

ISD 2908 Brandon-Evansville Public Schools

PO Box 185
Brandon, MN 56315
www.b-e.k12.mn.us

Mark Westby – Superintendent/Elementary Principal ★ Erika Mariotti – MS Dean of Students ★ 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: _____

B-E K-3 Elementary
206 W. Third Street
PO Box 185
Brandon, MN 56315
Phone: (320) 834-4084
Fax: (320) 524-2228

B-E 4/5 Elementary
123 2nd Avenue
PO Box 40
Evansville, MN 56326
Phone: (218) 948-2241
Fax: (218) 948-2441

B-E Middle School
123 2nd Avenue
PO Box 40
Evansville, MN 56326
Phone: (218) 948-2241
Fax: (218) 948-2441

B-E High School
206 W. Third Street
PO Box 185
Brandon, MN 56315
Phone: (320) 834-4084
Fax: (320) 524-2228