



White Bear Lake Area Schools

District #624

ENROLLMENT FORM 2019-2020 Kindergarten

STUDENT INFORMATION

Last Name (Legal)		First Name (Legal)		Middle Name (Legal)		Date of Birth (MM/DD/YYYY)	
Grade Enrolling Into	Gender ___ Male ___ Female		Home Language		Previously Attended White Bear Schools ___ Yes ___ No School Name: _____		

RECENT SCHOOLS - List all schools student has attended – most recent school first

Include Pre School Attended and Pre School Screening location for Kindergarten Students

School Name	City & State	Grades	Type of School
			___ MN Public ___ Out of State Public ___ Non Public ___ Charter
			___ MN Public ___ Out of State Public ___ Non Public ___ Charter

STUDENT HOME ADDRESS

Student Lives with ___ Mother ___ Father ___ Both ___ Other _____	
Main Telephone # (____) _____ - _____	
ADDRESS	Street Address _____ Apartment # _____
	City _____ Zip Code _____

FAMILY 1: PARENT / GUARDIAN INFORMATION

Parent/Guardian #1		Parent/Guardian #2	
Name (First, MI, Last)			
Relationship to Student <i>Mom, Step-Dad, Aunt etc.</i>			
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address <i>If different than student</i>			
Home Telephone			
Cell Phone			
Work Phone			
Email			

OFFICE USE
ONLY

Date Completed:

Enrollment Year: 2019-2020

Interpreter Needed: YES NO

Last Name	First Name	Middle Name	Gender	Birth Date (mm/dd/yyyy)	Grade	School
			Male Female			
			Male Female			
			Male Female			
			Male Female			
			Male Female			

Parent/Guardian #1		Parent/Guardian #2
Name <i>(First, MI, Last)</i>		
Relationship to Student		
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Home Telephone		
Cell Phone		
Work Phone		
Email		

Are there any restrictions legally placed upon non-custodial parent's rights to information about, or dealing with, the student named on this form? ☐ **YES** ☐ **NO**
If YES, a copy of the decree needs to be on file at the school. Please send it to the principal.

	Contact 1	Contact 2
Name (<i>First, Last</i>)		
Relationship to Student		
Home Telephone		
Cell Phone		
Work Phone		

☐ Autism Spectrum Disorder ☐ Emotional / Behavior Disorder ☐ Speech / Language Impairments
☐ Development Cognitive Disability ☐ Other Health Disabilities ☐ Traumatic Brain Injury
☐ Developmental Delay ☐ Physically Impaired ☐ Visually Impaired
☐ Deaf / Hard of Hearing ☐ Specific Learning Disabilities

Does the student have a 504 accommodation plan? ___ Yes ___ No

Is the student currently enrolled in a Gifted & Talented Program? ___ Yes ___ No

Has the student ever received help learning English? ___ Yes ___ No

Does the family need an interpreter present at school conferences? ___ Yes ___ No If Yes indicate Language _____

Has the student ever been expelled from a previous school? ___ Yes ___ No

Signature of Parent / Guardian	Relationship to Student	Date
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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 Full 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 for legally 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.

2019-20 Ethnic and Racial Demographic Designation Form

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

Date of Birth: _____ District: _____ 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 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 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.

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

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

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

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 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*):

☐ Decline to indicate

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ 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 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*):

☐ Decline to indicate

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ 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 _____



White Bear Lake Area Schools Kindergarten School Choice

STUDENT INFORMATION

Last Name <i>(Legal)</i>	First Name, Middle Name <i>(Legal)</i>	Date of Birth (MM/DD/YYYY)
Parent/Guardian Names		

- | | | |
|--------------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> | Birch Lake Elementary | All-Day Kindergarten |
| <input type="checkbox"/> | Hugo Elementary | All-Day Kindergarten |
| <input type="checkbox"/> | Lakeaires Elementary | All-Day Kindergarten |
| <input type="checkbox"/> | Lincoln Elementary | All-Day Kindergarten |
| <input type="checkbox"/> | Matoska IB World School | All-Day Kindergarten |
| <input type="checkbox"/> | Otter Lake Elementary | All-Day Kindergarten |
| <input type="checkbox"/> | Vadnais Heights Elementary | All-Day Kindergarten |
| <input type="checkbox"/> | Willow Lane Elementary | All-Day Kindergarten |

