

EDGERTON PUBLIC SCHOOLS – DISTRICT 581

STUDENT ENROLLMENT FORM

School District Completes:	Enrollment Date: _____	Today's Date: _____
Verification of Birth Date	Certificate Used: _____ Birth _____ Baptism	Verified Date: _____ By: _____

TO BE FILLED OUT BY PARENT OR GUARDIAN: This is a permanent record and must be signed by parent or legal guardian. Verification of birth date must be presented to the school district at the time of enrollment.

STUDENT INFORMATION

Student's Legal Name _____ Grade _____
(Last) (First) (Middle)

Birth Date (mm/dd/yy) _____ Gender (circle one) Male / Female

Home Address _____ City/State/Zip Code _____

Home/Primary Phone _____

If Kindergarten, has this student been preschool screened? Yes / No If yes, District Name _____

Has this student received Special Education services of any kind? Yes / No

Is there a current IEP? Yes / No Will your child need transportation to and from school? Yes / No

Residency Information

Is your current address, listed above, a temporary living arrangement? Yes / No (Circle one)

If yes, do you or this student lack a fixed, regular, adequate, nighttime residence? Yes / No (Circle one)

Student's Race/Ethnicity

State Reporting Requirement

- Ethnicity (select only one)
- American Indian/Alaskan
- Asian/Pacific Islander
- Hispanic
- Black, not Hispanic
- White, not Hispanic

Federal Reporting Requirement

- Is the student Hispanic or Latino? Yes / No
- Race (select one or more)
- American Indian/Alaskan
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White

Grade	Name of School	City	State	Dates

PARENT AND LEGAL GUARDIAN INFORMATION

Student Lives With: Both Parents _____ Father _____ Mother _____ Other _____

PRIMARY LEGAL PARENT/GUARDIAN

Legal Name _____ Relationship _____
(Last) (First) (M.I.)

Home Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

This will be used for school communication including newsletters

Employer _____ Employer Phone _____

PRIMARY LEGAL PARENT/GUARDIAN

Legal Name _____ Relationship _____
(Last) (First) (M.I.)

Home Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

This will be used for school communication including newsletters

Employer _____ Employer Phone _____

CENSUS INFORMATION

List brothers, sisters, and other children living in same household

Name _____ DOB _____ Grade _____ Gender: Male / Female

Name _____ DOB _____ Grade _____ Gender: Male / Female

Name _____ DOB _____ Grade _____ Gender: Male / Female

Name _____ DOB _____ Grade _____ Gender: Male / Female

PARENT'S SIGNATURE _____ DATE _____

Minnesota Statutes and rules require the school district keep accurate records and personal records for all pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 581. Certain information, known as "directory information", is available to the public unless the district receives a written request from a legal custodian. Minnesota law requires that you provide immunization information to your student's school. Rev: 6/2021

Edgerton Public School

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REQUEST FOR STUDENT SOCIAL SECURITY NUMBER

All Minnesota school districts are required to be part of a statewide computer reporting system to record information about students enrolled. This information is, in turn, provided to the Minnesota Education. The Department is required by law to collect and store information about each pupil, district staff member, and education program. A piece of the information collected by the district and reported to the Department of Education is the student's social security number. Therefore, we ask that you, the parent, provide your child's social security number although you are not legally required to do so.

The Department of Education uses the information reported by the school district to determine how much money your school district receives from the state and federal government. This information is also used to judge the quality of education programs within the state, to improve instruction, to follow trends in student enrollment, and to track student participation in various programs.

Your child's school district will share this information with the Department of Education. The Department of Education will share the information with the Department of Human Services to allocate additional funding to improve the school's educational programs.

As a parent, you do not have to provide your child's social security number. If you choose not to provide the number, the school district staff will need to provide the Department of Education another type of report to receive money distributed by the state or federal government for program improvement.

School District: EDGERTON PUBLIC SCHOOL – ISD 581

Student's Full Name: _____

Date of Birth: _____ **Social Security Number:** _____

Racial and Ethnic Demographic Designation Form

Student's First Name _____ Student's Middle Name/Initial _____

Student's Last Name _____ Student's Date of Birth _____

Student's District/School _____

Parent Name _____ Date _____

Parent Signature _____

Please respond to all the bold questions below. *Italicized questions are optional.*

Q1. Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition. (This question is needed to calculate state aid/funding.)

- Yes** **No (If no, please move on to question 2.)**

Optional State Question (Will not be answered by school staff.):

1a. If yes, please select one or more of the following groups/categories. You may select more than one group.

