

**Future Ready. Community Strong.**

The following checklist is provided to assist you in gathering and completing all information that is needed to successfully enroll your child(ren). Please return all documents to the Enrollment Center or email: [enrollmentcenter@isd191.org](mailto:enrollmentcenter@isd191.org).

Student Name	School	
Item and Description	Required	Office Use
<b>ONE91 Registration Forms:</b> 1. Checklist (1 per student) 2. Family Information form (1 per family) 3. Student Information form (1 per student) 4. Ethnic and Racial Demographic Designation Form (1 per student) 5. Minnesota Language Survey (1 per student) 6. Consent to Release Educational Information (1 per student) 7. <u>High School Student Transportation Registration Form</u> (1 per student – <u>high school students only</u> ) 8. Digital Equity Survey	X	
Proof of Legal Name and Birth Date – e.g. birth certificate, passport, I-94 or hospital birth record	X	
Proof of Residency – e.g. home purchase agreement, rent/lease agreement or utility bill	X	
Pupil Immunization Record - State or Health Care Provider form	X	
Additional Forms and Descriptions		
<b>Application for Educational Benefits:</b> If your family qualifies, your student(s) can receive free or reduced-price meals as well as potential discounts for participation in athletics, band, and other activities. By completing an application, you are helping to ensure every school in District 191 gets the much-needed state and federal funding it deserves. Apply on the <a href="http://www.isd191.org">www.isd191.org</a> website by clicking on the “Apply for Educational Benefits” button.		
<b>Early Childhood Screening:</b> Required for Kindergarten entry. Can be done anytime between ages 3-5. Schedule an appointment at <a href="http://www.communityed191.org">www.communityed191.org</a> or call 952-707-4117.		
<b>Student Child Care Information:</b> Used to arrange transportation to and from in district day care. Form available at the Enrollment Center or on the Transportation webpage at: <a href="http://www.isd191.org">www.isd191.org</a>		
<b>School District Enrollment Options Program State Form:</b> Used to request enrollment into a District ONE91 school when living outside of District ONE91's boundary area. Form available at the Enrollment Center or on the Enrollment webpage at: <a href="http://www.isd191.org/enroll">www.isd191.org/enroll</a>		
<b>Variance Request Form:</b> Used to request enrollment into a District ONE91 school other than the school serving your residential area. Form available at the Enrollment Center or on the Enrollment webpage at: <a href="http://www.isd191.org/enroll">www.isd191.org/enroll</a>		
<b>District Communication Log</b> (for office use only)	Student ID:	
	Start:	
	School:	
	Grade:	
	Last Loc:	
	OE: Y / N	
	Var: Y / N	
	Intake:	
Data Entry:		

# REGISTRATION FORM-FAMILY INFORMATION

Street Address \_\_\_\_\_ Apt./Lot# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

★ **Primary Household – Legal Guardian(s) that Student lives with:**

1. \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Legal Guardian No  Yes   
 Interpreter Needed? No  Yes  Translated Communications Needed? No  Yes  If yes, what language? \_\_\_\_\_

2. \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Legal Guardian No  Yes   
 Interpreter Needed? No  Yes  Translated Communications Needed? No  Yes  If yes, what language? \_\_\_\_\_

★ **Secondary Household – Legal Guardian that Student DOES NOT live with:**

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Email Address \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Street Address \_\_\_\_\_ Apt./Lot# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Interpreter Needed? No  Yes  Translated Communications Needed? No  Yes  If yes, what language? \_\_\_\_\_

List ALL CHILDREN (birth to grade 12) in primary household including those children attending elsewhere. Use legal name as listed on birth record.

Last Name	First Name	MI	Birth Date Mo / Day / Yr	Gender	Grade	School Attending
				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 <input type="checkbox"/>		
				M <input type="checkbox"/> F <input type="checkbox"/>		
				M <input type="checkbox"/> F <input type="checkbox"/>		

**Emergency Contact Information:** List a minimum of TWO emergency contacts who will assume temporary care of your child if you cannot be reached.