**If you have questions, please contact your elementary school principal
or the District Enrollment Center at 651-407-7674, 4855 Bloom Ave, WBL.**

Birch Lake Elementary
1616 Birch Lake Ave
White Bear Lake, MN 55110
Principal: Tami VanOverbeke

Lincoln Elementary
1961 Sixth Street
White Bear Lake, MN 55110
Principal: Dan Schmidt

Otter Lake Elementary
1401 County Road H2
White Bear Lake, MN 55110
Principal: Matt Langsdale

Hugo Elementary (Grades K-1)
*(*see Oneka Elementary for grades 2-5)*
14895 Francesca Avenue
Hugo, MN 55038
Principal: Jason Healy

Matoska IB World School
2530 Spruce Place
White Bear Lake, MN 55110
Principal: John Leinger

Vadnais Heights Elementary
3645 Centerville Road
Vadnais Heights, MN 55127
Principal: Sara Svir

Lakeaires Elementary
3963 Van Dyke Street
White Bear Lake, MN 55110
Principal: Cary Krusemark

Oneka Elementary (Grades 2-5)
*(*see Hugo Elementary for grades K-1)*
4888 Heritage Parkway North
Hugo, MN 55038
Principal: Teresa Dahlem

Willow Lane Elementary
3375 Willow Avenue
White Bear Lake, MN 55110
Principal: Chris Streiff

Complete information is available at <http://www.isd624.org/kindergarten>

HAISQHIA! Yog xav tau tsev kawm ntawv cov ntawv txhais ua lus Hmoob,
thov hu rau tus Hmoob Liaison rau (651) 407-7623.

ATENCIÓN: Si usted necesita hablar con una persona que hable Espanola,
Por favor, llame al (651) 407-7625.



White Bear Lake Area Public Schools

Independent School District 624

Student's Name: _____ Date of Birth: _____

Parent(s)/Guardian(s): _____

GENERAL INFORMATION FORM

Has your child completed Early Childhood Screening: YES NO

If yes, Where? _____

Has your child attended pre-school? YES NO

If yes what was the name of the school? _____

How many years did they attend? _____

Does your child have a 504 Accommodation Plan? YES NO

Does your child have an IEP(Individualized Education Plan)? YES NO

If yes, please check all that apply:

☐ Autism Spectrum Disorder

☐ Emotional/Behavior Disorders

☐ Specific Learning Disabilities

☐ Developmental Cognitive Disability

☐ Other Health Disabilities

☐ Speech/Language Impairments

☐ Developmental Delay

☐ Physically Impaired

☐ Traumatic Brain Injury

☐ Deaf - Hard of Hearing

☐ Visually Impaired

Has your child ever received help learning English? YES NO

Does the family need an interpreter present at school conferences? YES NO

If Yes, please state language: _____

Parent/Guardian Signature

Date



White Bear Lake Area Public Schools
Independent School District 624

RECORDS RELEASE FORM

If your child received early childhood screening through a school district other than White Bear Lake, please complete this form.

Date _____

Student's Full Name _____ Date of Birth _____

Grade _____ Parent Name (please print) _____

Student has a Special Education IEP ____ Yes ____ NO

I authorize _____ District # _____

Street Address _____

Phone Number: _____ Fax Number _____

____ TO RELEASE INFORMATION TO:

School _____ (WBL school name)

School Address _____

Phone Number _____ Fax Number _____

Information to be released – if applicable (School records may be examined by parent)

- Official School Records
 - (Name, address, birth date and/or copy of birth certificate, sex, etc.)
- State ID number
- Health and immunization records
- Pre-school screening records
- Special education documents including current IEP and Assessment Report
- 504 Plan

MCKINNEY-VENTO HOMELESS EDUCATION

CONTACT PERSON (Parent, Guardian. Other)	
ADDRESS (Street, City, State, Zip Code)	
Phone Number (Include Area Code)	

Presently, are you and/or your family in any of the following living situations. Check the appropriate box. If none apply, no further information is required. If you have checked an area, please continue and complete this form.

