

# District 197

# Kindergarten Checklist

Use this checklist to ensure you have completed all the steps to register your child for elementary school!

- Birth Verification**  
A birth or hospital certificate must be presented at registration to verify your child's date of birth. A birth certificate may be obtained at the Northern Dakota County Service Center in West St. Paul (651-554-6600).
- Residency Verification**  
Please provide a document that shows the name and address of the parent/guardian or other person having legal custody of the student. Address verification documents may include a utility bill (dated within 60 days of requested enrollment) such as electric, gas, water, sewer, telephone (landline, cell, VOIP), internet, TV (cable, satellite).
- Enrollment Survey**  
Answer to the best of your ability. Completing this form assists the school in getting your child into the appropriate classes and supporting your child's needs and ensuring a smooth transition.
- Early Childhood Screening Questionnaire**  
If your student was screened by District 197 it may be on file. Otherwise, we need a copy of the screening information prior to the first day of classes in order for the student to start school. If your student has not been screened, please call 651-403-8363 as soon as possible to schedule a screening appointment.
- Enrollment Form** for West St. Paul-Mendota Heights-Eagan Area Schools (School District 197)
- Minnesota Language Survey**
- Ethnic and Racial Designation Form**
- Student Health Form**  
Helps provide school health professionals with information to best serve your child. Completing this form also alerts us to supplemental forms you may need to complete (e.g., Asthma Action Plan, Food Allergy Action Plan).
- Emergency Record**  
This form is kept on file in the school's Health Office and used to contact the appropriate people in case of an emergency.
- Bus Registration Form (Residents)**  
All students who are planning to ride a bus must register for service. Transportation is available (at no charge) to elementary-age students who live more than .75 miles from their school (students who live .75 miles or less from school walk or have a choice to ride a bus for a fee). Forms are due to the Transportation Office by August 1. Please only register for service when you are sure your child will be riding a bus. For more information visit [www.isd197.org/services/transportation](http://www.isd197.org/services/transportation).
- Immunization Form**  
To enter kindergarten, each child is required by State law to present verification that they have been immunized. A Pupil Immunization Record (or Notarized Conscientious Exemption form) noting the dates (month, day, year) of each immunization must be completed and on file at school prior to the first day of classes.
- Physical Exam Form**  
A physical examination form is requested by your school health office. If you have any questions, please contact the health care professional at your school.

- Application for Educational Benefits** *(not available until August 1, 2020)*  
Free or reduced-price school meals are available to families that meet specific income requirements. All families are requested to complete the form and turn it in. To apply for free or reduced-price school meals complete and submit an Application for Educational Benefits. Applications can also be completed online at [www.isd197.org/services/childnutrition](http://www.isd197.org/services/childnutrition).

## **SUPPLEMENTAL FORMS (IF APPLICABLE)**

- Fee for Bus Service Form**  
Students who live .75 miles or less from their elementary school walk or have a choice to ride a bus for a fee. Students can pay to ride the bus all year or seasonally. Forms are due to the Transportation Office by August 1. For more information visit [www.isd197.org/services/transportation](http://www.isd197.org/services/transportation).
- American Indian Title VI 506 Eligibility Certification Form**  
If your student has a parent or grandparent who is a member of a state or federally recognized American Indian tribe or band, please complete a 506 Form to ensure your child is counted for federal funding and included in American Indian programming (if desired).
- Parent/Guardian Relationship Verification**  
Only legal biological or adoptive parents are allowed to enroll a student. If you are not the legal biological or adoptive parent, one of the following forms or documentation will be required. Please also provide any documents related to guardianship or custody limitations, if applicable.
  - 1) **Legal Guardian** – guardianship documentation
  - 2) **Foster** – Foster Home Information Form
  - 3) **Care and Treatment** – Care and Treatment Form
  - 4) **Ward of the State** – Foster Home Information Form
  - 5) **Other** – Parental Release Form
- Asthma Action Plan**  
Students who require special accommodations should complete the appropriate form and make any necessary arrangements with their school's health care professional. Learn more at [www.isd197.org/enroll](http://www.isd197.org/enroll).
- Food Allergy Action Plan**  
Students who require special accommodations should complete the appropriate form and make any necessary arrangements with their school's health care professional. Learn more at [www.isd197.org/enroll](http://www.isd197.org/enroll).
- Special Diet Statement**  
Students who require special accommodations should complete the form, have it signed by your child's physician, and make arrangements with their school's health care professional. Learn more at [www.isd197.org/enroll](http://www.isd197.org/enroll).
- Consent for Administration of Medication in School Form**  
Students who need to take prescription or over the counter medications at school should complete the appropriate form, have it signed by your child's physician, and make any necessary arrangements with their school's Nutrition Services staff. Learn more at [www.isd197.org/enroll](http://www.isd197.org/enroll).
- Statewide Enrollment Options Application (Non-Resident/Open Enrolled)**  
Families who do not reside within the boundaries of District 197 may apply to have their child attend school in the district. In addition to completing this application, families will need to complete an online Open Enrollment request for their school of choice.
- Bus Registration Form (Non-Residents/Open Enrolled)**  
Under certain circumstances, students who do not live within the District 197 boundaries may ride the school bus to and from school. For more information visit [www.isd197.org/services/transportation](http://www.isd197.org/services/transportation).