Name	Relationship to Student	Cell Phone	Work Phone

**Please answer the following questions regarding the family.**

Have you moved to this school district for temporary or seasonal agricultural work (migrant)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you currently residing in temporary housing (shelter, with relatives/friends, hotel)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Currently, does the student(s) have a parent, guardian, sibling or relative in the military?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If a family member is currently on active duty in the military, is this person currently deployed?	No <input type="checkbox"/> Yes <input type="checkbox"/>

# REGISTRATION FORM-STUDENT INFORMATION

Student Legal Name as listed on birth record.

Student Last Name	Student First Name	Middle Name	Student ID <small>(Office use)</small>
Date of Birth		Grade Level	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Please answer the following questions regarding the student.

Has the student moved to the United States from another country?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Country:
If yes, date the student first entered the United States	Month / Day / Year	
If yes, date the student first attended school in the United States	Month / Day / Year	

### Educational History

If entering Kindergarten, has your child received an early childhood screening?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, where?
Has your child ever attended District ONE91 Schools?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, where?
Has your child attended another Minnesota Public School?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, where?
Does this student participate in special services or programs?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Does this student have a current 504 plan?
Does the student have a current IEP?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

### Health Information

Asthma	No <input type="checkbox"/> Yes <input type="checkbox"/>	Other Medical Conditions (e.g. ADD/ADHD, surgeries, emotional concerns, GI issues, etc.)
Diabetes	No <input type="checkbox"/> Yes <input type="checkbox"/>	Allergies (e.g. bee stings, food, latex, pollen, etc.)
Seizures	No <input type="checkbox"/> Yes <input type="checkbox"/>	List ALL Medications
Hearing Concerns	No <input type="checkbox"/> Yes <input type="checkbox"/>	Special Diet Restrictions (e.g. gluten, dairy, fruit, etc.)
Vision Concerns	No <input type="checkbox"/> Yes <input type="checkbox"/>	

**ALL medications and treatments both prescribed and over the counter require a parent signature and a signed authorization form which can be found on the "Health Services" web page at [www.ISD191.org](http://www.ISD191.org)**

Physician/Clinic Name (optional)	Phone #

Minnesota Statutes and rules require the school district to keep accurate and updated records for all students. All data on this form is confidential and will only be shared with authorized district personnel. The information will become a part of the student's permanent cumulative record. Certain information, known as "directory information", is available to the public unless the district receives a written request from a legal guardian indicating otherwise.

I understand that I may refuse to provide the requested information and acknowledge that by doing so, school personnel may be unable to contact me in the event of an emergency and as a result will contact 911. I verify that all information provided is accurate to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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.<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/<br>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.*

<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 \_\_\_\_\_

Print/Save

## 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	
<b>Student's Full Name: (Last, First, Middle)</b>	<b>Birthdate or Student ID:</b>

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
<b>1. My student first learned:</b>	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English	
<b>2. My student speaks:</b>	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English	
<b>3. My student understands:</b>	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English	
<b>4. My student has consistent interaction in:</b>	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English	

**Language 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	
<b>Parent / Guardian Name (Printed):</b>	
<b>Parent / Guardian Signature:</b>	<b>Date:</b>

\* 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 TRANSPORTATION SERVICES
200 W. Burnsville Pkwy., Burnsville MN 55337 Tel. 952-707-2067 or 952-707-2069
Fax: 952-707-2097
Email: transportation@isd191.org

SENIOR HIGH SCHOOL
STUDENT TRANSPORTATION REGISTRATION FORM

SCHOOL YEAR \_\_\_\_\_

Students entering grades 9 through 12 MUST register their busing needs.

The Student Transportation Services department contracts for the number of buses and drivers required to transport only those students who will require to-and-from school bus service. Obtaining an accurate count of students who will actually ride school buses is very important to the design of efficient, low cost routes.

Students and families eligible for transportation who decline bus service at this time may re-establish the service at any time during the school year by contacting the Student Transportation Services office. If you believe your student would have only an occasional need to ride the bus, you may call the office at any time during the school year to learn the location and time of the nearest bus stop with seats available.

Will bus transportation to and from school be required for your senior high student?

[ ] YES [ ] NO

Table with 2 columns for school selection: Burnsville Senior High School and Burnsville Alternative High School.