- | | | |
|---|---|-------------------------------|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Dakota/Lakota | <input type="radio"/> Unknown |
| <input type="radio"/> Anishinaabe/Ojibwe | <input type="radio"/> Other North American Indian | |
| <input type="radio"/> Cherokee | <input type="radio"/> Tribal Affiliation | |

Q2. Is the student American Indian from South America (including Central America)?

- Yes (If yes, please move on to question 3.)** **No (If no, please move on to question 3.)**

Q3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. ¹

- Yes** **No (If no, please move on to question 4.)**

Optional State Question (Will not be answered by school staff.):

3a. If yes, please select one or more of the following groups/categories. You may select more than one group.

- | | | |
|---|--------------------------------|-----------------------------------|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Filipino | <input type="radio"/> Vietnamese |
| <input type="radio"/> Asian Indian | <input type="radio"/> Hmong | <input type="radio"/> Other Asian |
| <input type="radio"/> Burmese | <input type="radio"/> Karen | <input type="radio"/> Unknown |
| <input type="radio"/> Chinese | <input type="radio"/> Korean | |

The purpose of collecting each group, how the information will be used and not used, and how the more detailed groups were identified can be found on the accompanying FAQ Document.

¹Federal Register, Vol. 72, No. 202/Friday, October 19 2007/Notices/59274

Q4. Is the student Black or African American as defined by the federal government? The federal definition includes persons having origins in any of the Black racial groups of Africa. ¹

Yes

No (If no, please move on to question 5.)

Optional State Question (Will not be answered by school staff.):

4a. If yes, please select one or more of the following groups/categories. You may select more than one group.

- | | | |
|---|---------------------------------------|-----------------------------------|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Ethiopian-Other | <input type="radio"/> Somali |
| <input type="radio"/> African-American | <input type="radio"/> Liberian | <input type="radio"/> Other Black |
| <input type="radio"/> Ethiopian-Oromo | <input type="radio"/> Nigerian | <input type="radio"/> Unknown |

Q5. Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. ¹

Yes

No (If no, please move on to question 6.)

Optional State Question (Will not be answered by school staff.):

5a. If yes, please select one or more of the following groups/categories. You may select more than one group.

- | | | |
|---|------------------------------------|---|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Mexican | <input type="radio"/> Spaniard/Spanish/Spanish-American |
| <input type="radio"/> Colombian | <input type="radio"/> Puerto Rican | <input type="radio"/> Other Hispanic/Latino |
| <input type="radio"/> Ecuadorian | <input type="radio"/> Salvadoran | <input type="radio"/> Unknown |
| <input type="radio"/> Guatemalan | | |

Q6. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. ¹

Yes (If yes, please move on to question 7.)

No (If no, please move on to question 7.)

Q7. Is the student White as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa. ¹

Yes

No

The purpose of collecting each group, how the information will be used and not used, and how the more detailed groups were identified can be found on the accompanying FAQ Document.

¹Federal Register, Vol. 72, No. 202/Friday, October 19 2007/Notices/59274



General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education

The *General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education* is the required application for all Minnesota school districts. Please use this application for inter-district K-12 open enrollment and inter-district enrollment in Early Childhood Special Education (ECSE). Please use the *Statewide Enrollment Options Application for State-funded Voluntary Pre-Kindergarten and School Readiness Plus* for voluntary pre-kindergarten or school readiness plus open enrollment.

IMPORTANT NOTE: Do not disclose other information to the non-resident district until a seat is offered in writing. At that point, the district will request information such as special needs, birth date, race, ethnicity, academic and other records.

Section 1: To be Completed by One or Both of the Student’s Parents or Guardians

Student Information

Student Last Name: _____

First: _____

Full Middle: _____

Will the student be at least age 5 and under age 21 by September 1 of the enrollment year or be applying for ECSE?

Yes No*

***If No, please read information in the [Statewide Enrollment Options Instructions](#) before proceeding.**

Student’s current grade level (If applying for ECSE, write EC): _____

Grade Level Desired: _____

Student Resident District Information

Resident District Name: _____

District Number: _____

City: _____

District of Choice (non-resident school district)

District of Choice Name: _____

District Number: _____

City: _____

Identify the reason for the request to enroll in a nonresident district:

Site or Program Preferences

If the non-resident school district has multiple sites/programs that serve your child's needs, you may rank sites/programs in order of preference (add more preferences if desired).

1. _____

2. _____

3. _____

Enrollment Timeline

When are you seeking to enroll your child?

- Immediately
- Not immediately, but sometime during the current school year
- Next school year.

Special Situations

Please check all that apply.

- Sibling preference: student has a sibling currently open-enrolled in this non-resident district.
- Employee child preference: Student has parent or legal guardian who is a Minnesota resident who is an employee of the non-resident district.