- ☐ Sharing housing of others due to loss of housing, economic hardship or similar reason.
☐ Staying in a shelter
☐ Unsheltered (living in car, street, abandoned building, etc.)
☐ Motel / hotel due to loss of housing.

- ☐ Migrant worker
☐ Transitional housing unit
☐ Unaccompanied youth: Not in the physical custody of a parent or legal guardian.
☐ Other: Please explain.

Is there a current *Order of Protection* or *No Contact Order* which concerns the student? Yes ___ No ___ If yes, please explain.

PLEASE LIST BELOW THE CHILDREN IN YOUR CARE (USE ADDITIONAL PAGES IF NECESSARY)

NAME:	FIRST	MIDDLE	LAST	M/F	D.O.B.	GR	SCHOOL NAME	SPECIAL SERVICES Y/N

CHILD NUTRITION PROGRAM INFORMATION

McKinney Vento qualifies your student(s) for free school meals through our Child Nutrition Program. Your student(s) may also receive free or reduced fees for other school related programs. You have the option to give your permission for your student(s) free meal status to be shared (or not) with other White Bear Lake Departments by checking one of the boxes below.

☐ NO, DO NOT SHARE MY INFORMATION WITH OTHER WHITE BEAR LAKE DEPARTMENTS. If you check this box, it means that other White Bear Lake programs will not have access to your eligibility, and it will be your responsibility to provide this information to them to receive waived or reduced fees.

☐ YES, I GIVE PERMISSION FOR MY INFORMATION TO BE SHARED WITH OTHER WHITE BEAR LAKE DEPARTMENTS. If you check this box, Child Nutrition will be able to disclose your free/reduced meal eligibility to other appropriate school officials for the purpose of receiving assistance or a waiver for other school related programs.

To the best of my knowledge, the information in this document is accurate:

SIGNATURE OF PARENT / LEGAL GUARDIAN OR PERSON COMPLETING THIS FORM IN LIEU OF PARENT / LEGAL GUARDIAN:

DATE: _____

The undersigned, according to information provided above, certifies that the student(s) listed meet the definition of homeless as stated in McKinney Vento Act (Subtitle B, Sect. 725) of July 1, 2002.

MCKINNEY VENTO COORDINATOR: _____ START DATE: _____ END DATE: _____

TRANSPORTATION REQUIRED: _____ YES _____ NO START DATE: _____ END DATE: _____

Distribution sent to the following on DATE:

- ☐ Building Secretary
- ☐ MARRS Specialist
- ☐ Transportation
- ☐ Food Service
- ☐ Referral to community resources
- ☐ Clothing Closet referral

FOLLOW UP NOTES:



White Bear Lake Area Public Schools #624

Leading minds to learning, hearts to compassion and lives to community service.

Foster Care Verification Form

Foster Care Liaison: 651-407-7559

The Every Student Succeeds Act of 2015 includes assurances that students living in foster care be enrolled in or remain at their school of origin (the school of attendance at the time they move to foster care), unless it is determined that it is not in their best interest to do so. Please complete the following form to determine if this law pertains to your current situation.

List all children or youth living in the situation above.

First	Middle	Last	School (if known)

Enrolling Adult (check all that apply): <input type="checkbox"/> Foster Parent <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	
Name(s):	
Phone(s):	Email Address:

Child Status Information
Have parental rights been terminated? Yes ____ No ____ Name of Legal Guardian:
Do you have legal documents or a placement letter from the county? Yes ____ No ____

County Contact Information
County Worker: Division: Phone:
Address: Email:

Foster Home Information
Foster Parent(s) Name(s) (If different from above):
Address:
Phone(s): Email:
<input type="checkbox"/> Address is within District boundaries <input type="checkbox"/> Address is outside District boundaries <input type="checkbox"/> Address is outside attendance area

Please continue to next page

If parental rights are NOT terminated, complete the following information.

