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.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Gender (M or F)</th>
<th>Birthdate</th>
<th>Relationship to Heads of Household</th>
<th>School Attending (if any)</th>
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PS Data  HM| 09/12/ 16 Rev. 06/29/17, 11/14/17, 07/11/18