



Goodridge Public School Student Registration Form

Student Information

Student Name: _____
(Last, First, Middle)

Have you ever been enrolled in a Minnesota School before? _____ Yes _____ No

What is the name and location of the last school previously attended?

Grade Level: _____ Gender: _____ Date of Birth: _____

City, County and State of Birth _____

Enrollment Date: _____ Social Security Number: _____

Does your child receive Special Education Services? _____ Yes _____ No

Mailing Address: _____

(Physical Street Address, City, State, Zip Code)

(P. O. Box, City, State, Zip Code)

Home Telephone Number: _____ Student Cell Phone: _____

Home Language: _____

Student Ethnicity/Race (Please check all that apply)

_____ White (non-Hispanic)

_____ American Indian or Alaska Native

_____ Asian

_____ Black/African American

_____ Hispanic

_____ Native Hawaiian or Other Pacific Islander

Bus Transportation Needed: _____ Yes _____ No Miles from Goodridge: _____

Did student receive Free/Reduced lunch? _____ Yes _____ No

Is the above named student presently the subject of a court order, which prevents or prohibits anyone from receiving any information or from having contact with the student? _____ Yes _____ No If yes please explain and provide a copy of court order for our records: _____

Does student have other siblings in home? _____ Yes _____ No

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Please list if any of these students attend another Minnesota School and what school: _____

Guardian Information

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

Mother/Guardian Name: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

Work Telephone: _____ Ext.: _____

Personal Email: _____ Work Email: _____

Name of Workplace and City Location _____

Father/Guardian Name: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

Work Telephone: _____ Ext.: _____

Personal Email: _____ Work Email: _____

Name of Workplace and City Location: _____

Emergency Information

In case of an emergency, every attempt will be made to reach a parent; however, if we are unable to reach a parent, the following information would be helpful to better serve you and your child(ren). This information will not be shared; it is for school use only. If you have any questions or concerns, please feel free to call the Goodridge School at 218-378-4134.

Health Problems/Allergies and/or medical needs to be aware of: _____

Medical Information:
(Please include phone numbers)

Clinic: _____ Doctor name: _____

Dentist: _____ Eye Doctor: _____

Emergency Contacts other than parent/guardian:

Name: _____ Phone: _____

Name: _____ Phone: _____

Other than a parent/guardian, who has permission to pick up your child(ren) from school?

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of a weather emergency and you are unable to be home, where do you want your child(ren) sent?

Place in Goodridge: _____ Place in TRF: _____

Neighbor: _____ Daycare: _____

***Please remember to turn in a copy of your child's immunization information. It is required by Minnesota School Immunization Law that the school has a copy of your child's records on file. Thank you!