

St. Francis Area Schools

4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

Enrollment Packet Checklist

Form Title	Kindergarten	Grades 1-5	Grades 6-8	Grades 9-12
Welcome Letter Public Notice — Directory Information				
Student Enrollment Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2019-20 Ethnic and Racial Demographic Designation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VI ED 506 Indian Student Eligibility Certification Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Record Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupil Immunization Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology/Internet Use Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application for Educational Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional; important forms and information, but not required for enrollment. These forms will be found on the District's website at www.isd15.org.

Form Title	Kindergarten	Grades 1-5	Grades 6-8	Grades 9-12
Administration of Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Information Release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids Connection Registration	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA

St. Francis Area Schools

4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

Welcome

Welcome to St. Francis Area Schools

Registration forms for enrolling your child(ren) in St. Francis Area Schools are included in the enrollment packet. Please complete all the forms and return them, along with the required information. A parent or legal guardian must complete and sign each form.

Enrollment staff will be processing your child's enrollment. Depending on the time of enrollment, you will receive a phone call or letter with information about your child's open house in August (if applicable) and/or your secondary student's counselor appointment to establish a schedule.

If you have any questions, please contact the school office or department at:

Cedar Creek Elementary School (K-5)	763-213-8780
East Bethel Elementary School (K-5)	763-213-8900
St. Francis Elementary School (K-5).....	763-213-8670
St. Francis Middle School (6-8)	763-213-8500
St. Francis High School (9-12)	763-213-1500
Saints Academy/Saints Online	763-753-7149
District Office	763-753-7040
Health Services.....	763-213-1510
Nutrition Services.....	763-753-7060
Transportation	763-753-7080
Early Childhood Family Center.....	763-753-7170
Sandhill Center	763-213-1589

In order for the enrollment process to begin, the following information is requested:

- Proof of Residence
- Immunization Records
- Certified Birth Certificate, required for kindergarten

St. Francis Area Schools

Student Information Form

4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

For office use only:

School # _____ Student # _____
Teacher _____

Start Date _____ Grade _____

STUDENT'S LEGAL NAME _____ Nickname _____
Last First Middle

Male Female Birth Date _____ Place of Birth _____
City State/Province Country

Street Address _____ PO Box _____ Apt, Lot # _____

City/State/Zip _____ Primary Phone _____

Are you a resident of St. Francis Area Schools district? Yes No Date moved into current residence _____

Does your student require transportation services? Yes No

Has student had Early Childhood Screening? Yes No at St. Francis Other, (list district) _____

RACIAL/ETHNIC INFORMATION

This information is for federal and state civil rights and statistical reports. This is a nonscientific racial/ethnic designation as defined by the U.S. Department of Education. The manner of collection is described in Rule 3535.0120, Duties of the District.

CHECK ONE RESPONSE

- Hispanic or Latino
- NOT Hispanic or Latino

CHECK ALL RESPONSES THAT APPLY

- American Indian or Alaska Native*
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White

CHECK ONE RESPONSE

- American Indian/Alaskan Native (1)*
- Asian/Other Pacific Islander (2)
- Hispanic (3)
- Black, not of Hispanic origin (4)
- White, not of Hispanic origin (5)

* If you have checked the American Indian/Alaskan Native box, please fill out the Title VI ED 506 Indian Student Eligibility Certification Form.

PREVIOUS SCHOOL ATTENDED

Has student previously attended any other Minnesota public school? Yes No

School Name _____ District # _____

School Address _____

City, State, Zip Code _____

Phone Number _____ Date of attendance: From _____ to _____

SERVICES RECEIVED AT PREVIOUS SCHOOL

Gifted/Talented Yes No 504 Plan Yes No IEP enclosed Yes No
English Language Learner Yes No Special Education Yes No Case Manager _____

Parent/Guardian Signature _____ Date _____

Minnesota Statutes and Rules require the school district to keep accurate records and update personal records for students. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of St. Francis Area Schools. Certain information, known as "directory information", is available to the public unless the district receives a written request from a parent to withhold this information. Minnesota law requires that you provide immunization information to your student's school.

