

**This application is for students who are either NEW to District 279 OR for District 279 students whose most recent school experience was NOT at a District 279 school.**

Osseo Area Learning Center  
7300 Boone Avenue North  
Brooklyn Park, MN 55428  
Phone: (763)391-8890 Fax: (763) 391-8575

***Thank you for applying to the OALC!***

**Applicants are responsible for ensuring that all required information is completed before the application can be processed. Be sure to sign all the forms.**

The procedure for applying to the OALC is listed below:

1. The entire enrollment packet must be completed and returned to the OALC. Please keep all sections of the application together.
2. *If you are a student who receives Special Education services and has an Individual Education Plan (IEP), we are required by law to conduct an IEP review to determine if OALC is an appropriate setting to best meet your educational needs.*
  - *Please do not proceed with this application until this process is completed. Our special education teachers can assist you with this process.*
3. You will be notified by OALC once your application has been reviewed.
4. Upon acceptance, **you and a parent/guardian must** attend an enrollment/admission meeting prior to beginning classes at the OALC. These appointments last approximately 20 minutes.
5. New students will typically have an initial enrollment date that is on the first day of the school week (usually Monday).

OSSEO AREA SCHOOLS

ISD  279

# OSSEO AREA SCHOOLS

ISD  279

## OSSEO AREA LEARNING CENTER STUDENT APPLICATION

7300 Boone Ave North  
Brooklyn Park, MN 55428  
(763) 391-8890 Fax (763) 391-8895

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Date of Birth \_\_\_\_\_ ☐ Male  
☐ Female

Current or last school attended \_\_\_\_\_ Grade \_\_\_\_\_ Dates attended \_\_\_\_\_ Name of counselor or contact person \_\_\_\_\_

**Students who attend OALC must meet at least one of the following state eligibility criteria.**

**Please circle all that apply.**

1. Performs substantially below the performance level for pupils of the same age in a locally determined achievement test;
2. Is behind in satisfactorily completing coursework or obtaining credits for graduation;
3. Is pregnant or is a parent;
4. Has been assessed as chemically dependent;
5. Has been excluded or expelled from school;
6. Has been referred by a school district for enrollment in an eligible program;
7. Is a victim of physical or sexual abuse;
8. Has experienced mental health problems;
9. Has experienced homelessness sometime within six (6) months before requesting a transfer to an eligible program;
10. Speaks English as a second language or is an English learner; or
11. Has withdrawn from school or has been chronically truant.

### STUDENT STATEMENT

**(use back side of page if more space is needed)**

If you are a new student, please explain why you want to attend OALC. If you are a student returning to OALC, please explain why you want to come back.

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# ENROLLMENT CHECKLIST

**Please complete and sign ALL of the attached forms listed below.**

## FORMS

- ☐ ENROLLMENT FORM (4 page form)
- ☐ MINNESOTA LANGUAGE SURVEY (1 page form)
- ☐ GRADE PREK-8 STUDENT TRANSPORTATION (1 page form)
- ☐ REQUEST FOR RECORDS FORM (1 page form)
- ☐ TITLE VII STUDENT ELIGIBILITY CERTIFICATION - Office of Indian Education (1 page form)
- ☐ STUDENT INFORMATION FORM (1 page form)
- ☐ EMERGENCY CONTACT AND HEALTH HISTORY FORM (1 page form)
- ☐ STUDENT IMMUNIZATION FORM (2 page form)

**Bring *PHOTO ID* and *PROOF OF RESIDENCY* of biological parent/legal guardian.  
Approved documentation listed below:**

## BIOLOGICAL PARENT/ LEGAL GUARDIAN DOCUMENTS

- ☐ PHOTO ID (Include ONE of the following identification documents)
  - Driver's License
  - State ID
  - Passport
  - Military ID
  - Tribal ID
  - College ID
- ☐ PROOF OF RESIDENCY (Bring ONE of the following)
  - Current Driver's License with current address
  - Current Utility Bill - dated within 60 days
  - Letter from Government Agency - dated within 60 days
  - Lease Agreement - signed by lessee and lessor and show the lease period (start date and end date)
  - Purchase Agreement - signed agreement (by both buyer and seller) with purchase date and address referenced
  - HUD Verification with owner's name and address

