergency/Weather Related Lunch Related General School Information

****NOTE: The enrolling parent/guardian must provide a certified court order indicating sole custody, or a restraining order. ****

STUDENT ENROLLMENT HISTORY

Student's Name _____
Have you ever been a CCS student?
Seat-Based Yes No If yes, what year? _____ and/or Online Yes No If yes, what year? _____ Have any
of the student's siblings attended CCS? Yes No
If yes, please list student's names _____
Current School _____ Current School Phone # _____
What year did student start kindergarten? Year _____ State _____ Other _____

Previous Schools Attended - please list all schools beginning with your most recent. Attach pages for additional schools, if necessary.

School Name	Address	City	State	Zip	Grade

EMERGENCY CONTACTS

It is mandatory that emergency numbers/contacts be provided. To service your student in case of accident or sudden illness, it is necessary that you list those individuals *other than* the parent/guardian who are authorized to pickup your student through the office. (Example: stepparent, neighbor, other relative, etc.)

Name _____ Relation to student _____ Phone _____
 What school communications should emergency contact be included in? Please check all that apply:
 Message Emergency/Weather Related Lunch Related General School Information

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Parent/Guardian Signature: _____ Date: _____ 35808 County Road 66, P. O.