Primary Parent Information	
Name(s):	
Address:	
Phone(s):	Email:

Secondary Parent Information	
Name(s):	
Address:	
Phone(s):	Email:

For Enrollment Center Use Only:	
Documentation Provided: (Please check all that apply)	Distribution of Information: (Please check all that apply)
<input type="checkbox"/> County Placement Letter <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Legal Guradian Documentation	<input type="checkbox"/> Documents sent to information Services <input type="checkbox"/> Copy Sent to Foster Care Liaison <input type="checkbox"/> Copy Sent to School(s)

For Foster Care Liaison Use Only:	
<input type="checkbox"/> Transportation Request Submitted <input type="checkbox"/> Transportation Route Assigned	Notes:



STUDENT INFORMATION

Last Name (Legal)	First Name (Legal)	Middle Name (Legal)
Grade	Date of Birth (MM/DD/YYYY)	Gender ___Male ___Female

Health Issues and Other Information

List all current health concerns or conditions, medical diagnoses, and/or mental health diagnoses (please report all conditions annually):

Could any of these conditions result in an emergency? ___Yes ___No

If YES, please describe:

Has your child outgrown or no longer has a previous health condition or diagnosis? ___Yes ___No

If YES, please list:

Does your child require a special diet (gluten free, dairy free, etc.)? ___Yes ___No

If YES: Your child's doctor will need to complete the [Special Diet Statement to Request Dietary Accommodations](#) form if not already on file with the school district. The completed form can be turned into the health office of the school your child attends.

Would you like to be contacted by Nutrition Services for more information on ordering special meals or other menu accommodations? ___Yes ___No

Are there any restrictions to your child's activities? ___Yes ___No

If YES, please describe:

Does your child have health insurance? ___Yes ___No

If no, would you like assistance with applying for health insurance? ___Yes ___No

Please list any medications (prescription or over the counter) your child takes on a regular basis. Please complete the Authorization for Administration of Medication at School form if your child will be taking the medication during the school day.

Authorization for Administration of Medication at School form can be printed [here](#).

Medication	Dosage	Time (a.m. or p.m.)	Reason

Immunization information: <http://www.health.state.mn.us/divs/idepc/immunize/readykidswhento.pdf>

***Immunization records should be sent to the school prior to the first day of enrollment unless records were uploaded during the enrollment process.

Information provided may be shared with school staff that work with your child on a need to know basis.

Parent / Guardian Signature

Relationship to Student

Date



White Bear Lake Area Schools
Independent School District 624

LUS CEEB TOOM! Yog koj xav tau tsev
kawm ntawv cov ntaub ntawv txhais ua lus
Hmoob, thov hu rau (651) 407-7623.

ATENCIÓN: Si usted necesita hablar con una
persona que hable Español, por favor, llame al
(651) 407-7625.

2019-2020 Media Release Form

Dear Parent/Guardian:

District policy defines a student's photograph as "Student Directory Information" and thus is public information unless you provide the appropriate notification to the school district that you would not like this information to be public (see information at <http://www.isd624.org/about/Forms.asp>). If your child's information is public, for example, your child's photo and name would appear in school yearbooks and classroom publications. Also, should your student receive a public honor or recognition, the District would provide your child's school picture to the honoring organization and/or media upon request.

In addition, the White Bear Lake Area School District asks for your consent for the following purposes:

- During the school year, the media may visit your child's school, with school permission, to cover special events and may want to interview, videotape or photograph your child.
- The White Bear Lake Area School District and the District's educational partners may also wish to use your child's photograph, voice, likeness or student work for promotional and educational reasons, such as in publications, posters, brochures, newsletters and videos; on District and school websites; on local cable television channels; or at community events (e.g. Marketfest).

To give your consent, please sign this form, which will be kept on file in our SIS system.

The 2019-20 Media Release Form is valid for photographs, voices, likenesses or student work recorded or created through September 2020. Thank you for your cooperation.

