STUDENT REGISTRATION FORM
ISD 2908 Brandon-Evansville Public Schools

Dean Yocum– Superintendent/Elementary Principal Tom Trisko – HS Principal / AD

STUDENT'S NAME: _____ BIRTH DATE:_____
LAST FIRST MIDDLE

NAME CHILD GOES BY: _____ □ MALE □ FEMALE

HOME PHONE: _____ SOCIAL SECURITY #_____-_____-_____

ETHNIC/RACE: □ AM INDIAN (ALASKAN) □ ASIAN □ HISPANIC □ BLACK (NOT HISPANIC)
□ WHITE (NOT HISPANIC) □ HAWAIIAN/PACIFIC ISLANDER

CHILD'S ADDRESS: _____

_____
CITY STATE ZIP

RESIDENT DISTRICT:_____ DO YOU NEED OPEN ENROLLMENT FORMS? □ YES □ NO
IS CHILD CUSTODY SHARED WITH ANOTHER HOME? □ YES □ NO
IF YES, ADDITIONAL ADDRESS: _____

_____
CITY STATE ZIP

FATHER'S NAME: _____ CELL: _____ EMAIL:_____

ADDRESS (IF DIFFERENT THAN CHILD'S): _____

PLACE OF WORK: _____ WORK ADDRESS: _____

OCCUPATION: _____ WORK PHONE: _____

MOTHER'S NAME: _____ CELL:_____ EMAIL:_____

ADDRESS (IF DIFFERENT THAN CHILD'S): _____

PLACE OF WORK: _____ WORK ADDRESS: _____

OCCUPATION: _____ WORK PHONE: _____

EMERGENCY CONTACT NAME: _____PHONE: _____

ADDRESS: _____ _____WORK OR CELL: _____
(IF THERE IS AN EMERGENCY WE WILL CONTACT PARENTS FIRST. IF PARENT CANNOT BE REACHED, WE WILL CALL YOUR EMERGENCY CONTACT)
DOES YOUR CHILD HAVE ANY SPECIAL HEALTH OR LEARNING CONCERNS? □ YES □ NO
IF YES, EXPLAIN: _____

SCHOOL LAST ATTENDED: _____ ___GRADE/YEAR _____/_____

SCHOOL ADDRESS: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____
PLEASE CIRCLE BELOW SCHOOL YOUR CHILD WILL BE ATTENDING. THANK YOU.

B-E K-3rd Elementary	B-E 4-5th Elementary	B-E Middle School	B-E High School
206 W. Third Street	123 2nd Avenue	123 2nd Avenue	206 W. Third Street
PO Box 185	PO Box 40	PO Box 40	PO Box 185
Brandon, MN 56315	Evansville, MN 56326	Evansville, MN 56326	Brandon, MN 56315
Phone: (320) 834-4084	Phone: (218) 948-2241	Phone: (218) 948-2241	Phone: (320) 834-4084
Fax: (320) 524-2228	Fax: (218) 948-2441	Fax: (218) 948-2441	Fax: (320) 524-2228