Student Name (last, first, middle): \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CONSENT TO RELEASE EDUCATIONAL DATA

Office Use:
1 <sup>st</sup> Request: _____
2 <sup>nd</sup> Request: _____

## STUDENT INFORMATION

Student Last Name	Student First Name	Middle Name
Date of Birth	Grade Level	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

## PREVIOUS SCHOOL INFORMATION

Previous School / Organization Name	City, State	
Phone	Fax	Email

I authorize Independent School District 191 to obtain official school records, please include COPIES OF ALL of the following, if applicable:

**Transcript and/or report cards**, exit grades (if applicable), **birth document**, early childhood screening, if applicable.

- Academic Assessments: MAP, DIBELS, MCA, MTAS, ACCESS test scores.
- Attendance Data: days absent and truancy records.
- Medical & Health Records: vaccination history and other health records, if applicable.
- Special Education Records including: current IEP, assessment reports, evaluation reports.
- Disciplinary Records: in accordance with MN State Statute 120A.22 Subd. 7(c).

### PLEASE RELEASE RECORDS TO THE DESIGNATED ISD 191 SCHOOL:

	School Name:	Email	Phone	Fax
<input type="checkbox"/>	ONE91 Virtual Academy	enrollmentcenter@isd191.org	952.707.4180	952.707.4181
<input type="checkbox"/>	Edward Neill Elementary	edwardneill@isd191.org	952.707.3100	952.707.3102
<input type="checkbox"/>	Gideon Pond Elementary	gideonpond@isd191.org	952.707.3000	952.707.3002
<input type="checkbox"/>	Harriet Bishop Elementary	harrietbishop@isd191.org	952.707.3900	952.707.3902
<input type="checkbox"/>	Hidden Valley Elementary	hiddenvalley@isd191.org	952.707.3800	952.707.3802
<input type="checkbox"/>	Rahn Elementary	rahn@isd191.org	952.707.3600	952.707.3602
<input type="checkbox"/>	Sky Oaks Elementary	skyoaks@isd191.org	952.707.3700	952.707.3702
<input type="checkbox"/>	Vista View Elementary	vistaview@isd191.org	952.707.3400	952.707.3402
<input type="checkbox"/>	William Byrne Elementary	williambyrne@isd191.org	952.707.3500	952.707.3502
<input type="checkbox"/>	Eagle Ridge Middle School	eagleridge@isd191.org	952.707.2808	952.707.2802
<input type="checkbox"/>	Nicollet Middle School	nicollet@isd191.org	952.707.2608	952.707.2602
<input type="checkbox"/>	Burnsville High School	bhsrecords@isd191.org	952.707.2108	email only
<input type="checkbox"/>	Burnsville Alternative High School	bahs@isd191.org	952.707.4020	952.707.4024
<input type="checkbox"/>	District Enrollment Center	enrollmentcenter@isd191.org	952.707.4180	952.707.4181

Parent/Guardian Signature	Date
---------------------------	------

Designated School District Staff (if parent signature not obtained)	Date
---------------------------------------------------------------------	------

In accordance with MN State Statute 120A.22 Subd. 7(a), written permission of the parent/guardian is not necessary in the transfer of records to a school in which the student intends to enroll.



## Student Digital Equity Survey

### Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

### Student Information

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Primary Address: \_\_\_\_\_  
\_\_\_\_\_

### Internet Access

**1. Can the student access the Internet on their electronic device at home?**

- No – Internet is **not** available at home (skip to end of survey)
- No – Internet is **not** affordable at home (skip to end of survey)
- No – Other (skip to end of survey)
- Yes (continue to 1a)

**a. If yes, what kind of Internet service do you have at home?**

- Residential broadband (e.g. Cable, Fiber, DSL)
- Cellular network
- School-provided hotspot
- Satellite
- Dial-up
- Other
- I am not sure.

**b. Can the student stream a video on their electronic device without pauses?**

- Yes – with **no** pauses or buffering
- Yes – with **some** pauses or buffering
- No – streaming doesn’t work

## Digital Device Access

2. *Does the student use an electronic device like a computer, tablet or smart phone to complete homework?*

**No**

Yes (continue to 2a)

**a. *If yes, what type of electronic device does the student usually use to complete homework?***

(select ONLY one)

Desktop or Laptop

Tablet

Chromebook

Smart phone

Other

**b. *Is the electronic device (from 2a) provided by the school?***

Yes

No

**c. *Is the electronic device shared with anyone else in the home?***

Yes

No