



SOUTH WASHINGTON COUNTY SCHOOLS • INDEPENDENT SCHOOL DISTRICT 833

ENROLLMENT FORM

BIRTH CERTIFICATE REQUIRED WITH THIS FORM

Please print and press firmly with ballpoint pen.

Today's Date: / /

Student Legal Name (Must use LEGAL NAME for enrollment)
Last First Middle
House No. Street Name (Ave., Street, Drive, Lane, etc.) Unit # City State Zip Code
Student's Birth Date Student's Birth Country Date student entered U.S. if not born here
Has the student attended school in the U.S. for more than three years? Yes No

Return forms to:
STUDENT INFORMATION
7362 E. Point Douglas Road S.
Cottage Grove, MN 55016-3025
Phone: 651-425-6218
Fax: 651-425-6320

State reporting, check ONE:
Race: (check ALL that apply)
State Ethnicity: (select only one)

OFFICE USE ONLY
Next year KA Rec'd
Screened State Exclude
School Name
School Code
IDTR OE
Student ID #
Starting Date
Last Location Code
SAC Code
Shared Time
Resident District Code

Is student receiving any of the following services? (Check all that apply)
Special Education/IEP 504 Plan Gifted & Talented LEP services EL services None Apply
If IEP, Federal Setting Level # Speech / language ESL services ESP services Child attended school during summer within last 12 months

Last school attended by student School Address (Street, City, State, Zip Code)

Has student ever resided in or attended school (public or private) in District 833?
Student Residence
PreK or K enrollment only:

Student resides at the above address with: (Check all that apply)
Preferred Home Telephone Number
Military - Connected Youth

Parents/Guardians listed below have rights/access to all students' educational records and will receive information in the following manner: Mailing, Portal and Email.

Parent 1: Mother / Father / Stepmother / Stepfather / Guardian (Please circle one)
Use full legal name as it appears on driver's license.
Name: First Middle Last DOB
E-mail Address:
Cell Phone Number:
Work Telephone Number:
What is your preferred language for written communication?
Do you need an interpreter? Yes No

Parent 2: Mother / Father / Stepmother / Stepfather / Guardian (Please circle one)
Use full legal name as it appears on driver's license.
Name: First Middle Last DOB
E-mail Address:
Cell Phone Number:
Work Telephone Number:
What is your preferred language for written communication?
Do you need an interpreter? Yes No

REQUIRED WITH THIS FORM:
1. Immunization Record
2. Birth Verification
Previous 833 records?
Records Requested:
Boundary Schools:
CGMS LMS OMS WMS
ERHS PHS WHS

Mars #
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