For office use only:

- Legal Birth Certificate
- Immunization Record
- Transportation notification _____
- Health Questionnaire
- Records requested _____
- Census notification _____

STUDENT'S LEGAL NAME _____

STUDENT PRIMARY RESIDENCE

PARENT/GUARDIAN FULL LEGAL NAME _____ Male Female
Last First Middle

Relationship to student _____ Legal guardian Yes No Lives with Contact allowed Educational rights

Street Address _____ PO Box _____ Apt, Lot # _____

City/State/Zip _____ Primary Phone _____

Secondary Phone _____ Text Phone (for school communication) _____

Email (for school communication) _____

PARENT/GUARDIAN FULL LEGAL NAME _____ Male Female
Last First Middle

Relationship to student _____ Legal guardian Yes No Lives with Contact allowed Educational rights

Street Address _____ PO Box _____ Apt, Lot # _____

City/State/Zip _____ Primary Phone _____

Secondary Phone _____ Text Phone (for school communication) _____

Email (for school communication) _____

STUDENT SECONDARY RESIDENCE (IF APPLICABLE)

PARENT/GUARDIAN FULL LEGAL NAME _____ Male Female
Last First Middle

Relationship to student _____ Legal guardian Yes No Lives with Contact allowed Educational rights

Street Address _____ PO Box _____ Apt, Lot # _____

City/State/Zip _____ Primary Phone _____

Secondary Phone _____ Text Phone (for school communication) _____

Email (for school communication) _____

PARENT/GUARDIAN FULL LEGAL NAME _____ Male Female
Last First Middle

Relationship to student _____ Legal guardian Yes No Lives with Contact allowed Educational rights

Street Address _____ PO Box _____ Apt, Lot # _____

City/State/Zip _____ Primary Phone _____

Secondary Phone _____ Text Phone (for school communication) _____

Email (for school communication) _____

EMERGENCY CONTACTS (List local contacts that the student may be released to in case of illness or other emergency if district is unable to notify parent. For younger children list childcare provider as an emergency contact.)

Contact 1 - Full Legal Name	Relationship	Primary Phone	Secondary Phone
Contact 2 - Full Legal Name	Relationship	Primary Phone	Secondary Phone
Contact 3 - Full Legal Name	Relationship	Primary Phone	Secondary Phone
Contact 4 - Full Legal Name	Relationship	Primary Phone	Secondary Phone

LIST ALL OTHERS LIVING IN THE HOUSEHOLD

FULL LEGAL NAME _____ Male Female
Last First Middle

Birth Date _____ Relationship to Parent _____ Current School _____ Grade _____
mm/dd/yy

FULL LEGAL NAME _____ Male Female
Last First Middle

Birth Date _____ Relationship to Parent _____ Current School _____ Grade _____
mm/dd/yy

FULL LEGAL NAME _____ Male Female
Last First Middle

Birth Date _____ Relationship to Parent _____ Current School _____ Grade _____
mm/dd/yy

FULL LEGAL NAME _____ Male Female
Last First Middle

Birth Date _____ Relationship to Parent _____ Current School _____ Grade _____
mm/dd/yy

FULL LEGAL NAME _____ Male Female
Last First Middle

Birth Date _____ Relationship to Parent _____ Current School _____ Grade _____
mm/dd/yy

RESIDENCY INFORMATION

Have you moved into the district in the last 36 months for temporary or seasonal agriculture or fishing work? Yes No

Is your current address a temporary living arrangement? Yes No *If yes, please answer the following two questions.*

Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

Do you or your student lack a fixed, regular, adequate nighttime residence? Yes No

