



Child's Full Name (First): LIYA REDDY (Middle): _____ (Last): KONATAM ☐ Male ☒ Female
Race/Ethnicity: ASIAN Birthdate (month/day/year): 11/06/2014 Age on September 1, 2019: 4 years 10month
Street Address: 1314 Marquette Ave Apt #: 601 City: Minneapolis Zip 55403
Primary language spoken at home: English Do you need interpreter assistance? ☒ No ☐ Yes
Special Health Concerns (accommodations, allergy, dietary restrictions, or special needs we should be aware of): ☒ No ☐ Yes, explain:

Is your child receiving ECSE services or have an IEP? ☒ No ☐ Yes If yes, what is your child's disability: _____
Has your child completed an early childhood screening? ☐ No ☒ Yes If yes, when: 05/05/2018 where: Minneapolis Special District 1
If your child completed screening outside of Roseville Area Schools, please provide a copy of the summary.

Parent/Guardian Data	Parent/Guardian #1	Parent/Guardian #2
Name (First, MI, Last)	Ravindhar Reddy Konatam	Name (First, MI, Last)
Date of birth	07/17/1984	Date of birth
Relationship to student	Father	Relationship to student
Address	1314 Marquette Ave 601	Address
City, State, Zip Code	Minneapolis, MN, 55403	City, State, Zip Code
Phone <input type="checkbox"/> cell <input type="checkbox"/> home	612-406-6767	Phone <input type="checkbox"/> cell <input type="checkbox"/> home
Job status/hours per week	40	Job status/hours per week
Yearly household income	120000	Yearly household income
Email	ravindhar.rddy@gmail.com	Email

Are you interested in volunteering? ☐ No ☒ Yes If yes, are you interested in: ☒ Classroom volunteering ☐ Advisory council

PreK Class Choice

1st Choice (class #): Brimhal
2nd Choice (class #): Fairview
3rd Choice (class #): ParkView

1st month payment: _____
Registration fee: **\$50**
Total Due: _____

☐ Please contact me with financial assistance information.
Go to isd623.org/PreK for the financial assistance application.

Please check all that apply:

- ☒ I can transport child to school.
☐ I need bus transportation for my child. (Address must be in Roseville Area School District.)

Bus Pick Up (address): _____
Bus Drop Off (address): _____

Are there older siblings in district? ☐ Yes ☒ No
If yes, which school(s): _____

☒ First payment by cash, check or credit/debit card.

☐ Enroll in auto pay by credit/debit card only.

(9 payments. First payment due with registration along with a \$50 non-refundable registration fee. Remaining payments processed on the 5th of the month.)

☐ Cash ☐ Check (Make Checks Payable to Roseville Area Schools) ☐ Credit/Debit Card (please fill out info below)

Card Type (check one): ☐ Mastercard ☐ Visa ☐ Discover

Name on Card: _____

Credit Card Number: _____ Exp: _____

Authorized Signature: _____ Date: _____

By registering your child for PreK classes, you are acknowledging that photos of you and your child may be used for educational and publicity purposes for Roseville Area Schools or Roseville Community Education. To read the District's full policy on Directory Information, please contact Roseville PreK at 651-604-3578. Immunization record or a notarized conscientious objector letter is required in order to participate in ECFE and PreK classes. Please submit to the PreK teacher or the office.

Name of adult filling out this registration form: _____ Signature: Ravindhar Reddy Konatam Date: 03/13/2019