



COMMUNITY SCHOOL OF EXCELLENCE

Community School of Excellence

170 Rose Ave. N, St. Paul, MN 55117

Phone: (651) 917-0073 Fax: (651) 917-3717

FOR OFFICE USE ONLY

Received Date: _____	Start Date: _____
MARSS #: _____	Withdrawal Date: _____
Teacher: _____	Grade: _____ Room#: _____

Please send completed form to:

Community School of Excellence
Attn: Registration/Chente Vue
170 Rose Ave
St. Paul, MN 55117

Today's Date _____

Child's Legal Name _____
Last First Middle

Home Address _____
Street Name Apartment/Building/House #

City State Zip

Home Phone _____ **Other Phone** _____

Date of Birth _____ **Sex:** Male Female
Month Date Year

Place of Birth _____
City State County Country

Is student Hispanic/ Latino?(Choose only one)

- No, not Hispanic/ Latino
- Yes, Hispanic/ Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

Please continue by making one or more boxes to indicate what you consider the student's race. What is the student's race? (choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North, South and Central American, and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islanders.)
- White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Immigrant? Yes No **Arrival into U.S.** _____
(optional) Month Year

Social Security No. _____ **Current Grade** _____ **Grade Fall 2011/2012** _____
(optional)

Name of Last School Attended _____ **Did this child attend preschool?** Yes No

Address City State Zip Phone No.

Has this child ever repeated a grade? Yes, which grade(s)? _____ No

What language(s) is (are) spoken at home? _____

What language is this child most comfortable with? _____

Child lives with: Both Parents Mother Father Other _____
Name Relationship

Name of Mother/Stepmother/Guardian _____

Employer _____
Name Phone No. E-mail

Name of Father/Stepfather/Guardian _____

Employer _____
Name Phone No. E-mail

Please list TWO emergency contacts. If your child becomes ill or if the school closes for an emergency, we must be able to contact someone.

Name Complete Address Phone No. Relationship

Name Complete Address Phone No. Relationship

Special Services: Check all that apply.

ESL services needed or provided at previous school Counseling Services _____

Special Education _____ Tested, but did not qualify. Medications Type: _____

_____ Has an IEP. Reason: _____

Please explain any special needs this child may have (be very specific) _____

List child's major health problems (if any) _____

Family Physician _____
Name Phone No.

Hospital/Clinic _____
Name Complete Address

List brother(s) or sister(s) currently at Community School of Excellence.

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____