## STUDENT DOCUMENTS

- ☐ IMMUNIZATION RECORDS
- ☐ BIRTH CERTIFICATE or PASSPORT (*Early Childhood Special Education, Pre-Kindergarten, Kindergarten and 1st grade only*)
- ☐ EARLY CHILDHOOD SCREENING DOCUMENT (*Early Childhood Special Education & Kindergarten only*)  
(*If not completed by Osseo Area Schools*)
- ☐ TRANSCRIPT FROM PREVIOUS SCHOOL (*6th through 12th grade only*)
- ☐ SPECIAL EDUCATION RECORDS (*If applicable*)
- ☐ ANY COURT (LEGAL) DOCUMENTS RELATED TO THE STUDENT (*If applicable*)

For data privacy information, see school board policy #515 at [district279.org](http://district279.org)

# ENROLLMENT FORM SCHOOL

PROGRAM

GRAD INCENTIVE

OFFICE USE ONLY	STUDENT ID		BEGIN DATE (mm/dd/yyyy)		LAST LOCATION CODE		<input type="checkbox"/> NEW <input type="checkbox"/> RE-ENTRY <input type="checkbox"/> ADDRESS CHANGE Move date:		<input type="checkbox"/> TRANSFER <input type="checkbox"/> WARD OF THE STATE <input type="checkbox"/> HOMELESS		<input type="checkbox"/> SHARED-TIME <input type="checkbox"/> 504 <input type="checkbox"/> IEP	
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> ADDRESS CHANGE		DWELLING #		FAMILY #		LEGAL <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6		RESIDENT DISTRICT		RESIDENT SCH	
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> ADDRESS CHANGE		DWELLING #		FAMILY #		LEGAL <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6		ACTION CODE <input type="checkbox"/> NW <input type="checkbox"/> EO <input type="checkbox"/> SP <input type="checkbox"/> OS <input type="checkbox"/> RO		HOME LANGUAGE	
COMPLETED BY												

## 1. STUDENT INFORMATION (LEGAL NAME AS IT APPEARS ON THE BIRTH CERTIFICATE)

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE (mm/dd/yyyy)	ENR GRADE
MAIN ADDRESS	STREET NAME & HOUSE NUMBER (Apt/Unit #)			CITY	STATE	ZIP CODE
HOME PHONE	WHO DOES THE STUDENT LIVE WITH?			CHECK ALL THAT APPLY <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> OTHER - Relationship:		

## 2. BIOLOGICAL OR ADOPTIVE PARENT #1 INFORMATION ☐ SAME AS MAIN ADDRESS

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP <input type="checkbox"/> Father <input type="checkbox"/> Mother	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (If different than MAIN)	STREET NAME & HOUSE NUMBER (Apt/Unit #)			CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

## 3. BIOLOGICAL OR ADOPTIVE PARENT #2 INFORMATION ☐ SAME AS MAIN ADDRESS

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP <input type="checkbox"/> Father <input type="checkbox"/> Mother	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (If different than MAIN)	STREET NAME & HOUSE NUMBER (Apt/Unit #)			CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

## 4. LEGAL GUARDIAN (LEGAL DOCUMENTATION IS REQUIRED TO USE THIS ADDRESS FOR SCHOOL ASSIGNMENT) ☐ SAME AS MAIN ADDRESS

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (If different than MAIN)	STREET NAME & HOUSE NUMBER (Apt/Unit #)			CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

## 5. OTHER ADULT #1 (OTHER ADULT IN HOME WITH LEGAL RESPONSIBILITY FOR THE STUDENT)

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

## 6. OTHER ADULT #2 (OTHER ADULT IN HOME WITH LEGAL RESPONSIBILITY FOR THE STUDENT)

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

## Why do we ask these questions?

### 7. GENERAL ENROLLMENT QUESTIONS

**Military:** A "Military-connected youth" means having a biological parent or legal guardian who is currently in the armed forces (either as a reservist or on active duty) or has recently retired from the armed forces.

**Expelled:** Has your student ever been expelled from a previous school? This information is used in determining if an Open Enrollment request will be granted. Determination is based on the reason for the expulsion.

**Arrested:** Has your student ever been arrested resulting in a charge? If yes, the school district contacts the probation officer to exchange information regarding the enrollment (such as attendance, grades, etc.). This information is used to determine if your student is currently on probation.

**Title I – Part A (Title I)** of the Elementary and Secondary Education Act, as amended (ESEA) provides financial assistance to Local Education Agencies (LEAs) and schools with high numbers or high percentages of children from low-income families to help ensure that all children meet challenging state academic standards. Federal funds are currently allocated through four statutory formulas that are based primarily on census poverty estimates and the cost of education in each state.

