

Student Intake Form

Student Placement Center
 2102 University Avenue West
 Saint Paul, MN 55114-1806
 651-632-3700 main
 651-632-3704 fax



Date: _____ Student ID: _____

PRIMARY HOUSEHOLD INFORMATION (where student lives most of the time)

Address: _____
Street Apartment # City State Zip Code

Parent 1: _____ Relationship: _____
Last First

Email: _____ Phone: _____ Legal Guardian Yes No

Parent 2: _____ Relationship: _____
Last First

Email: _____ Phone: _____ Legal Guardian Yes No

SECONDARY HOUSEHOLD INFORMATION (if applicable)

Address: _____
Street Apartment # City State Zip Code

Parent 1: _____ Relationship: _____
Last First

Email: _____ Phone: _____ Legal Guardian Yes No

Parent 2: _____ Relationship: _____
Last First

Email: _____ Phone: _____ Legal Guardian Yes No

STUDENT INFORMATION (enter additional siblings on back)

Student's Legal Name: _____
Last First Middle

Birth Date: _____ Goes by Name (if different): _____

Birth Place: _____ Home Language: _____ Gender: _____ Grade: _____

Ethnicity: Hispanic? Yes No **Race (s):** American Indian Asian African American Pacific Islander White

LAST SCHOOL INFORMATION

Last School Attended: _____ Public School Private School

Last School Address: _____
City State

Last Grade: _____ Last Day of Attendance: _____ Special Ed.? Yes No 504 Plan?

Students New to the Country: What was the last grade completed by your child? (please circle)

No Schooling	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12
Elementary							Middle			Secondary				

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship: _____
First and Last Name

Emergency Phone: _____

OFFICE USE ONLY

US Entry Date: _____ US Entry City/State: _____	Station: _____
# Years School in US: _____ # of Years School Outside US: _____	Staff: _____
School/Program Sending Student Intake Form: _____	