- Family move: The student’s resident district changed after December 1 prior to the school year requested, waiving deadlines.
- Student is a resident of City of Edina but the resident school district for the student’s Edina home is not Edina Public Schools. Student seeks enrollment in Edina Public Schools.
- Student is requesting a move into and/or a move out of a district that receives [Achievement and Integration Revenue](#), waiving deadlines. You can check here if you do not know the answer to this:
- Student is currently expelled under Minnesota Statutes, section 121A.45 for a reason listed in [Minnesota Statutes, section 124D.03, Subdivision 1](#), which allows but does not require the non-resident district to deny the application.

Parent/Legal Guardian Information

The student must live with at least one parent/guardian who lives in Minnesota.

Minnesota Parent/Guardian 1

Last Name: _____

First Name: _____

MI: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Parent/Guardian 2:

Last Name: _____

First Name: _____

MI: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Physical Signature of at Least One Parent/Guardian is Required

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

Signature of parent/legal guardian 1: _____

Date: _____

Signature of parent/legal guardian 2 (optional): _____

Date: _____

Submission Information

For priority consideration, please complete this application and send it to the Superintendent’s Office in the [non-resident District](#) by **January 15** before the first fall enrollment. Please do not send this application to the Minnesota Department of Education. Use one application per student per requested district.

Applications received by the non-resident district after the January 15 deadline may qualify for exceptions to deadline or, if not, districts may voluntarily agree to allow enrollment through a voluntary [School District Non-resident Agreement for Inter-district Enrollment](#).

Section 2: To be Completed by the Non-resident District

Non-resident District: Notify parents/guardians of application approval or disapproval in writing by **February 15 or no more than 90 days after receiving applications** that come later through an Achievement and Integration School Choice Program. If rejected, you must let families know legal reason for denial. Reminder: ECSE open enrollment applications cannot be denied solely due to lack of capacity to provide special education services. (See Minn. Stat. § 124D.03, subd. 6).

Please expedite any requests for open enrollment into Early Childhood Special Education Services.

Families must accept or decline the offer by **March 1 or 45 days after notification that their application has been approved**. After receiving the commitment to attend, the non-resident district must notify the resident district by March 15 (or 30 days after initial receipt if form filed after January 15) of the student’s intent to enroll. Districts must report all counts of rejected applications and reasons to the Minnesota Department of Education by July 15 or each year.

Date Application Received: _____

District Name: _____

District Number: _____

District Contact Name: _____

Title: _____

Phone: _____

Email Address: _____

Does the January 15 deadline apply?

- Yes, the deadline applies and it was met.
- Yes, but it was not met. **If this is the case, contact the superintendent's office in the resident district immediately regarding Section 3 of this form** to determine whether the resident district and your district will agree to a **Non-resident Agreement** to serve the student prior to open enrollment becoming available.
- No, one or both districts receive Achievement and Integration funding from MDE.
- No, family moved to resident district on December 1 or later.

- No, the commissioner of education and commissioner of human rights have determined the resident district's policies, procedures or practices are in violation of Title IV of the Civil Rights Act ([Minn. Stat. §124D.03, subd.7](#)).

Will the student have priority in a lottery? No Yes, based on:

- Sibling of currently open-enrolled student in this district.
- MDE-approved Achievement and Integration with specific school choice plan involving the districts.
- Child of Minnesota resident who is a district employee.
- City of Edina resident whose resident school district is not Edina Public Schools, seeking entry to the district.

Approval/Disapproval of Open Enrollment Application

APPROVED

APPROVED BUT WITH A NON-RESIDENT AGREEMENT for upcoming year that is mutually agreed upon by both districts. Enrollment will continue in subsequent years as open enrollment provided that a lottery is not needed for the student's grade level in the first fall enrollment or the grade level has not been closed by board action. Students will be entered into lottery if one is held. (Non-resident district: keep documentation of the agreement. Districts may document agreement using Section 3 or another format of their choosing.)

STUDENT ASSIGNMENT SITE/PROGRAM: On the basis of information provided in the above application, and with respect to district policies and procedures, the above student will be assigned to:

School Building Name: _____

Starting Date: _____

Grade Level: _____

NOT APPROVED

The non-resident district has denied the request for open enrollment because of the following reason(s) allowed in Minnesota Statutes, section 124D.03. Reminder: ECSE open enrollment applications cannot be denied based on special education program capacity. Check all that apply:

The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See Statewide Enrollment Options Instructions or Minnesota Statutes, section 124D.03, subdivision 3.

