



PILLAGER PUBLIC SCHOOLS

323 E. 2nd Street South, Pillager, MN 56473

www.isd116.org

Grades K – 12 Enrollment Packet for Non - Resident District Students (Open enrollment to Pillager School)

Please complete the following enrollment forms:

1. Pillager Public Schools Enrollment Information
2. Ethnic and Racial Demographic Designation Form
3. Statewide Enrollment Options Form
4. Student Transportation Information Form
5. Transcript Release Form - ISD #116 will request records from the previous school, enrollment is not complete until we have received student records
6. Minnesota Language Survey
7. Please provide a copy of the student's birth certificate

Completed forms may be dropped off at the school or sent in by mail, email or fax to:

Elementary Grades K – 4

Brenda Uselman
323 E. 2nd Street So.
Pillager, MN 56473

Fax: 218-746-2134
Phone: 218-746-2111
Email: buselman@isd116.org

Elementary Principal
Josh Smith

Middle School Grades 5 – 8

Katie Schaefer
323 E. 2nd Street So.
Pillager, MN 56473

Fax: 218-746-2153
Phone: 218-746-2112
Email: kschaefer@isd116.org

Middle School Principal
Wade Mortenson

High School Grades 9 – 12

Larae Thomas
323 E. 2nd Street So.
Pillager, MN 56473

Fax: 218-746-3406
Phone: 218-746-2113
Email: lthomas@isd116.org

High School Principal
Jason Savage

Please note: completed forms must be received a minimum of 3 days prior to enrollment to ensure all appropriate accommodations have been made.

FOR OFFICE USE ONLY

Today's Date: _____ Teacher: _____
Start Date: _____ Bus #: _____

PILLAGER PUBLIC SCHOOLS ENROLLMENT INFORMATION

STUDENT'S LEGAL NAME: _____
Last First Middle

GRADE _____ SEX M / F BIRTHDATE _____ PLACE OF BIRTH _____

The U.S. Department of Education requires the following information:

ETHNICITY: Hispanic or Latino? ☐ Yes ☐ No

RACE: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

PRIMARY HOME LANGUAGE: _____

STUDENT LIVES WITH: ☐ Both Parents ☐ Father ☐ Mother ☐ Father and _____ ☐ Mother and _____
☐ Guardian ☐ Foster Parents ☐ Other, relationship _____

If student lives with only one parent, should the other parent receive school information? ☐ YES ☐ NO

☐ Please check here if there is legal documentation prohibiting the non-custodial parent from seeing this child at school or receiving any school information. Please send a copy of the legal documentation to be kept in the student's file.

CURRENT LIVING SITUATION: ☐ Home/Apartment ☐ With Family or Friends ☐ Shelter ☐ Hotel/Motel
☐ Other _____

STUDENT'S ADDRESS: _____

FAMILY/GUARDIAN INFORMATION (HOUSEHOLD ONE)

NAME _____ OCCUPATION _____

MAILING ADDRESS _____ CITY, STATE, ZIP _____

PHYSICAL ADDRESS _____
(If mailing address is a PO Box)

E-MAIL ADDRESS _____ NAME OF COUNTY YOU LIVE IN _____

NAME OF SCHOOL DISTRICT YOU LIVE IN _____ DISTRICT # _____

WORK PHONE _____ CELL PHONE _____ HOME PHONE _____

FAMILY/GUARDIAN INFORMATION (HOUSEHOLD TWO)

NAME _____ OCCUPATION _____

MAILING ADDRESS _____ CITY, STATE, ZIP _____

PHYSICAL ADDRESS _____
(If mailing address is a PO Box)

E-MAIL ADDRESS _____ NAME OF COUNTY YOU LIVE IN _____

NAME OF SCHOOL DISTRICT YOU LIVE IN _____ DISTRICT # _____

WORK PHONE _____ CELL PHONE _____ HOME PHONE _____

LIST SIBLINGS OR OTHER CHILDREN LIVING WITH THIS CHILD:

NAME

BIRTHDATE

GENDER

☐ M ☐ F☐ M ☐ F☐ M ☐ F**EMERGENCY INFORMATION**

NAME OF PERSON TO CALL IN CASE YOU CAN NOT BE REACHED

HOME PHONE

WORK PHONE

CELL PHONE

OTHER PERSONS AUTHORIZED TO PICK UP YOUR CHILD IF YOU ARE NOT AVAILABLE:

NAME

PHONE

NAME

PHONE

PREVIOUS SCHOOL INFORMATION

PREVIOUS SCHOOL ATTENDED:

ADDRESS:

Check if your child has been receiving any of the following services:

☐ Special Education or Individual Ed Plan ☐ 504 Plan ☐ Title 1- (Circle) Reading / Math / Both

We would like your child to gain the most from his/her school experience. To assist us accomplishing this, it is necessary to have a current health history. Please complete this section of the enrollment form. At any time throughout the school year, please notify the nurses office at (218)746-2114 of changes in your child's health, health care needs and of changes in phone numbers (home, cell, work, or emergency contacts) in the event we need to reach you.