**Section 504 –** Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Part 104) is a federal civil rights statute that assures individuals will not be discriminated against based on their disability. All school districts that receive federal funding are responsible for the implementation of this law. Individuals who have been determined to have a disability under Section 504 may or may not be disabled under special education (IDEA). Section 504 protects a student with an impairment that substantially limits one or more major life activities, whether the student receives special education services or not. Parents who have concerns or questions regarding Section 504 should contact their building principal.

**Is this your student's first school enrollment in the United States?** Providing the information is not required and the requested information will only be used to determine whether the child may be eligible for programs offered in the district that provide enhanced instructional opportunities for immigrant children and youth.

### 9. 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.

**American Indian or Alaskan Native –** A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.

**Asian –** A person 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.

**Black or African American –** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian/Other Pacific Islanders –** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**White –** A person having origins in any other original peoples of Europe, the Middle East or North Africa.

### 10. RESIDENCY INFORMATION

This information is used to ensure the educational rights and protection for students experiencing homelessness. A homeless individual is one who: (1) lacks a fixed, regular and adequate nighttime residence and (2) includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to the lack of alternative adequate accommodations; are living in an emergency or transitional shelter; are abandoned in hospitals; or are awaiting foster care placement; (b) children and youths who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; and (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. You are not required to complete the information in this section of the form. If you choose not to complete this section there may be a delay in the provision of services. The school teacher, school and district administrators and the Minnesota Department of Education (MDE) have access to this information.

OFFICE USE ONLY	STUDENT ID
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## ENROLLMENT FORM (continued)

### 7. GENERAL ENROLLMENT QUESTIONS

Have you recently moved to the school district in the last 36 months for temporary or seasonal agriculture or fishing work? ☐ Yes ☐ No

Is the student a member of a military family? *(See definition on page 2)* ☐ Yes ☐ No

If Yes, is the military member actively deployed or expects to be actively deployed this year? ☐ Yes ☐ No

Has your student ever enrolled in a Minnesota public school before? ☐ Yes ☐ No

Has your student ever enrolled in ISD 279 - Osseo Area Schools before? ☐ Yes ☐ No

Is your student currently enrolled in a talented and gifted program? ☐ Yes ☐ No

Has your student ever received help learning American English? (ESL, ELL, EL, etc.) ☐ Yes ☐ No

Is your student currently receiving Title I services? *(See definition on page 2)* ☐ Yes ☐ No

Does your student have a social worker? ☐ Yes ☐ No

Name and phone number of social worker: \_\_\_\_\_

Has your student ever been expelled from a school? ☐ Yes ☐ No

If Yes, where? and when? \_\_\_\_\_

Has your student ever been arrested resulting in a charge? ☐ Yes ☐ No

Name and phone number of probation officer: \_\_\_\_\_

If enrolling for Kindergarten, has your student completed Early Childhood Screening? ☐ Yes ☐ No

If Yes, where? \_\_\_\_\_

Does your student have a Section 504 Accommodation Plan as defined by the Americans with Disabilities Act (ADA)? *(See definition on page 2)* ☐ Yes ☐ No

Does your student have a Special Education IEP (Individual Education Plan)? ☐ Yes ☐ No

If Yes, what is your student's disability? *(Check all that apply)*

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

OFFICE USE ONLY	STUDENT ID
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## ENROLLMENT FORM (continued)

OSSEO AREA SCHOOLS

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### 7. GENERAL ENROLLMENT QUESTIONS - continued

The district is sometimes able to offer translated documents and messages. How would you like to receive communications?

- ☐ English
 ☐ Hmong (Hmoob Dawb)
 ☐ Spanish (Español)
 ☐ Vietnamese (Tiếng Việt)
 ☐ Somali

Do you, as biological parent/legal guardian, need an interpreter? ☐ No ☐ Yes If yes, which language \_\_\_\_\_

What is your student's country of birth? \_\_\_\_\_

Date your child first attended school in the USA? \_\_\_\_\_ (mm/dd/yyyy)

Is this your student's first school enrollment in the United States? ☐ Yes ☐ No

### 8. SIBLINGS OF THE STUDENT UNDER THE AGE OF 21 LIVING IN THE SAME HOUSEHOLD

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE (mm/dd/yyyy)	GRADE	SCHOOL
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			