Is your current address a foster home for the student listed? Yes No

Is your current address a group home for the student listed? Yes No

COUNTRY OF ORIGIN What is the student's country of birth? U.S. Other _____

If not in the U.S., when did the student enter the U.S.? _____ (*mm/dd/yy*)

HOME PRIMARY LANGUAGE

Which language did your child speak when he or she first began to talk? English Other _____

What language does your child speak MOST OFTEN at home? English Other _____

What Language do YOU use MOST OFTEN when speaking to your child? English Other _____

What language do other family members in your home USUALLY use when speaking to each other? English Other _____

Is an interpreter required to communicate with anyone in your family? Yes No – If yes, language _____

Family members _____

Would you prefer information to be sent home in a language other than English? Yes No

If yes, language _____

MILITARY? Military-Connected Youth Actively Deployed

For purposes of this section, a "military-connected youth" means having an immediate family member, including a parent or sibling, who is currently in the armed forces either as a reservist or on active duty or has recently retired from the armed forces.

STUDENT'S LEGAL NAME _____ Birth Date _____
Last First Middle

District St. Francis Area Schools - ISD 15 School _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (in bold), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our *Frequently Asked Questions: Ethnic and Racial Designation Form*.

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

[You must select “Yes” or “No” to this question.]

Yes [If yes, go to Optional Question A.] **No** [If no, go to Question 1.]

Optional Question A: If yes was chosen above, select all that apply from the list below (this question will not be answered by school staff):

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

Go to Question 1.

SELECT “YES” TO AT LEAST ONE OF THE QUESTIONS (1-6) BELOW.

Question 1: 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 who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes [If yes, go to Optional Question 1a.] **No** [If no, go to Question 2.]

Optional Question 1a: If yes was chosen above, select all that apply from the list below (this question will not be answered by school staff):

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

Go to Question 2.

Question 2: Is the student American Indian from South or Central America?

Yes [Go to Question 3.] **No** [Go to Question 3.]

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

2019-20 Ethnic and Racial Demographic Designation Form

STUDENT'S LEGAL NAME _____ Birth Date _____
Last First Middle

Question 3. 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 [If yes, go to *Optional Question 3a.*] **No** [If no, go to *Question 4.*]

Optional Question 3a: If yes was chosen above, select all that apply from the list below
(this question will not be answered by school staff):

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

Go to *Question 4.*

Question 4. 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 [If yes, go to *Optional Question 4a.*] **No** [If no, go to *Question 5.*]

Optional Question 4a: If yes was chosen above, select all that apply from the list below
(this question will not be answered by school staff):

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

Go to *Question 5.*

Question 5. 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 [Go to *Question 6.*] **No** [Go to *Question 6.*]

Question 6. 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**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

American Indian Education

St. Francis High School
3325 Bridge Street NW | St. Francis MN 55070
763-213-1575 | www.isd15.org



St. Francis Area Schools

Indian Education Program TITLE VI

In order to apply for a grant under the American Indian Education Program, the school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose.

Definition: Indian means any individual who is

- 1) a member of an Indian tribe or band
- 2) a descendent in the first or second degree (parent or grandparent) of a member of an Indian tribe or band
- 3) considered by the United States Secretary of the Interior to be an Indian for any purpose
- 4) an Eskimo or Aleut or other Alaska native
- 5) a member of an organized Indian group that received a grant under the Indian education act of 1988

If your child meets any of the above definition please complete the Title VI ED 506 Indian Student Eligibility Certification Form.

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized** - an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized** - an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe** - a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group** - Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, SW, LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

St. Francis Area Schools

4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

Student Record Request

Education/health information is requested for:

Student's Name _____ Grade _____ Birthdate _____
Month, Day, Year

Last school attended _____ District # _____

School Address _____

City, State, Zip _____

School Phone Number _____ School Fax _____

Does student have an IEP? Yes No

Student lives in St. Francis Area Schools —or— Student is open enrolling

Today's date _____ Date student is starting school _____

Please release the Official Education Record of the above student including identifying information, courses, attendance record, birth certificate, standardized test results, teacher evaluation, health records, and other information which may be helpful (particularly Special Education Records) in planning and implementing the student's school program. Please do not forget to include the student's MARSS number.