1. Does the student have any health conditions?

YES

NO

If yes please explain

2. Does the student have any allergies?

YES

NO

If yes please list

Does the allergy require an EpiPen or other epinephrine device?

YES

NO

*If yes the school requires an anaphylaxis emergency care plan to be on file in the nurse's office and updated annually.**Please see the Health Services section of the Pillager school website for a form if one has not been provided to you by your medical provider.*

3. Does the student take medication?

YES

NO

If yes please list

4. Will medication(s) be required at school?

YES

NO

If yes please see the Health Services section of the Pillager school website for the medication procedure process and the Medication Administration Authorization Form.

5. Does the student have special diet requirements?

YES

NO

*If yes please explain**Before the school can deviate from the hot lunch program, the school will need a provider's order on file or dietary changes (e.g. lactose intolerance, gluten-free). The Special Diet Statement form is available in the Health Services section of Pillager school website if needed.*

6. Does the student wear glasses and/or contacts?

YES

NO

Date of last eye exam

7. Before the student attends the first day of school, a copy of his/her immunization history or a notarized conscientious exemption form must have been received by the nurse's office.

PHYSICIAN

CLINIC

PHONE

DENTIST

CLINIC

PHONE

In the event of an accident or serious illness and I cannot be reached, by signing this form, I authorize the school to call the physician listed above and to follow his/her instructions. I also grant permission for the school to transport my child by ambulance to the nearest medical facility for treatment if needed. I understand I am responsible for related costs. I understand that the above information will be treated as confidential and will be used only as appropriate.

PARENT/GUARDIAN SIGNATURE

DATE



District Parent Letter

Dear Parent or Guardian:

In an effort to assist Minnesota districts in providing targeted programs and services to help all students succeed, districts are required by law to request more detailed student ancestry or ethnic origin information based on Minnesota's largest groups, beyond what has been collected on enrollment forms under federal law since 2008. Parents or guardians are not required to answer the federal questions (in bold) on the Ethnic and Racial Demographic Designation Form for their children. However, if you choose not to answer the federal questions (in bold), federal law requires schools to choose for you. State questions are labeled as "Optional" and schools will not fill in this information for you. Refusal to respond will not impact enrollment in the school.

As a result of the new law, you are asked to report your child's information. Starting with the 2019-2020 school year, all schools in Minnesota will collect this information using these updated categories. The Minnesota Department of Education will continue to incorporate feedback from the public into this form.

To report your child's information, please complete the enclosed form and return it with your registration packet. Note: You may choose to not indicate any of the more detailed selections by marking the "decline to indicate" option(s). You may also choose to mark an "other" option if you do not see your group represented. School staff are not required to assign students to these detailed groups.

Please complete and return the enclosed form with your registration packet. Thank you!



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/ | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | 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.

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 _____



General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education

The *General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education* is the required application for all Minnesota school districts. Please use this application for inter-district K-12 open enrollment and inter-district enrollment in Early Childhood Special Education (ECSE). Please use the *Statewide Enrollment Options Application for State-funded Voluntary Pre-Kindergarten and School Readiness Plus* for voluntary pre-kindergarten or school readiness plus open enrollment.

IMPORTANT NOTE: Do not disclose other information to the non-resident district until a seat is offered in writing. At that point, the district will request information such as special needs, birth date, race, ethnicity, academic and other records.

Section 1: To be Completed by One or Both of the Student's Parents or Guardians

Student Information

Student Last Name: _____

First: _____

Full Middle: _____

Will the student be at least age 5 and under age 21 by September 1 of the enrollment year or be applying for ECSE?

☐ Yes ☐ No*

*If No, please read information in the [Statewide Enrollment Options Instructions](#) before proceeding.

Student's current grade level (If applying for ECSE, write EC): _____

Grade Level Desired: _____

Student Resident District Information

Resident District Name: _____

District Number: _____

City: _____

District of Choice (non-resident school district)

District of Choice Name: _____

District Number: _____

City: _____

Identify the reason for the request to enroll in a nonresident district:

Site or Program Preferences

If the non-resident school district has multiple sites/programs that serve your child's needs, you may rank sites/programs in order of preference (add more preferences if desired).