### 9. RACIAL/ETHNIC REPORTING INFORMATION (check ALL 3 columns)

Primary Racial Ethnic Background for STATE - Check ONE response

- ☐ Not Northern American Indian  
☐ Northern American Indian

FEDERAL Reporting - Part A  
Check ONE response

- ☐ Hispanic or Latino  
☐ NOT Hispanic or Latino

FEDERAL Reporting - Part B  
Check ALL responses that apply

- ☐ American Indian/Alaskan Native  
☐ Asian  
☐ Native Hawaiian/Other Pacific Islander  
☐ Hispanic or Latino  
☐ Black, not of Hispanic origin  
☐ White, not of Hispanic origin

### 10. RESIDENCY INFORMATION (McKINNEY - VENTO)

Are you temporarily staying with another person or family due to loss of housing, economic hardship or similar reason?

☐ Yes ☐ No

Are you living in a hotel, motel, or camping grounds due to lack of alternative, adequate housing?

☐ Yes ☐ No

Are you living in emergency or transitional shelters, cars, parks, public spaces or similar places?

☐ Yes ☐ No

### 11. PREVIOUS SCHOOL ENROLLMENT INFORMATION. LIST ALL PREVIOUS ENROLLMENTS (Most recent first):

DISTRICT NAME	SCHOOL NAME	STATE	GRADE(S)	WITHDRAW DATE

### 12. BIOLOGICAL PARENT/LEGAL GUARDIAN/OTHER PRIMARY CARE PROVIDER/EMANCIPATED STUDENT CERTIFICATION

I certify the information given above is true and complete to the best of my knowledge and belief.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# EMERGENCY CONTACT AND HEALTH HISTORY FORM

OFFICE USE ONLY	STUDENT ID	NOTES
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## 1. STUDENT INFORMATION

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	BIRTH DATE (mm/dd/yyyy)	GRADE
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## 2. EMERGENCY CONTACT INFORMATION

This information is being collected to provide for the student's health and safety at school. Refusal to supply emergency information could result in the school's inability to contact you in case of an emergency. In the event of an emergency and the school is unable to reach the parent, the school will secure emergency services (medical, dental, paramedic, ambulance) for my child, at parent expense. District Policy authorizes school staff to release private data to appropriate parties in connection with an emergency if the knowledge of the information is necessary to protect the health and safety of the student. I certify that all information below is accurate and that it is my responsibility to apprise the school of any changes in residency, phone numbers, and emergency release contacts.

### BIOLOGICAL PARENT/LEGAL GUARDIAN/OTHER ADULT that lives with the student

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	
LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	

PRIMARY EMAIL ADDRESS - Please list only one	DOCTOR/CLINIC NAME	DOCTOR/CLINIC PHONE NUMBER
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### OTHER EMERGENCY CONTACT(S) - If possible please list at least two contacts

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	
LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	
LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	

## 3. HEALTH HISTORY INFORMATION

This information is required in order to provide appropriate health services for your student. This data will be treated as private data and will be recorded in the student health record. It will be shared with those working with your child only on a "need to know" basis and with emergency personnel in the event of an emergency.

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CHRONIC HEALTH CONDITIONS? (Check all that apply)

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Sickle Cell Disease/Trait
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Vision Loss
<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Wheel Chair Type:
<input type="checkbox"/> Other (Explain)		

DOES YOUR CHILD HAVE ALLERGIES? LIST:

☐ Yes ☐ No

DOES YOUR CHILD HAVE AN EPI-PEN? ☐ Epi-Pen (Prescribed) - will be kept in the nurse's office

☐ Yes ☐ No ☐ Epi-Pen (Prescribed) - student will self-carry their Epi-pen

DOES YOUR CHILD HAVE ASTHMA? ☐ Inhaler/Neb (Prescribed) - will be kept in the nurse's office

☐ Yes ☐ No ☐ Inhaler - student will self-carry their inhaler

HAS YOUR CHILD BEEN HOSPITALIZED FOR ILLNESS, SURGERY, OR INJURY? IF YES, EXPLAIN:

☐ Yes ☐ No

DOES YOUR CHILD TAKE ANY MEDICATIONS? IF YES, LIST MEDICATIONS:

☐ Yes ☐ No

## 4. BIOLOGICAL PARENT/LEGAL GUARDIAN/OTHER PRIMARY CARE PROVIDER/EMANCIPATED STUDENT CERTIFICATION

I certify the information given above is true and complete to the best of my knowledge and belief.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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 \_\_\_\_\_

## 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, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.

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.