Send records to:

St. Francis High School (9-12)
St. Francis Area Schools
3325 Bridge Street NW
St. Francis, MN 55070
attn: Nancy Brunn
Email: nancy.brunn@isd15.org
Fax: 763-213-1691

St. Francis Elementary School
(K-5)
St. Francis Area Schools
22919 St. Francis Boulevard NW
St. Francis, MN 55070
attn: Shelly Tradewell
Email: shelly.tradewell@isd15.org
Fax: 763-753-5180

East Bethel Elementary School
(K-5)
St. Francis Area Schools
21210 Polk Street NE
East Bethel, MN 55011
attn: Annie Mickelburg
Email: annie.mickelburg@isd15.org
Fax: 763-434-7627

St. Francis Middle School (6-8)
St. Francis Area Schools
23026 Ambassador Blvd. NW
St. Francis, MN 55070
attn: Jolene Schleicher
Email: jolene.schleicher@isd15.org
Fax: 763-753-7718

Cedar Creek Elementary School
(K-5)
St. Francis Area Schools
21108 Polk Street NE
East Bethel, MN 55011
attn: Linda Stelmacher
Email: linda.stelmacher@isd15.org
Fax: 763-434-7679

Saints Academy/Saints Online
St. Francis Area Schools
4111 Ambassador Blvd. NW
St. Francis, MN 55070
attn: Brandi Rubischko
Email: brandi.rubischko@isd15.org
Fax: 763-753-7749

St. Francis Area Schools

Transportation Services • 22968 Ambassador Blvd., St. Francis MN 55070
763-753-7080 • FAX 763-753-6861 • www.isd15.org

Student Transportation Form

New enrollees: Please submit this form with the enrollment packet. For all others: Submit this form to Transportation. Please save it to your desktop, then create an email to jeremy.bolles@isd15.org and send as an attachment.

Parent will provide transportation **New request** **Change request**

St. Francis Area Schools District Transportation Policy and Operating Rules regarding transporting to and from childcare sites will be allowed under the following guidelines:

1. The childcare provider must live within the attendance area of the school.
2. The childcare transportation request must be the same every day. You are only allowed one pick-up and one drop-off location.
3. Allowed pick-up and drop-off scenarios (all others will be denied.)
 - Pick-up at childcare, drop-off at childcare every day.
 - Pick-up at childcare, drop-off at home every day.
 - Pick-up at home, drop-off at childcare every day.
 - Pick-up at home, drop-off at home every day.
4. Only written requests will be honored. Notes to bus drivers and/or calls to Transportation Department will not be accepted.
5. A request must be submitted five (5) days in advance of the change.

If you meet the above qualifications and need to have your child transported from/to a childcare site, please **COMPLETELY** fill in the following information:

STUDENT INFORMATION

Student Name _____ Primary Parent/Guardian #1 _____

Legal Residence Street Address _____

Legal Residence City/State/Zip _____

Home Phone _____ Parent Cell Phone _____

STUDENT WILL BE ATTENDING

Cedar Creek Elementary School (K-5) East Bethel Elementary School (K-5) St. Francis Elementary School (K-5)
 St. Francis Middle School (6-8) Other _____

Grade _____

Student is to be picked up at: Childcare Site Home Must be the same location everyday

Student is to be dropped off at: Childcare Site Home Must be the same location everyday

Beginning date _____ Ending date _____

CHILDCARE INFORMATION

Name of childcare provider _____ Home Phone _____

Street Address _____ City _____ Zip Code _____

I do hereby agree to hold St. Francis Area Schools harmless for any damages resulting from its granting this request.