1. _____

2. _____

3. _____

Enrollment Timeline

When are you seeking to enroll your child?

- ☐ Immediately
- ☐ Not immediately, but sometime during the current school year
- ☐ Next school year.

Special Situations

Please check all that apply.

- ☐ Sibling preference: student has a sibling currently open-enrolled in this non-resident district.
- ☐ Employee child preference: Student has parent or legal guardian who is a Minnesota resident who is an employee of the non-resident district.

- ☐ Family move: The student's resident district changed after December 1 prior to the school year requested, waiving deadlines.
- ☐ Student is a resident of City of Edina but the resident school district for the student's Edina home is not Edina Public Schools. Student seeks enrollment in Edina Public Schools.
- ☐ Student is requesting a move into and/or a move out of a district that receives [Achievement and Integration Revenue](#), waiving deadlines. You can check here if you do not know the answer to this: ☐
- ☐ Student is currently expelled under Minnesota Statutes, section 121A.45 for a reason listed in [Minnesota Statutes, section 124D.03, Subdivision 1](#), which allows but does not require the non-resident district to deny the application.

Parent/Legal Guardian Information

The student must live with at least one parent/guardian who lives in Minnesota.

Minnesota Parent/Guardian 1

Last Name: _____

First Name: _____

MI: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Parent/Guardian 2:

Last Name: _____

First Name: _____

MI: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Physical Signature of at Least One Parent/Guardian is Required

I hereby verify that the above information is true and correct to the best of my knowledge.

Signature of parent/legal guardian 1: _____

Date: _____

Signature of parent/legal guardian 2 (optional): _____

Date: _____

Submission Information

For priority consideration, please complete this application and send it to the Superintendent's Office in the [non-resident District](#) by **January 15** before the first fall enrollment. Please do not send this application to the Minnesota Department of Education. Use one application per student per requested district.

Applications received by the non-resident district after the January 15 deadline may qualify for exceptions to deadline or, if not, districts may voluntarily agree to allow enrollment through a voluntary [School District Non-resident Agreement for Inter-district Enrollment](#).

Section 2: To be Completed by the Non-resident District

Non-resident District: Notify parents/guardians of application approval or disapproval in writing by **February 15 or no more than 90 days after receiving applications** that come later through an Achievement and Integration School Choice Program. If rejected, you must let families know legal reason for denial. Reminder: ECSE open enrollment applications cannot be denied solely due to lack of capacity to provide special education services. (See Minn. Stat. § 124D.03, subd. 6).

Please expedite any requests for open enrollment into Early Childhood Special Education Services.

Families must accept or decline the offer by **March 1 or 45 days after notification that their application has been approved**. After receiving the commitment to attend, the non-resident district must notify the resident district by March 15 (or 30 days after initial receipt if form filed after January 15) of the student's intent to enroll. Districts must report all counts of rejected applications and reasons to the Minnesota Department of Education by July 15 or each year.

Date Application Received: _____

District Name: Pillager Public School

District Number: 0116 - 01

District Contact Name: Michael Malmberg

Title: Superintendent

Phone: 218-746-2100

Email Address: _____

Does the January 15 deadline apply?

- ☐ Yes, the deadline applies and it was met.
- ☐ Yes, but it was not met. **If this is the case, contact the superintendent's office in the resident district immediately regarding Section 3 of this form** to determine whether the resident district and your district will agree to a **Non-resident Agreement** to serve the student prior to open enrollment becoming available.
- ☐ No, one or both districts receive Achievement and Integration funding from MDE.
- ☐ No, family moved to resident district on December 1 or later.
- ☐ No, the commissioner of education and commissioner of human rights have determined the resident district's policies, procedures or practices are in violation of Title IV of the Civil Rights Act ([Minn. Stat. §124D.03, subd.7](#)).

Will the student have priority in a lottery? ☐ No ☐ Yes, based on:

- ☐ Sibling of currently open-enrolled student in this district.
- ☐ MDE-approved Achievement and Integration with specific school choice plan involving the districts.
- ☐ Child of Minnesota resident who is a district employee.
- ☐ City of Edina resident whose resident school district is not Edina Public Schools, seeking entry to the district.

Approval/Disapproval of Open Enrollment Application

☐ **APPROVED**

☐ **APPROVED BUT WITH A NON-RESIDENT AGREEMENT** for upcoming year that is mutually agreed upon by both districts. Enrollment will continue in subsequent years as open enrollment provided that a lottery is not needed for the student's grade level in the first fall enrollment or the grade level has not been closed by board action. Students will be entered into lottery if one is held. (Non-resident district: keep documentation of the agreement. Districts may document agreement using Section 3 or another format of their choosing.)