Birth to 6 months

12 - 24 months

At Kindergarten

At 7th grade

At 12th grade

## Vaccine

Hepatitis B

Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)

Haemophilus influenzae type b (Hib)

Pneumococcal (PCV)

Polio

Measles, Mumps, Rubella (MMR)

Chickenpox (varicella)

Hepatitis A

Tetanus, Diphtheria, Pertussis (Tdap)

Meningococcal (MCV4)

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		

**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 \_\_\_\_\_

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.

Minnesota Department of Health - Immunization Program (2019)

- 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)

# Are Your Kids Ready?

## Minnesota's Immunization Law

### Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. The table on the back shows the ages when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years <sup>③</sup> For Kindergarten	Age: 7 through 11 years For 1 <sup>st</sup> through 6 <sup>th</sup> grade	Age: 12 years and older For 7 <sup>th</sup> through 12 <sup>th</sup> grade
Hepatitis A (Hep A) ✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B <sup>⑦</sup> ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT <sup>④</sup> ✓✓✓✓✓	✓✓✓tetanus and <sup>⑥</sup> diphtheria containing doses	✓Tdap <sup>⑧</sup> & at least 2 tetanus and diphtheria containing doses
Polio ✓✓✓	Polio <sup>⑤</sup> ✓✓✓✓	Polio ✓✓✓	Polio ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal <sup>⑨</sup> ✓ & booster
Pneumococcal <sup>①</sup> ✓✓✓✓			
Varicella <sup>②</sup> ✓	Varicella <sup>②</sup> ✓✓	Varicella <sup>②</sup> ✓✓	Varicella ✓✓

### Immunizations recommended but not required:

#### Influenza

Annually for all children age 6 months and older

**Rotavirus**  
For infants

**Human papillomavirus**  
At age 11-12 years

- ① Not required after 24 months.
- ② If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form confirming disease.
- ③ First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
- ④ Fifth shot of DTaP not needed if fourth shot was after age 4. Final dose of DTaP on or after age 4.
- ⑤ Fourth shot of polio not needed if third shot was after age 4. Final dose of polio on or after age 4.
- ⑥ Need proof of at least three tetanus and diphtheria containing doses. If up to date on DTaP/DT series, no additional doses needed.
- ⑦ An alternate two-shot schedule of hepatitis B may also be used for kids age 11 through 15 years.
- ⑧ One dose of Tdap is required beginning at 7<sup>th</sup> grade. Also need proof of at least two tetanus and diphtheria containing doses (DTaP/DT/Td). If a child received Tdap prior to 7<sup>th</sup> grade, another dose of Tdap is not needed.
- ⑨ One dose is required beginning at 7<sup>th</sup> grade. The booster dose is usually given at 16 years.

### Exemptions

To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption.

Parents may file a medical exemption signed by a health care provider or a non-medical exemption signed by a parent/guardian and notarized.

### Looking for Records?

For copies of your child's vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980.

## Minnesota Language Survey

The next page in this packet is the Minnesota Language Survey. Information collected about home languages is used by schools and teachers to provide the best programming for each student. Students may be eligible for English language services based on responses to the questions and a language assessment.

The Minnesota Language Survey is also available in the following languages:

Español – Spanish	Oromo	हिन्दी – Hindi
Tiếng Việt Nam – Vietnamese	አማርኛ - Amharic	ភាសាខ្មែរ - Khmer
Hmoob – Hmong	ພາສາລາວ - Lao	Karen – Sgaw
Af-Soomaali – Somali	Français – French	Karen – Pwo
اللغة Русский - Russian	Kiswahili – Swahili	Kayah – Karenni
العربية - Arabic	नेपाली – Nepali	
國語 - Mandarin	తెలుగు – Tegulu	

\* Ask an Administrative Assistant for a translated version of the language survey.

\* Students who learned English outside of the United States may also be eligible for English language services. This includes: **Liberian English, Kru, Kreyol, Nigerian English, Jamaican Patois, Creolized English, World English, etc.** Please note these languages when responding to the Minnesota Language Survey.

## 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.

## STUDENT INFORMATION

STUDENT NAME \_\_\_\_\_

Please read the following list and check/circle all that apply.

This information will be shared with staff at the school to help your student.

