St. Louis Park Community Education

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)

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
_____   P**hone Number:** _____   Home ___   Cell ___   Work___

                       Phone Number: _____   Home ___   Cell ___   Work___

                       E-mail: _____**Birthdate:** _____

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)