Student's Name (please print) _____

_____ **I give my permission** for my child to be filmed/photographed/interviewed by the media during school events and for the District and the District's educational partners to use my child's photograph/voice/likeness/work for promotional and educational purposes, including District/school/classroom websites and publications.

_____ **I do not give my permission** for my child to be filmed/photographed/interviewed by the media during school events and for the District and the District's educational partners to use my child's photograph/voice/likeness/work for promotional and educational purposes, including District/school/classroom websites and publications.

******Please note** that if you opt out of the Media Release Form, your child's photograph will be included in yearbook and classroom publications (including Schoology) unless you notify the district that you do not wish for Directory Information to be given out about your child.

Parent/Guardian signature

Date

If you have questions about this form, contact your building principal or the Communications Office at 651-407-7695.

White Bear Lake Acceptable Use Policy

By signing this agreement, I accept and agree to abide by the White Bear Lake Area Schools Electronic Technologies Acceptable Use Policy. I realize that the primary purpose of using School District electronic technologies is educational. I will limit my usage to educational purposes that further educational goals consistent with the mission and policies of the School District.

I understand that use of School District electronic technologies is a privilege, not a right. Access may be revoked at any time by the School District, as it sees fit. Inappropriate use will result in suspension or cancellation of use and/or access privileges; payments for damages and repairs; discipline under other appropriate School District policies, including suspension, expulsion, exclusion, or termination of employment; or civil or criminal liability under other applicable laws.

I will not use School District electronic technologies to engage in any behavior that is illegal, inappropriate, destructive or harmful.

I recognize that, even though the School District uses technical means to limit student Internet access, these limits do not provide a foolproof means to prevent access to all inappropriate information. It is my responsibility to avoid such information and inform my instructor immediately if I access any inappropriate information.

I understand that my use of School District electronic technologies is not private and that all of my activity, transmissions, documents, posts etc., are subject to review and monitoring by School District personnel.

I release the School District from any liability resulting from actions I take while using School District electronic technologies including unwanted financial obligations.

The School District may provide personal accounts for communication, document sharing and access to educational tools. Any access I am granted to personal accounts through the School District must meet all of these criteria, or my privilege of use will be forfeited.

By signing below as a student, I acknowledge and agree to abide by the White Bear Lake Area School District's Acceptable Use and Safety Policy (policy 524, <http://goo.gl/SUghlf>)

Printed Student Name: _____ Date: _____

Signature Student Name: _____

By signing below as a parent/guardian, I acknowledge and agree to the White Bear Lake Area School District's Acceptable Use and Safety Policy (policy 524, <http://goo.gl/SUghlf>)

Printed Parent/Guardian Name: _____ Date: _____

Signature Parent/Guardian Name: _____

REVIEW OF STUDENT DISCIPLINE POLICY

(Parents must review this information with their child before the Student Acknowledgement is signed)

