



# Luverne Public Schools

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## REGISTRATION FOR NEW FAMILY TO LUVERNE PUBLIC SCHOOLS

PLEASE LIST ALL CHILDREN IN GRADES K-12 THAT WILL BE ENROLLED AT LUVERNE SCHOOLS

Student Name	Grade	Birthdate	IEP OR 504 (NOTES)

### FAMILY INFORMATION

Primary Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Is this address within the boundaries of Luverne School District? Yes \_\_\_ No \_\_\_

Parent/Guardian Name	Cell Number	Work Number	Email

Is there a secondary address or Parent or Guardian? Yes \_\_\_ No \_\_\_ If yes, complete below

Primary Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name	Cell Number	Work Number	Email

**Please identify an emergency contact for the school year in the case that a parent or guardian is not available:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Along with this information, new families must also complete the following:

- \_\_\_\_\_ Back to school registration permission sheet included on the back page
- \_\_\_\_\_ Health Information sheet for EACH INDIVIDUAL student
- \_\_\_\_\_ Language and race survey (Required by the state of MN)
- \_\_\_\_\_ Chromebook protection plan and agreement (Grades 6-12 only)

**Permissions - Please answer the following questions for ALL children listed above**

	Yes	No
Have you received and read the <a href="#">back-to-school documents</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read and approved the <a href="#">Parent-Student Handbook(s)</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have permission to use <a href="#">school email</a> ? (Grades 2-12)	<input type="checkbox"/>	<input type="checkbox"/>
Have you and your child read and approved the <a href="#">Internet Acceptable Use Policy</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Do we have permission to use your child's image for school related purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received information concerning <a href="#">insurance</a> that can be provided at school?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received information concerning <a href="#">asbestos, pesticides, and air quality</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received information concerning <a href="#">school transportation</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Do we have permission to send you school information by e-mail?	<input type="checkbox"/>	<input type="checkbox"/>
Have you reviewed information concerning <a href="#">free and reduced lunch</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have permission to take Tylenol or ibuprofen at school?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have permission to attend school field trips?	<input type="checkbox"/>	<input type="checkbox"/>
Can the school disclose your child's information to military recruiters? (Grade 11-12)	<input type="checkbox"/>	<input type="checkbox"/>

Parent Name \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

**For Office Use Only (Notes for New Family Registration)**

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