Parent/Guardian Signature _____ Date _____

For office use only:	
<input type="checkbox"/> Transportation request approved	School # _____ Student # _____
<input type="checkbox"/> Transportation request denied	
Reason _____	Family # _____ Teacher _____

I. PURPOSE

The school district recognizes its responsibility in regard to the collection, maintenance, and dissemination of pupil records and the protection of the privacy rights of students as provided in federal law and state statutes.

II. GENERAL STATEMENT OF POLICY

The following procedures and policies regarding the protection and privacy of parents and students are adopted by the school district, pursuant to the requirements of 20 U.S.C. § 1232g, et seq., (Family Educational Rights and Privacy Act (FERPA)) 34 C.F.R. Part 99 and consistent with the requirements of the Minnesota Government Data Practices Act, Minn. Stat. Ch. 13, and Minn. Rules Parts 1205.0100-1205.2000.

V. STATEMENT OF RIGHTS

A. Rights of Parents and Eligible Students

Parents and eligible students have the following rights under this policy:

1. The right to inspect and review the student's education records;
2. The right to request the amendment of the student's education records to ensure that they are not inaccurate, misleading, or otherwise in violation of the student's privacy or other rights;
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that such consent is not required for disclosure pursuant to this policy, state or federal law, or the regulations promulgated thereunder;
4. The right to refuse release of names, addresses, and telephone numbers of students in grades 11 and 12 to military recruiting officers and post-secondary educational institutions;
5. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the school district to comply with the federal law and the regulations promulgated thereunder;
6. The right to be informed about rights under the federal law; and
7. The right to obtain a copy of this policy at the location set forth in Section XXI. of this policy.

B. Eligible Students

All rights and protections given parents under this policy transfer to the student when he or she reaches eighteen (18) years of age or enrolls in an institution of post-secondary education. The student then becomes an "eligible student." However, the parents of an eligible student who is also a "dependent student" are entitled to gain access to the education records of such student without first obtaining the consent of the student. In addition, parents of an eligible student may be given access to education records in connection with a health or safety emergency if the

disclosure meets the conditions of any provision set forth in 34 C.F.R. § 99.31(a).

C. Disabled Students

The school district shall follow 34 C.F.R. §§ 300.610-300.617 with regard to the confidentiality of information related to students with a disability.

XV. REQUEST TO AMEND RECORDS; PROCEDURES TO CHALLENGE DATA

A. Request to Amend Education Records

The parent of a student or an eligible student who believes that information contained in the education records of the student is inaccurate, misleading, or violates the privacy rights of the student may request that the school district amend those records.

1. The request shall be in writing, shall identify the item the requestor believes to be inaccurate, misleading, or in violation of the privacy or other rights of the student, shall state the reason for this belief, and shall specify the correction the requestor wishes the school district to make. The request shall be signed and dated by the requestor.
2. The school district shall decide whether to amend the education records of the student in accordance with the request within thirty (30) days after receiving the request.
3. If the school district decides to refuse to amend the education records of the student in accordance with the request, it shall inform the parent of the student or the eligible student of the refusal and advise the parent or eligible student of the right to a hearing under Subdivision B. of this section.

B. Right to a Hearing

If the school district refuses to amend the education records of a student, the school district, on request, shall provide an opportunity for a hearing in order to challenge the content of the student's education records to ensure that information in the education records of the student is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the student. A hearing shall be conducted in accordance with Subdivision C. of this section.

1. If, as a result of the hearing, the school district decides that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the student, it shall amend the education records of the student accordingly and so inform the parent of the student or the eligible student in writing.
2. If, as a result of the hearing, the school district decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the student, it shall inform the parent or eligible student of the right to place a statement in the record commenting on the contested information in the record or stating why he or she disagrees with the decision of

the school district, or both.

