



White Bear Lake Area Schools

District #624

ENROLLMENT FORM 2020-2021 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

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

Has your child completed Early Childhood Screening? YES NO

If yes, Where? _____

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: 2020-2021

Interpreter Needed: YES NO

SIBLINGS - List names of all students under the age of 21 living in the same household

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

FAMILY 2: PARENT / GUARDIAN INFORMATION

Parent/Guardian #1		Parent/Guardian #2	
Name (First, MI, Last)			
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			

CUSTODIAL INFORMATION -Please provide the information requested below:

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.

EMERGENCY CONTACTS

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

SPECIAL EDUCATION - Is this student receiving Special Education Services (IEP)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Emotional / Behavior Disorder | <input type="checkbox"/> Speech / Language Impairments |
| <input type="checkbox"/> Development Cognitive Disability | <input type="checkbox"/> Other Health Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Physically Impaired | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Deaf / Hard of Hearing | <input type="checkbox"/> Specific Learning Disabilities | |

GENERAL INFORMATION

- 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

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.

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		

- Birch Lake Elementary** All-Day Kindergarten
- Hugo Elementary** All-Day Kindergarten
- Lakeaires Elementary** All-Day Kindergarten
- Lincoln Elementary** All-Day Kindergarten
- Matoska IB World School** All-Day Kindergarten
- Otter Lake Elementary** All-Day Kindergarten
- Vadnais Heights Elementary** All-Day Kindergarten
- Willow Lane Elementary** All-Day Kindergarten

Upon enrollment, resident students of White Bear Lake Schools are assigned to their attendance boundaries, which is based on their home address.

Parents requesting a school outside of their attendance boundaries *must* complete the **Intra-District Transfer form**.

If your school of choice is **NOT** in your attendance area, there is no guarantee that your student will be enrolled there.

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: Jonathan Luknic

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: Cynthia Mueller

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

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

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: Lori Mosser

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

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 Schools
2020-2021 HEALTH & EMERGENCY SUMMARY**

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