



**FOOD & NUTRITION**  
**Westonka Public Schools**  
 5905 Sunnyfield Road East  
 Minnetrista, MN 55364  
 (952)491-8088/8084

**OLL: MEAL PROGRAM REGISTRATION FORM**  
 Complete this form with OLL Registration Packet &  
 Return to OLL Office as soon as possible.

**OFFICE USE ONLY**

Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School: OLL (829)  
 ENROLLING IN GRADE \_\_\_\_\_ Resident District \_\_\_\_\_  
 OTHER ID: \_\_\_\_\_

Please complete all information requested below and on the other side of this sheet

**STUDENT INFORMATION**

STUDENT'S FULL LEGAL NAME \_\_\_\_\_ GENDER  M  F  
 Name as it Appears on Birth Certificate (FIRST Name) (MIDDLE Name) (LAST Name)  
 STUDENT Entering Grade (circle one) PK K 1 2 3 4 5 6 7 8  
 BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary language spoken in the home: \_\_\_\_\_  
 STUDENT PRIMARY RACE/ETHNICITY (These race/ethnicity descriptions reflect federal census categories; please check one only)  
 White (5)  Black (4)  Hispanic (3)  Asian/Pacific Islander (2)  Native American/Alaskan Native (1)  
 SECONDARY ETHNICITY (can choose more than 1)  Hispanic/Latino  American Indian/Alaska Native  Asian  
 BIRTH COUNTRY \_\_\_\_\_  Black/African American  Native Hawaiian/Pacific Islander  White  
 Has student attended any Minnesota public school since school year 1996?  YES (If yes which city? \_\_\_\_\_)  NO  
 Last public or non-public school attended \_\_\_\_\_  
 (Name of School) (City) (State) (Zip) (Phone)

**FAMILY INFORMATION**

STUDENT ADDRESS \_\_\_\_\_  
 (Number and Street Name) (Apt. No.) (City) (State) (Zip)  
 M/Yr you moved into the above address \_\_\_\_\_ MAILING ADDRESS (if different from above) \_\_\_\_\_  
 PLEASE LIST ONE MAIN PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ School Distr. Name address is in \_\_\_\_\_  
 (if not Westonka)

LEGAL GUARDIAN #1 (living in same dwelling as student) (Primary contact for district announcements and mailings)	OTHER GUARDIAN / ADULT (living in same dwelling as student)
Name (Last, First, MI):	Name (Last, First, MI):
Gender: M F Date of Birth: / /	Gender: M F Date of Birth: / /
Relationship to Student:	Relationship to Student:
Legal Parent / Guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO	Legal Parent / Guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO
Work Phone: ( ) Cell Phone: ( )	Work Phone: ( ) Cell Phone: ( )
Email:	Email:

**STATUS OF PARENTS**

Married & living together  Separated  Divorced  Mother remarried  Mother deceased  Father remarried  Father deceased  Other

**STUDENT NAME:** \_\_\_\_\_

Is student an immigrant? YES \_\_\_\_\_ (If yes – what is the country of origin \_\_\_\_\_ Date arrived \_\_\_\_\_) NO \_\_\_\_\_

Is student a migrant? YES \_\_\_\_\_ (If yes – what is the country of origin \_\_\_\_\_ Date arrived \_\_\_\_\_) NO \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS UNDER AGE 21**

(Please use legal names, not nicknames)

Last Name	First	M.I.	Sex	Birth date Mo/Day/Yr	Child's relationship to Head(s) of Household	Name of the school the child attends	Child's Grade (Current)
			M F				
			M F				
			M F				
			M F				

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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 (Name of School) (City) (State) (Zip) (Phone)

Complete 1 full document – Form **F20001** for a single student in a household.

Attached ½ document – Form **F20001B** for additional sibling in the same household.