3. Any statement placed in the education records of the student under Subdivision B. of this section shall:
 - a. be maintained by the school district as part of the education records of the student so long as the record or contested portion thereof is maintained by the school district; and
 - b. if the education records of the student or the contested portion thereof is disclosed by the school district to any party, the explanation shall also be disclosed to that party.

C. Conduct of Hearing

1. The hearing shall be held within a reasonable period of time after the school district has received the request, and the parent of the student or the eligible student shall be given notice of the date, place, and time reasonably in advance of the hearing.
2. The hearing may be conducted by any individual, including an official of the school district who does not have a direct interest in the outcome of the hearing. The school board attorney shall be in attendance to present the school board's position and advise the designated hearing officer on legal and evidentiary matters.
3. The parent of the student or eligible student shall be afforded a full and fair opportunity for hearing to present evidence relative to the issues raised under Subdivisions A. and B. of this section and may be assisted or represented by individuals of his or her choice at his or her own expense, including an attorney.
4. The school district shall make a decision in writing within a reasonable period of time after the conclusion of the hearing. The decision shall be based solely on evidence presented at the hearing and shall include a summary of evidence and reasons for the decision.

D. Appeal

1. The final decision of the designated hearing officer may be appealed in accordance with the applicable provisions of Minn. Stat. Ch. 14 relating to contested cases.

XIX. ANNUAL NOTIFICATION OF RIGHTS

A. Contents of Notice

1. The school district shall give parents of students currently in attendance and eligible students currently in attendance annual notice by such means as are reasonably likely to inform the parents and eligible students of the following:
2. That the parent or eligible student has a right to inspect and review the student's education records and the procedure for inspecting and reviewing education records;
3. That the parent or eligible student has a right to seek amendment of the student's education records to ensure that those records are not inaccurate, misleading, or otherwise in violation of the student's privacy or other rights and the procedure for requesting amendment of records;

4. That the parent or eligible student has a right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that federal and state law and the regulations promulgated thereunder authorize disclosure without consent;
5. That the parent or eligible student has a right to file a complaint with the U.S. Department of Education regarding an alleged failure by the school district to comply with the requirements of FERPA and the rules promulgated thereunder;
6. The criteria for determining who constitutes a school official and what constitutes a legitimate educational interest for purposes of disclosing education records to other school officials whom the school district has determined to have legitimate educational interests; and
7. That the school district forwards education records on request to a school in which a student seeks or intends to enroll or is already enrolled as long as the disclosure is for purposes related to the student's enrollment or transfer and that such records may include suspension and expulsion records pursuant to the federal No Child Left Behind Act and, if applicable, a student's history of violent behavior.

- B. Notification to Parents of Students Having a Primary Home Language Other Than English
 1. The school district shall provide for the need to effectively notify parents of students identified as having a primary or home language other than English.
- C. Notification to Parents or Eligible Students Who are Disabled
 1. The school district shall provide for the need to effectively notify parents or eligible students identified as disabled.

Adopted: October 10, 2016

School Board
Independent School District No. 15
St. Francis, Minnesota

For the entire School Board Policy and any other Policies, please visit www.isd15.org/policies.

St. Francis Area Schools

4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

Health Questionnaire

Information will be reviewed by the licensed school nurse and kept in the student's confidential health file.

GENERAL INFORMATION

Student's Legal Name _____ Male Female Birth Date _____
Street Address _____ PO Box _____ Apt, Lot # _____
City/State/Zip Code _____ Primary Phone _____
Primary Parent Name 1 _____ Cell Phone _____ Work Phone _____
Primary Parent Name 2 _____ Cell Phone _____ Work Phone _____

PAST MEDICAL HISTORY

Any prenatal/ birth complications No Yes Explain _____
Developmental delays No Yes Explain _____
Childhood illnesses No Yes Explain _____
Childhood injuries including head injuries No Yes Explain _____

