

Cuyuna Range Elementary Student Registration

Students Legal Name:	M <input type="checkbox"/>	F <input type="checkbox"/>	Grade:
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Place of Birth:	Birthdate:	Age:
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Legacy Codes: 1 - American Indian 2 - Asian or Pacific Islander 3 - Hispanic 4 - Black 5 - White

Please circle if also applies: Hispanic/Latino American Indian/Alaska Native Asian Black/African American Native Hawaii/Pacific Islander White

We want to keep you informed. We have implemented an electronic system that will notify families of school cancellations, and early school dismissals due to storms. Please provide complete, detailed information so that we may keep you updated.

Mother or Guardian	Home Phone:
Home Address	Cell/Business Phone:
Father or Guardian	Home Phone:
Home Address	Cell/Business Phone:

Email Address:

Student Lives with: () Mom () Dad () Both () Other _____

Last School Student Attended	Phone:
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EMERGENCY NUMBERS IN EVENT PARENTS CANNOT BE REACHED

Friend/Relative	Home Phone
Address	Cell Phone
Friend/Relative	Home Phone
Address	Cell Phone

Have you moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? Yes No

Kindergarten Enrollees	
Please check in the appropriate blank identifying your child's experience prior to Kindergarten	
_____ PreSchool	_____ Headstart
_____ Early Childhood/Family Education	_____ Other _____

I understand my records are protected under State & Federal regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand I have the right to revoke this consent at any time and, this right may be exercised pursuant to the instructions outlined in the HIPAA Notice of Privacy Practices and, in any event this consent expires automatically as described below*. I understand access to information from ISD 182 is limited to staff whose work assignments reasonably require access to data within the purposed specified in the services provided. I understand this information may be redisclosed if needed for treatment.

Signature of Parent or Guardian _____ Date: _____

Crosby-Ironton District #182 Early Childhood Census

Early Child Family Education would like to add your **preschool** children to the Crosby-Ironton school district census. Providing this information will assure that your child is on our Early Childhood screening list and will receive Kindergarten information at the appropriate time. All information on this form is for local school district use and will be kept confidential. It is not necessary to include any child currently attending M.O.R.E.'s since we already have their information. If you have no preschoolers in your household, please pass this form to a friend or relative we may have missed. After completed please drop off or mail this form to CRES:

ECFE
Cuyuna Range Elementary School
509 6th Avenue NE
Crosby, Minnesota 56441

Parents'/Guardians' Name _____

Address: _____

Phone Number/s _____

Preschooler's Name: _____

Female ____ Male ____ last name first name middle
Date of Birth: _____

Place of birth: _____

City County State

Preschooler's Name: _____

Female ____ Male ____ last name first name middle
Date of Birth: _____

Place of birth: _____

City County State

Preschooler's Name: _____

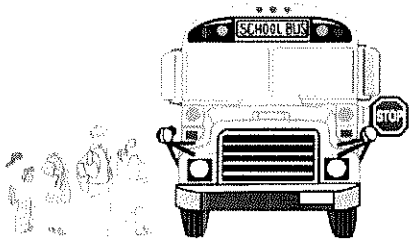
Female ____ Male ____ last name first name middle
Date of Birth: _____

Place of birth: _____

City County State

If you have any questions, please contact the Early Childhood Family Education at Cuyuna Range Elementary School at 545-8800 ext. 6976

Thank you for your time.



Crosby - Ironton Transportation, Inc.

829 8th Street NE
PO Box 116
Crosby, MN 56441
218-546-6156

Driver Information

(For Office Use Only)

Bus Number: _____
Pick Up Time: _____
Drop Off Time: _____

Today's Date: _____

Transportation Start Date: _____

MARSS ID # (School Use): _____

Busing Information

Name of Student	_____	Grade:	_____
Date of Birth	_____	Gender:	M F
School:	CRES High School (Please Circle)		
Parent or Guardian:	_____		
Physical Address:	_____		
Mailing Address:	_____		
Home Phone Number:	_____		
Cell Phone Number:	_____		
Emergency Contact:	_____		
Emergency Phone Number:	_____		

Daycare Name:	_____
Address:	_____
Phone Number:	_____

Primary Pick Up & Drop Off Location:	(Please Circle)	Home	Daycare
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Does your child have any medical condition or disability the bus driver should be aware of:	Yes	No
If Yes, please explain:	_____ _____	

Siblings in School:	Yes	No	(Please Circle)	Elementary	High School	(Please Circle)
Name of siblings riding the bus:	_____					
What bus number do siblings ride:	_____					