



# St. Louis Park Community Education

Start Day/Date: _____
Teacher Name: _____
Class Number: _____

## St. Louis Park Public Schools Community Education PowerSchool Data Form

The state of Minnesota requires public schools to report the information on this form.

**Child's Name (as shown on birth certificate):**

\_\_\_\_\_

(First Name) (Middle Name) (Last Name)

**Child's Birthdate:** \_\_\_\_\_ **Child's Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female

There are two questions regarding ethnicity/race, one is for state reporting and one is for federal reporting. Please answer both.

**Federal Race:** Is your child Hispanic/Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*Check all that apply*

_____ Asian/Pacific Islander	_____ American Indian/Alaska Native
_____ Hispanic/Latino	_____ Black/African American
_____ White	_____ Native Hawaiian/Pacific Islander

**State Ethnicity:** \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American Indian/Alaska Native  
*Check one only*

_____ Hispanic/Latino	_____ Black/African American – not of Hispanic origin
_____ White – not of Hispanic origin	

**What language does your child usually speak?** \_\_\_\_\_

**Was your child born in the United States?**

\_\_\_\_\_ Yes In which state? \_\_\_\_\_

\_\_\_\_\_ No In which country? \_\_\_\_\_

When did your child enter the United States? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Home Address:** \_\_\_\_\_

(Number) (Street) (Apt. Number)

\_\_\_\_\_

(City) (State) (Zip Code)

**Home Phone Number:** \_\_\_\_\_

**School Messenger Phone Number - Phone number(s) that your family answers most often where the school district can send school-related automated phone messages:**

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(Phone number) (Phone number)

**CONTINUED ON OTHER SIDE**

**Parent/Guardian Name:** \_\_\_\_\_  
 \_\_\_ Father (First Name) (Middle Name) (Last Name)  
 \_\_\_ Mother  
 \_\_\_ Other  
 \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ Home \_\_\_ Cell \_\_\_ Work \_\_\_  
**Phone Number:** \_\_\_\_\_ Home \_\_\_ Cell \_\_\_ Work \_\_\_  
**E-mail:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Head of Household Name:** \_\_\_\_\_  
 \_\_\_ Father (First Name) (Middle Name) (Last Name)  
 \_\_\_ Mother  
 \_\_\_ Other  
 \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ Home \_\_\_ Cell \_\_\_ Work \_\_\_  
**Phone Number:** \_\_\_\_\_ Home \_\_\_ Cell \_\_\_ Work \_\_\_  
**E-mail:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Has your child had a prior preschool experience? \_\_\_ Yes \_\_\_ No

If yes, where? \_\_\_\_\_

How many adults and children under the age of 21 are living in your household? \_\_\_\_\_

**Names of all children under the age of 21 living in your household, related or not.  
 Attach an additional page if needed.**

First Name	Middle Name	Last Name	Gender ( M or F)	Birthdate	Relationship to Heads of Household	School Attending (if any)