*Initial at the bottom of the page if you have NO concerns*

### **STUDENT HAD THE FOLLOWING AT PREVIOUS SCHOOL:**

\_\_\_\_\_ Advanced Placement Classes

\_\_\_\_\_ English Language Support (EL, ELL, ESL)

\_\_\_\_\_ 504 Accommodation Plan

\_\_\_\_\_ Special Education Services (IEP) Primary Disability: \_\_\_\_\_

### **STUDENT MAY NEED SUPPORT IN THE FOLLOWING AREAS: (Circle all that apply)**

Reading      Math      Writing      Behavior      Attendance      Mental Health

Family Change      Social Skills      English Language      Credit Recovery

Other Concern(s) please list: \_\_\_\_\_

### **STUDENT HAS HAD OR CURRENTLY HAS:**

\_\_\_\_\_ Expulsion

\_\_\_\_\_ Suspension

\_\_\_\_\_ Chemical Use Concern

\_\_\_\_\_ Probation Officer

\_\_\_\_\_ Social worker

\_\_\_\_\_ Mental Health Concern

Therapist's name & phone # \_\_\_\_\_

\_\_\_\_\_ Health/Medical Concerns- briefly describe \_\_\_\_\_

\_\_\_\_\_ INITIAL HERE IF YOU HAVE NO CONCERNS FOR YOUR STUDENT

Revised 1/3/2019



# OSSEO AREA SCHOOLS

ISD  279

Osseo Area Learning Center

## REQUEST FOR RECORDS FORM

DATE: \_\_\_\_\_

Please send the official school records for:

STUDENT LEGAL NAME: \_\_\_\_\_  
(Last) (First) (Middle)

GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Most recent grade) (Month) (Day) (Year) GENDER: ☐ M ☐ F

Records are requested from:

PREVIOUS SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

Please include:

- Transcript or cumulative folder (date of birth, name of parents/guardians, address, dates of attendance, days absent, courses taken, grades obtained, rank in class, over-all grade average, and standardized test scores).
  - MINNESOTA SCHOOLS – please include ACCESS, MCA-II, GRAD and BST scores, if applicable.
- Grades at the time of withdrawal.
- IMMUNIZATIONS and other health records
- Special education records, including current IEP, assessment reports, and verification of handicap.
- Discipline records – In accordance with Federal and State Statutes, a district that transmits a student's educational records to another school district to which the student is transferring must include in the transmitted records information about disciplinary action taken in the form of suspension and expulsion and any disposition order which adjudicates the student as delinquent for committing an illegal act on school property and certain other illegal acts.

Please email OR fax the above requested information to Mary McCullough, OALC Registrar:  
McCulloughM@District279.org OR Fax: (763) 391-8895

\*Records request is authorized by:

\_\_\_\_\_  
(Printed Name of Parent/Legal Guardian) (Signature of Parent/Legal Guardian)

\*In accordance with revised Federal and State Statutes, written permission of the parent/guardian is not necessary in the transfer of records to a school in which the student intends to enroll.

Ph: (763) 391-8890  
Fx: (763) 391-8895

7300 Boone Ave. N.  
Brooklyn Park, MN 55428

[district279.org](http://district279.org)

Osseo Area Learning Center  
7300 Boone Ave North  
Brooklyn Park, MN 55428  
Phone (763) 391-8890 Fax (763) 391-8895

OUT OF DISTRICT SCHOOL COUNSELOR FORM

This form is to be completed by the student's current or most recent home school counselor.

To ensure that we transfer student credits accurately, we need information on how your school year and school day is divided, and the number and type of credits your system requires for graduation.

Please attach a copy of the student's transcript, 504, IEP, immunization records, attendance, and discipline history.

_____	_____	_____
Student Name	Current Grade	Date
_____	_____	_____
Counselor Name	School	Phone Number

Please Provide information on student's credit earning history in your school district:

Required Courses	Credits Required	Credits Earned	Credits Needed
English			
Social Studies			
Math			
Science			
Phys. Ed.			
Health			
Art			
Electives			
<b>TOTAL</b>			

If the student will be obtaining their diploma from your district, please list below any specific course needed to graduate:

Please share any other helpful information that you believe would be helpful in working with this student:

1. Senior High is: \_\_Grades 9-12 \_\_Grades 10-12
2. Credits are: \_\_quarter \_\_semester \_\_trimester \_\_full year \_\_other \_\_\_\_\_
3. Student's Graduation Standard Year (GSY): \_\_\_\_\_