CURRENT HEALTH STATUS Overall Health Fair Good Excellent

Concerns/problems/illness (describe) _____

Medical diagnosis _____

Allergies _____ Epi-pen No Yes (will need doctor permission in writing)

Medications (home) _____ School No Yes (will need doctor permission in writing)

Activity restrictions _____

Head Normal Concerns Explain _____ Migraines No Yes

Nose/throat Normal Concerns Explain _____

Eyes/vision Normal Concerns Explain _____ Glasses No Yes

Ears/hearing Normal Concerns Explain _____
Hearing aids No Yes L R

Respiratory Normal Concerns Explain _____
Asthma No Yes Inhaler No Yes

Heart/cardiovascular Normal Concerns Explain _____

Stomach/intestines Normal Concerns Explain _____

Genital/urinary Normal Concerns Explain _____

Neurological/muscular Normal Concerns Explain _____

Endocrine Normal Concerns Explain _____
Diabetes No Yes Insulin pump CGM

Skin/dental Normal Concerns Explain _____

Mental Health Any diagnosis by a health care provider? No Yes

Condition/date/provider _____

Behavior concerns Normal Concerns Explain _____

Family concerns Normal Concerns Explain _____

HEALTH INSURANCE YES NO

Parent/Guardian Signature _____ Date _____

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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)	<input type="text"/>	<input type="text"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)	<input type="text"/>	<input type="text"/>	<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)

St. Francis Area Schools is pleased to provide access to a wide variety of technology resources for our students and staff. Resources include high-speed voice, video and data networks; campus-wide access to Internet resources; wireless access in some locations; computers, networked printers and other peripheral devices widely available in all district locations. We recognize that these technologies offer new opportunities to acquire, transfer and utilize information to positively affect the instructional programs we offer and the opportunities our students have for learning. St. Francis Area Schools supports access by staff and students to these information resources, along with the development of skills to analyze and evaluate these resources.

Our goal in providing these resources is to promote educational excellence by facilitating resource sharing, innovation and communication. Our staff will blend thoughtful use of these resources with the curriculum and provide guidance and instruction to students in the appropriate uses of these technologies.

Responsibility

Students are responsible for their behavior while using these resources just as they are in the classroom and other school facilities. All school rules apply for behavior and communication as per district policy and student/parent handbooks. St. Francis Area Schools is neither responsible nor liable for student actions while using these resources. The privilege to use these resources will be provided to those students who act in an ethical, responsible and considerate manner. Willful or intentional misuse will lead to further disciplinary actions and/or criminal penalties under appropriate local, state and federal laws. St. Francis Area Schools further reserves the right to monitor the use of these technologies so as to maintain the integrity of these resources.

Users should never share their password, allow others to use their accounts or make use of another person's account. Students shall not give out personal information such as name, address, telephone number, family location or name and location of the school without permission of a teacher or guardian.

Student Terms and Conditions

Students are responsible for their own actions and behavior at school. St. Francis Area Schools is not liable for student's actions when connecting to the Internet through the school's computers. Students assume full liability, legal, financial, or otherwise for their actions. Students will be **directly supervised by a classroom teacher(s) or a designated adult when using the Internet**. Students will NOT have an e-mail account. Using the Internet is a privilege, not a right. Access to the Internet may be removed if abused. Information obtained from the Internet should be examined for reliability, authority and relevance. Seeing it on the Internet does not necessarily make it true.

St. Francis Area Schools is in compliance with the Federal Children's Internet Protection Act (CIPA) which restricts possible access to inappropriate material. All school computers with Internet access and availability are filtered with a software filtering program designed to restrict material that is obscene, pornographic or harmful to minors. Complete details concerning Internet filtering can be reviewed by reading St. Francis Area Schools District Policy 306.1, Internet Acceptable Use and Safety Policy, available online at www.isd15.org or at any school office.