1. All students are "held individually responsible for their behavior and for knowing and obeying the Code of Student Conduct" and the Discipline Policy.
 - The Student Discipline Policy is 24 pages long. It is your responsibility to understand and follow it. You can be disciplined for any violation of its terms. Go to http://www.isd624.org/Files/teachingandlearning/506_discipline_revise61316.pdf to review the discipline policy.
 - You might be disciplined for violations of the Code of Conduct or Discipline Policy regardless of any other student's behavior.
2. The Code of Conduct and Discipline Policy do not just apply at school. They also apply at school activities and trips, school functions or events, school buses and other school vehicles or school approved vehicles, bus stops, the property immediately next to school property, and students' walking routes, when used for the purpose of attending school or school related functions or activities.
 - There might not be a school employee present at some of these locations (e.g., walking routes and some school approved vehicles). But, your behavior is still subject to the Code of Conduct, the Discipline Policy, and other school policies
3. The Code of Conduct also applies to any student, regardless of that student's location or the time, whose behavior interferes with or obstructs the mission or operations of the school district or the safety or welfare of the student, other students, or District employees.
 - This means that off-campus conduct (including bullying and cyberbullying) might result in discipline, if it affects the school or jeopardizes the safety or wellbeing of a student or staff member.
4. The Code of Conduct lists specific examples of prohibited behavior that might result in discipline. There are 48 items listed, which include:
 - Inappropriate, abusive, threatening, or demeaning actions
 - scholastic dishonesty- including possession and/or misuse of nuisance devices or objects which may cause distractions or disruptions and which may jeopardize academic integrity
 - Attendance problems including, but not limited to, truancy, absenteeism, tardiness, skipping classes, or leaving school grounds without permission;
 - Students can also be disciplined for violations of other school and District policies, including the policies about bullying, violence, hazing, and computer use.
5. The School District has the right to select a particular type of discipline to respond to any particular misconduct. The minimum level of discipline is a discussion of the violation and a verbal warning. At the District's discretion, more severe behavior may warrant more severe discipline, up to and including suspension or expulsion.
 - For example, the District might propose expelling a student for fighting, possession or distribution of drugs, theft, assault, or bullying- including cyberbullying -even if the student did not have any previous discipline.
 - The District may also propose expulsion if a student possesses a weapon at school. The District's weapons policy makes an exception to this rule for a student who finds a weapon on the way to school or discovers that he or she accidentally has a weapon in his or her possession. In order to fall under this exception, the student must immediately take the weapon to the Principal's office. If it is impractical or dangerous to take the weapon to the Principal's office, the student can, instead, immediately turn over the weapon to an administrator, teacher, or head coach, or immediately notify the administrator, teacher, or head coach of the weapon's location.
6. The Discipline Policy specifically prohibits the use, distribution, intent to distribute, making a request for, and being under the influence of, alcohol, narcotics, drugs, prescription drugs (other than your own prescription used in accordance with a doctor's order), or look-alike substances at school or in a school function. This includes sharing prescription drugs with other students. The School District reserves the right to screen students and their guests for evidence of alcohol consumption at school-sponsored events. If there is reasonable suspicion, the District may also screen students for evidence of alcohol consumption during the school day.
7. Behavioral infractions, including those involving alcohol, drugs, or other controlled substances, may violate the Minnesota State High School League's rules. Violations of the League rules may result in penalties required or authorized by those rules, in addition to any school-based discipline. Students must remember that the League rules apply at all times, regardless of whether school is in session. If the District becomes aware of a violation of a High School League rule that took place outside of school, on a weekend, or over the summer, it may be required to impose penalties consistent with the High School League rules.
8. The School District expects students to help maintain a safe and orderly learning environment not only by following District policies, but also by cooperating in any investigation and disciplinary proceedings related to violations by other students.

Parent Name _____

I hereby acknowledge that I have received and reviewed the White Bear Lake Area Schools Student Discipline Policy and Code of Student Conduct. I further acknowledge that I understand that my behavior is subject to the Student Discipline Policy and Code of Student Conduct and that I may be disciplined for violations of the Student Discipline Policy and Code of Student Conduct.

Parent Signature

Date



White Bear Lake Area Schools

Census Information

Please complete the form below listing all adults and children residing in the household.

****Please note – only 1 form needs to be completed per family**

Return by mail, email, fax, or bring to:

Mail: Census Information, 4855 Bloom Ave, White Bear Lake, MN 55110

Phone: 651-407-7507

Fax: 651-407-7502

Email: census@isd624.org

Web: www.isd624.org/pdfs/censusinformation.pdf

Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Head(s) of Household

Last Name (Legal)	First Name (Legal)	Gender	Date of Birth (mm/dd/yy)
_____	_____	M F	____/____/____
_____	_____	M F	____/____/____

Parent/Guardian's Preferred Language: _____

All Others Living at this Address

Last Name (Legal)	First Name (Legal)	Gender	Date of Birth (mm/dd/yy)
_____	_____	M F	____/____/____
_____	_____	M F	____/____/____
_____	_____	M F	____/____/____
_____	_____	M F	____/____/____
_____	_____	M F	____/____/____

If your last residence was in the White Bear Lake School District, please indicate that address below:

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____