

Space is limited. Students are placed through a lottery system with priority given to 191 residents. This program is made possible at no cost to families pending final approval of a Minnesota state funding grant.

- **Children 4 years old by September 1, 2022**
- **Complete an Early Childhood Screening** (required within 90 days of preschool start date). To make an appointment, call Kate at 952-707-4117 or visit: isd191.org/earlychildhoodscreening.
- **Complete all documents in this packet.** Incomplete packets will not be processed. Incomplete forms or missing documents will delay your application.
- **Return all documents** to the Preschool Enrollment office at Diamondhead Education center or email forms to: preschool@isd191.org
- **Primary contact will be by email.** If email is not legible, or incorrect, it will delay your application. You will be notified by email when your child has been enrolled.

Student Name

Birth Date

- **One91 Preschool-Part Time at elementary school**
- **Days:** Tuesday through Friday
- **Times:** AM session, 9 am-12 pm; PM session, 12:55-3:55 pm.
- **Children are placed in their home school attendance area* and preferred time when possible.**

Preferred Session: **AM** **PM** **School:** _____

*Placement outside your home school attendance area, requires explanation. Check the box above and list the reason here:

Requests for alternate school will be reviewed after June 1 and placed if possible.

Required documentation for each application	Check Box
Preferred Session form (this page)	
Preschool Student Transportation Registration Form	
Family Information form (1 per family)	
Student Information form (1 per student)	
Ethnic and Racial Demographic Designation Form (1 per student)	
Minnesota Language Survey (1 per student)	
Proof of Legal Name and Birth Date (e.g. birth certificate, passport, I-94 or hospital birth record)	
Early Childhood Immunization Record (State or Health Care Provider form)	
Early Childhood Screening Report	

Diamondhead Education Center, 200 W Burnsville Parkway, Suite 100, Burnsville, MN 55337

For preschool enrollment questions, email preschool@isd191.org

Angela Henle: Phone: 952-707-4110 Fax: 952-707-4140



One91 Preschool Transportation Request Form

Student Transportation Services

200 West Burnsville Parkway, Burnsville, MN 55337

952-707-2067 • transportation@isd191.org

We follow school district policies for transportation. Please complete this form to request in-district transportation for elementary preschool. If available, we service only addresses in School District 191. Transportation is not guaranteed at this time. Notification of transportation will be made by mail in late August.

2022-2023 School of Attendance _____

Student Name: _____

Parent/Guardian Name _____

Daytime Phone _____ Other Phone _____

Other Contact/Emergency Contact:

Name _____ Relationship to Student _____

Daytime Phone _____ Other Phone _____

PLEASE SIGN below, noting Preschool Bus Requirements:

All preschool bus transportation is required to be hand to hand with a responsible adult.

Preschool students are not allowed to be released from the bus without a parent/guardian designated adult. Older siblings are not able to escort preschool students off the bus or walk prek students to/from school.

Morning and Afternoon routes are part of the K-5 bus transportation and will be at the designated bus stop. Preschool students ride in the first two seats. Midday routes for morning drop off and afternoon pick up are to your designated address (home or child care).

Parent/Guardian Signature: _____

Pick-Up Address

Home Child Care/Other

House Number _____ Street Name _____

Apartment # _____

City _____

Zip Code _____

Drop-Off Address

Home Child Care/Other

Check this box if the drop-off address is the same as the pick-up address.

House Number _____ Street Name _____

Apartment # _____

City _____

Zip Code _____

REGISTRATION FORM-FAMILY INFORMATION

Street Address _____	Apt./Lot# _____	City _____	State _____	Zip Code _____
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★ Primary Household – Legal Guardian(s) that Student lives with:

1. _____

Last Name _____	First Name _____	Cell Phone _____	Work Phone _____
_____	_____	Legal Guardian	No <input type="checkbox"/> Yes <input type="checkbox"/>
Email Address _____	Relationship to Student _____		

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

2. _____

Last Name _____	First Name _____	Cell Phone _____	Work Phone _____
_____	_____	Legal Guardian	No <input type="checkbox"/> Yes <input type="checkbox"/>
Email Address _____	Relationship to Student _____		

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 _____
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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>
		Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth	Grade Level		

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? No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the student have a current IEP?	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			
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.¹

[You must select “yes” or “no” to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|----------------------------------------------|---------------------------------------|----------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|----------------------------------------------|----------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

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

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

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

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		
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 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.