# District 197 Enrollment Survey

Welcome to West St. Paul-Mendota Heights-Eagan Area Schools! We're honored you have chosen us to support your child's/children's education. We want to make sure your child's transition to school is as smooth as possible. Please help us get to know your child and any supports needed by answering the questions below to the best of your ability. Thank you!

Student Name: \_\_\_\_\_

Has the student ever been identified by a school as "Gifted and Talented" and participated in a special program?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Has the student skipped a grade level?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, which grade?
Has the student been grade accelerated in a specific class/subject?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, which class?
Has this student participated in an Advancement Via Individual Determination (AVID) program previously? Which grades?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, which grades?
Has the student ever participated in an English as a Second Language (ESL) or English Learner (EL) program?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, which grades?
In what language would you prefer written communication from the school?			
Has the student participated in any individual testing at the school for which you had to give your permission?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Has the student ever received help or support at school from any of the following?	Please check all that apply: <input type="checkbox"/> Special Education teacher <input type="checkbox"/> Speech teacher <input type="checkbox"/> Occupational therapist (OT) <input type="checkbox"/> Adaptive PE (DAPE) teacher <input type="checkbox"/> Other: _____		

<p>Has this student received any other special academic help for any subject?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, check all supports and subjects that apply:  <input type="checkbox"/> Intervention or support class during the school day  <input type="checkbox"/> Summer school  <input type="checkbox"/> After-school class</p> <p>If yes, in what academic areas?  <input type="checkbox"/> Reading  <input type="checkbox"/> Writing  <input type="checkbox"/> Math  <input type="checkbox"/> Science  <input type="checkbox"/> Other: _____</p>
<p>Has the student ever received support or help from a school counselor or school social worker related to social or emotional needs?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, please explain: _____          _____</p>
<p>Has the student ever received support from a counselor, therapist or psychologist outside of school?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, please explain: _____          _____</p>
<p>Are there any special family circumstances the school staff should be aware of (for example, court documents related to custody, living situations, etc.)?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, please explain: _____          _____</p>
<p>Has the student received any special support at school for behavior?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, please describe: _____          _____</p>
<p>Has the student had discipline issues (suspension, expulsion)?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, please describe: _____          _____</p>
<p>Does the student have a probation officer?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, please provide contact information: _____          _____</p>

Is there any other information you want the staff at the school to know about the student to make the transition as smooth as possible?

# District 197 Early Childhood Screening Questionnaire

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Early Childhood Screening is an essential component of the “getting ready for kindergarten” process. Important aspects of screening are:

- Early Childhood Screening is required by Minnesota State law for entrance into public school kindergarten. There is no charge for this screening.
- Early Childhood Screening is a careful check of your child's growth and development.
- District 197 provides screening for district residents. Appointments are available on scheduled dates throughout the school year. One screening is all that is needed before your child starts school.

Check appropriate response:

- My child has already participated in Early Childhood Screening. That screening was done in District 197. Please provide the cover sheet you obtained from that screening if you have it.
- My child was screened in ANOTHER DISTRICT. Name of district or city: \_\_\_\_\_  
I will contact that district to obtain a copy of the screening information to bring to my school.
- My child is receiving special education services in District 197. Screening information is available through that program.
- My child has NOT had Early Childhood Screening. I will call the screening office to make an appointment at 651-403-8363 or visit [www.isd197.org/schools/preschool](http://www.isd197.org/schools/preschool). (Note: There is no charge for this screening.)
- I will obtain the screening through my physician's office and will bring the signed summary to my school. If you select this option, please note all the mandated components that must be evaluated by your physician:
  - Vision and hearing
  - Speech and language development
  - Muscle coordination
  - General skills development
  - Growth screening
  - Immunization review
  - Review of special family circumstances
  - Summary of health and developmental findings

**Early Childhood Screening is required by Minnesota State law  
for entrance into public school kindergarten.**

## Enrollment Form - West St. Paul-Mendota Heights-Eagan (District 197)

### For Office Use Only

Student ID \_\_\_\_\_ Begin Enrollment Date \_\_\_\_\_ Resident District \_\_\_\_\_  
 School # \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_ Previous Enrollment District \_\_\_\_\_  
 Grade \_\_\_\_\_ Walk or Bus # \_\_\_\_\_ Home Language \_\_\_\_\_  
 Address verification:  Utility bill  Lease agreement  Printed checks  Other \_\_\_\_\_

### PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW

<p>Student's LEGAL Name _____  <small style="margin-left: 100px;">Last</small> <small style="margin-left: 100px;">First</small> <small style="margin-left: 100px;">Middle</small></p> <p>Birthdate _____ Gender _____ Grade Entering _____  <small style="margin-left: 20px;">month/day/year</small> <small style="margin-left: 100px;">M/F</small></p> <p>Last school attended _____ District # _____  <small style="margin-left: 20px;">City</small> <small style="margin-left: 100px;">State</small></p> <p>Has student attended ISD 197 schools before? <input type="checkbox"/> Yes (year _____) <input type="checkbox"/> No</p> <p>Does the student receive special services? <input type="checkbox"/> No <input type="checkbox"/> Yes Yes If yes, check <input type="checkbox"/> IEP or <input type="checkbox"/> 504          If yes, please describe _____</p> <p>Was the student born in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No          If no, when did student move into the US? _____  <small style="margin-left: 100px;">month/year</small></p>	<p><b>Ethnicity/Race Information</b></p> <p>Is student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Check one or more that apply:</p> <p><input type="checkbox"/> American Indian or Alaskan native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or other Pacific Islander  <input type="checkbox"/> White</p> <p><b>Is the parent or grandparent of this child a member of an American Indian Tribe? If so, check the following box.</b> <input type="checkbox"/> Yes</p> <p><small>By checking the box, the district will report your child's primary ethnicity to the federal government as American Indian. If you do not check the box above your child will not be counted for federal funding and may not be included in American Indian programming. Please request a 506 Indian Student Eligibility Certification Form from your school's main office.</small></p> <p><small>Further, this information is used for reporting ethnic composition for administrative and Office of Civil Rights purposes. It will be treated in accordance with the Federal Data Privacy Act of 1974 and State of Minnesota Privacy Law.</small></p>
<p><b>Military Connection</b></p> <p>Please check 'yes' if the student is a military-connected youth, 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. <input type="checkbox"/> Yes          Is this person currently actively deployed? <input type="checkbox"/> Yes</p>	

### PARENT/GUARDIAN/CENSUS INFORMATION

**Student's primary address:**

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Household phone/Primary guardian cell phone: \_\_\_\_\_

**Parent(s)/Guardian(s) of Enrolling Student:**

Name _____	Name _____
Address _____	Address _____
<small>city state zip</small>	<small>city state zip</small>

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Gender \_\_\_\_\_ Email \_\_\_\_\_ Gender \_\_\_\_\_

Legal relationship to student \_\_\_\_\_ Legal relationship to student \_\_\_\_\_

Student's **legal** guardian, if different from listed above: \_\_\_\_\_  
name relationship to student

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_ phone \_\_\_\_\_

Please list all other children living in student's household:

Last Name	First	Middle	Gender	Birthdate (Mo/Day/Yr)	School/Grade	Relationship to Student
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

**It is important that any name/address/phone/relationship changes be reported to the school office.**

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ 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="radio"/> 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="radio"/> 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="radio"/> 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="radio"/> 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 that parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you. Refusal to respond to any questions will not impact enrollment in a school.

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 on MDE's Frequently Asked Questions, <https://education.mn.gov/MDE/fam/count>.

**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.<sup>1</sup>

*[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/ | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Spanish-American  |  |

*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.*

<sup>1</sup>Federal 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.<sup>1</sup>

**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.<sup>1</sup>

**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.<sup>1</sup>

**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.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

# District 197

# Student Health Form

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_

During the last three years has your student had a serious illness or injury? Yes  No

If yes, please describe: \_\_\_\_\_

Have you ever been told by a doctor that your student has/had (check all that apply):

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "yes" to allergies, please check all that apply and describe:

- Food: \_\_\_\_\_
- Insect Stings: \_\_\_\_\_
- Cats/Dogs: \_\_\_\_\_
- Latex: \_\_\_\_\_

*\* If your child has an EpiPen for any of the allergies listed, please include it in the medications below.*

Does your student currently take any medications? Yes  No   
If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Does your children need to take any of these medications while at school? Yes  No   
If yes, please list: \_\_\_\_\_

Does your child wear glasses or contacts? Yes  No

Does your child have trouble hearing? Yes  No

# District 197 Emergency Record

For Office Use

Student ID: \_\_\_\_\_

Family ID: \_\_\_\_\_

Please review the information below and make any changes necessary. Thank you.

Please check here if this information represents a change to the student's emergency record on file.