General Guidelines for Students

- You are expected to use the Internet as an educational resource. Games and other activities, unless assigned by a teacher, are prohibited.
- You are responsible for your exploration on the Internet. Abuse of the Internet may lead to removal of access privileges and/or a failing grade for the project on which you were working.
- You are required to sign the attached contract indicating your acceptance of the guidelines established by St. Francis Area Schools.
- Your parents/guardians must give their permission for you to use the Internet for educational purposes. Parents/guardians can deny permission.

Student Expectations

- You will assume that all the information on the Internet is private property.
- You may use only legal material and software.
- You will not vandalize the network or Internet resources.
- You may find material that is inappropriate; it is your responsibility to leave that site.
- You will not attempt to buy anything using the school network.

Student Online Safety Rules

- You will not give out personal information such as telephone number, address, and information about your parents.
- You will not give out the name and location of the school.
- You will tell your teacher right away if you come across inappropriate information.
- You will tell your teacher immediately if someone online attempts to meet with you.

If you have questions or need additional information on the Technology/Internet Use Student Agreement, please contact your student's school office.

I have read the St. Francis Area Schools Technology/Internet Use Student Agreement. I agree to abide by the rules and conditions stated. I also agree to the following guidelines:

1. I will be required to receive training on the Internet and etiquette before using the Internet.
2. I must receive permission to use the Internet.
3. I understand the consequences for misuse and abuse of the Internet may include loss of Internet privileges and a referral to the building principal and/or legal authorities.

Student Name _____ Student Signature _____

Teacher/Grade/School _____ Date _____

Parent/Guardian

- I give permission to use the Internet. As a parent/guardian of this student, I have read the St. Francis Area Schools Technology/Internet Use Student Agreement. I understand that this access is for educational purposes. I also recognize that it is not always possible to screen and restrict inappropriate material. I will not hold St. Francis Area Schools responsible for inappropriate material obtained on the Internet.
- I deny permission

Parent/Guardian Signature _____ Date _____



Apply for Educational Benefits

Dear Parent/Guardian:

Students may qualify for free or reduced-price school meals. To apply visit <https://stfrancis.strataapps.com> for the online application. A new application must be submitted each school year. At public schools, the application also helps the school qualify for education funds and discounts.

REGULAR-PRICED MEALS 2019-20

Breakfast Prices	Lunch Prices
\$1.45 Elementary	\$2.30 Elementary
\$1.55 Secondary	\$2.40 Middle School
	\$2.50 High School

A ½ pint of milk is included with a meal.

State funds help pay for reduced-price school meals, all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help pay for breakfasts for kindergarten students, so all participating kindergarten students receive breakfast at no charge.

Return completed Application for Educational Benefits to:

St. Francis Area Schools
Nutrition Services Department
4111 Ambassador Blvd NW
St. Francis, MN 55070

Who can receive free school meals?

Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can receive free school meals without reporting household income. Or children can receive free school meals if their household income is within the maximum income shown for their household size (see chart on this page).

I get WIC or Medical Assistance. Can my children get free school meals?

Children in households participating in WIC or Medical Assistance may be eligible for free school meals. Please fill out an application.

Who should I include as household members?

Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

May I apply if someone in my household is not a U.S. citizen?

Yes. You or your children do not have to be U.S. citizens for your children to qualify.

What if my income is not always the same?

List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes. For seasonal work, write in the total annual income.

Will the information I give be checked?

Yes, and we may also ask you to send written proof.

How will the information be kept?

Information you provide on the form, and your child's approval for school meal benefits, will be protected as private data. For more information see the Application for Educational Benefits.

If I don't qualify now, may I apply later?

Yes. Please complete an application at any time if your income goes down, your household size goes up or you start getting SNAP, MFIP or FDPIR benefits.

Please provide the information requested about children's racial identity and ethnicity, which helps make sure St. Francis Area Schools is fully serving our community. This information is not required for approval of school meal benefits.

If you have any questions or need assistance completing the application, call Nutrition Services Department at 763-753-7015.