Statutory enrollment cap has been reached for open enrollment. ([Minn. Stat. § 124D.03, subd.2](#))

Grade is closed district-wide by board action. ([Minn. Stat. § 124D.03, subd. 2 and subd.6](#))

District has denied the application because of specific expulsion reasons allowed in law. ([Minn. Stat. § 124D.03, subd.1](#))

NOTIFICATION TO RESIDENT DISTRICT

Non-resident district must notify resident district or last district of attendance by March 15 or 30 days later of the pupil's intent to enroll in the non-resident district. The same procedures apply to a pupil who applies to transfer from one participating non-resident district to another participating non-resident district.

Name of Superintendent/Responsible Authority: _____

Signature: _____

Date: _____

Please Note: districts may not modify this form, add data fields or create alternative formats.

HEALTH RECORD INFORMATION
EDGERTON SCHOOL DISTRICT 581

STUDENT _____ DATE OF BIRTH _____
ADDRESS _____ HOME PHONE _____
FATHER'S NAME _____ PHONE _____ MOTHER'S NAME _____ PHONE _____

STUDENT HEALTH INFORMATION: A REMINDER THAT ALL HEALTH INFORMATION IS OBTAINED THROUGH PARENTS ONLY. IT IS UNLAWFUL FOR US TO OBTAIN ANY HEALTH INFORMATION FROM A PHYSICIAN/PROVIDER WITHOUT YOUR CONSENT. PLEASE SHARE INFORMATION THAT WILL HELP US KEEP YOUR CHILD SAFE WHILE AT SCHOOL.

WEARS GLASSES: YES _____ NO _____ COMMENTS: _____

WEARS CONTACT LENSES: YES _____ NO _____ COMMENTS: _____

HEARING ISSUES:
TUBES IN EARS? NOW _____ IN PAST _____

PRONE TO EAR INFECTIONS? NOW _____ IN PAST _____

ANY KNOWN HEARING ISSUES? _____

ANY BROKEN BONES/ FRACTURES? _____

ANY SURGERIES? _____

EPILEPSY? (SEIZURES) _____ TYPE _____ WELL CONTROLLED? _____

DIABETES? _____ YEAR OF ONSET _____ WELL CONTROLLED? _____ (I will contact you if your child is a diabetic.)

OTHER HEALTH CONCERNS (Such as heart valves, shunts, plates, ADHD, Learning disabilities)? _____

ALLERGIES? PLEASE BE SPECIFIC.
MEDICATION _____

FOOD _____ (We will notify the kitchen staff.)

INSECT BITE _____ TYPE OF INSECT _____ TYPE OF REACTION _____

TAKING ALLERGY SHOTS? NOW _____ IN PAST _____

DOES YOUR CHILD CARRY AN EPI-PEN? _____

ASTHMA? _____ TRIGGERS: _____ WELL CONTROLLED? _____

DOES YOUR CHILD CARRY AN INHALER? _____ WHAT MEDICINE IS USED? _____ DO YOU USE A SPACER? _____
(I will contact you if your child has asthma.)

MEDICATIONS (taken regularly): EVEN IF NOT TAKEN AT SCHOOL, IT IS IMPORTANT FOR THE NURSE TO KNOW AS MEDICATION CAN AFFECT TREATMENT IF A CHILD BECOMES ILL.

- 1. NAME OF MEDICATION: _____
 DOSAGE _____ FREQUENCY _____
 REASON FOR TAKING: _____
- 2. NAME OF MEDICATION: _____
 DOSAGE _____ FREQUENCY _____
 REASON FOR TAKING: _____

In accord with school board policy, no prescription or over-the-counter medication will be dispensed to any student without parental permission and a doctor's order. This includes aspirin and acetaminophen (Tylenol). The school does not provide over-the-counter medications. If medication needs to be given at school, we have a form that needs to be completed and signed by your health care provider and you, the parent/guardian. This is for both prescription and non-prescription medications. The medicine needs to be in the original container from the pharmacy. Ask your pharmacist to prepare two containers-one for school and one for home.

ARE THERE ANY OTHER CONCERNS YOU WOULD LIKE THE NURSE TO BE AWARE OF?

THANK YOU FOR SHARING THIS INFORMATION. WE CARE DEEPLY ABOUT YOUR CHILD'S HEALTH AND WELL-BEING. PLEASE CONTACT ME IF YOU HAVE ANY QUESTIONS OR CONCERNS.

DENISE NEREM, RN
EDGERTON SCHOOL DISTRICT 581

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____ Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me on _____ (date) by _____ (name of parent or guardian)

Notary Signature: _____

Notary Stamp

STATE OF MINNESOTA, COUNTY OF _____

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: _____ Date: _____
(of parent/guardian)

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English learner instruction at any time. Every enrolling student must be provided with the Minnesota Language Survey during enrollment.** Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information		
Student's Name: (Last, First, Middle)		Birthdate or Student ID:
	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/Guardian Information	
Parent/Guardian Name (Printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and forlegally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.