**Student:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Home Address: \_\_\_\_\_ AM Bus: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ PM Bus: \_\_\_\_\_

Please use area code and identify phone number types: W=work C=cell P=page E= evening

**Parent or Guardian 1:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_ Child Lives With:   
Email: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Parent or Guardian 2:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_ Child Lives With:   
Email: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

If available, translations of communications to parent(s) requested in: \_\_\_\_\_

Brothers & Sisters (names, birth dates, and schools): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunizations within the last year (type and mo/day/yr): \_\_\_\_\_

Current health problem(s): \_\_\_\_\_

Medications: \_\_\_\_\_

**IN CASE OF AN EMERGENCY** (two contacts who would care for the child if a parent or guardian cannot be reached)

Contact 1: _____	Address: _____
Phone 1: _____ Phone 2: _____	Relationship to Student: _____
Contact 2: _____	Address: _____
Phone 1: _____ Phone 2: _____	Relationship to Student: _____

Day Care Provider: _____	Phone: _____
Family Doctor: _____	Phone: _____
Family Dentist: _____	Phone: _____
Hospital Preference: _____	Phone: _____

Our procedure will be to contact the parent at home or at work. You will be asked to pick up the child and provide proper care. If we cannot reach you, we will call the friend, relative, or neighbor that you have listed above and ask them to care for your child. In extreme emergency, an ambulance will be called and your child will be taken to the nearest hospital. The cost of this will be covered by the parent.

Parent or Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# District 197

# Bus Registration

Registration Form Due August 1, 2020

All eligible students entering grades K-12 who are planning to ride a bus  
**MUST** register for service EACH YEAR.

## BUS TRANSPORTATION IS AVAILABLE TO:

- Elementary school students (grades K-4) who live more than 0.75 mile from school
- Middle school students (grades 5-8) who live more than 1 mile from school
- High school students (grades 9-12) who live more than 2 miles from school

## REGISTRATION PROCESS:

- Students will not be listed for bus service in the fall unless the Transportation Office receives a completed registration form on or before August 1.
- Forms received after August 1 will be put on hold. Students may not have bus service for the first two weeks of school or may be transported home by van (elementary) or asked to use the Academic/Activity Bus (middle and high school) until they are assigned a route. Transportation requests received after the first two weeks of school will be processed within 2-3 business days.
- Please only register for service when you are sure your child will be riding a bus.
- Complete one form per child.
- By registering for transportation services you are agreeing to comply with our policies and procedures, which can be found on the district website at [www.isd197.org/schoolboard/policies](http://www.isd197.org/schoolboard/policies).
- All students (grades K-12) are dropped off at their stop location regardless of whether a parent/guardian is present.
- Return this form to your school's main office. If school is not in session, mail form to District Transportation, 1145 Medallion Drive, Mendota Heights, MN 55120. Do not mail it to your school during the summer.
- Postcards with bus information are mailed to homes in late August. If you have questions, please call 651-403-8320. This form may also be completed online at [www.isd197.org/services/transportation/forms](http://www.isd197.org/services/transportation/forms).

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student's School in 2020-21: \_\_\_\_\_

Grade in 2020-21: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary/Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

When will the student ride? (Check one or both)  AM  PM

Does your child have any special health needs or concerns? If so, please describe. \_\_\_\_\_

Daycare Information (Complete if applicable. Pickup and drop off must be five days each week at the same location.  
AM and PM may be different locations.)

Daycare Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Daycare Address: \_\_\_\_\_

To School: (Choose only one):  Pick up from home  Pickup from daycare  Extended Day (School Age Care)

From School:  Drop at home  Drop at daycare  Extended Day (School Age Care)

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"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<input type="text"/>	
Meningococcal (MCV4)				<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 understand 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 chose 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)

# District 197 Physical Exam Form

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

EXAMINATION: Indicate normal (N) or Abnormal (AB). If Abnormal, please include comments.

Skin/Lymph		Lungs	
Eyes		Abdomen	
Ears		Genital/Urinary	
Nose		Orthopedic/Feet	
Mouth		Neurological	
Throat		Speech	
Neck		Other (specify)	

Comments: \_\_\_\_\_

TESTS: Indicate normal (N) or Abnormal (AB). If Abnormal, please include comments.

Hemoglobin		Urine	
Other (specify)			

Comments: \_\_\_\_\_

MEASUREMENTS: Give exact value

Blood pressure		Vision	R 20/	L 20/
Weight		Hearing	R:	L:
Eyeglasses	Yes <input type="checkbox"/> No <input type="checkbox"/>	With hearing aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Height				

The student is in excellent condition and able to participate in the entire school program.

There is a condition that may limit participation. (Please circle any that apply.)

Classroom: \_\_\_\_\_ Physical Education: \_\_\_\_\_

Ongoing therapies and medication (specify type and dose): \_\_\_\_\_

Allergies: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature & Title of Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner Phone #: \_\_\_\_\_