STUDENT ASSIGNMENT SITE/PROGRAM: On the basis of information provided in the above application, and with respect to district policies and procedures, the above student will be assigned to:

School Building Name: _____

Starting Date: _____

Grade Level: _____

☐ NOT APPROVED

The non-resident district has denied the request for open enrollment because of the following reason(s) allowed in Minnesota Statutes, section 124D.03. Reminder: ECSE open enrollment applications cannot be denied based on special education program capacity. Check all that apply:

☐ The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See Statewide Enrollment Options Instructions or Minnesota Statutes, section 124D.03, subdivision 3.

☐ Statutory enrollment cap has been reached for open enrollment. ([Minn. Stat. § 124D.03, subd.2](#))

☐ Grade is closed district-wide by board action. ([Minn. Stat. § 124D.03, subd. 2 and subd.6](#))

☐ District has denied the application because of specific expulsion reasons allowed in law. ([Minn. Stat. § 124D.03, subd.1](#))

NOTIFICATION TO RESIDENT DISTRICT

Non-resident district must notify resident district or last district of attendance by March 15 or 30 days later of the pupil's intent to enroll in the non-resident district. The same procedures apply to a pupil who applies to transfer from one participating non-resident district to another participating non-resident district.

Name of Superintendent/Responsible Authority: _____

Signature: _____

Date: _____

Please Note: districts may not modify this form, add data fields or create alternative formats.

2021-2022 Student Transportation Information Form Guidelines

*Bus transportation is a privilege that can be lost if behavior is unacceptable on the bus or at the bus stop.
MN Statute 123.B*

Please review these guidelines to ensure safe transportation for all eligible students. **Please read carefully as important changes have been made to the transportation policy.** This Transportation Form must be completed and in the hands of the school or Fornshell Bus by **July 15th**. There is no guarantee that we can accommodate transportation once routes have been set for the start of school.

Bus Stop Assignment: For reasons of safety and security, students are allowed only ONE designated bus stop in the morning and ONE designated bus stop in the afternoon unless prior authorization is granted by Fornshell Bus. Multiple pick-up or drop-off spots are not permitted. A variable schedule is also not permitted. Transportation policy permits just one morning and one afternoon stop, with the same stop(s) five days a week and must be on a consistent basis.

Bus Stop Changes: Fornshell Bus must authorize any proposed changes to a student's bus riding assignment or bus stop assignment. Bus drivers are **not allowed** to make changes to the bus stop location or the pick-up time. Bus stop change requests must be made directly to Fornshell Bus and changes need to be made **at least 3 business days in advance**.

Emergency Change Requests: All temporary changes in a student's assigned bus or designated bus stop can be approved only by Fornshell Bus., and will be approved only in cases of family emergency. Due to regulations on capacity loads, **students are not allowed to change bus assignments or bus stops to attend social events, lessons, jobs, parties or other non- emergency activities.**

Daycare/Alternative Location: All students in daycare or that have an alternative pick-up/drop-off location are required to have a Transportation Form on file with the school and Fornshell Bus. This information is used to assign bus stops and for notification in case of an emergency.

Bus Stop Behavior: We strongly urge parents and daycare providers to supervise students at the bus stops. **Unsupervised students are the cause of many bus stop problems and complaints.**

Bus Safety and Discipline: School district policy on bus safety and handbooks are available. The policy, rules and guidelines are reviewed by the teachers each year and are handed out by the bus drivers.

Bus Scheduling: Students should be at their assigned bus stops at least five minutes prior to the scheduled arrival of their buses. It is not unusual for buses to be running late the first couple weeks of school. This time lag is usually self-correcting shortly after the start of school. Buses may also run late due to rain, snow, ice, fog or traffic conditions. If a bus is running late, the bus will complete the route nonetheless and stop at every stop. Thank you for your patience in these situations.

Please call the Bus Garage at (218) 746-3770 by **7:00 A.M.** if your child is not riding the bus. Failure to notify Fornshell Bus in these situations could result in loss of riding privileges.

FOR QUESTIONS, CONTACT FORNSHELL BUS

Phone: (218) 746-3770 Email: FORNSHELLBUS@ISD116.ORG

4152 State Highway 210 SW, Pillager, MN 56473

PILLAGER PUBLIC SCHOOL ISD 116
STUDENT TRANSPORTATION INFORMATION FORM

PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD EVERY YEAR.
DUE BY July 15, 2021 for the 2021-2022 school year.

Due to regulations on capacity loads, students are not allowed to change bus assignments to attend social events, lessons, jobs, parties, or other non-emergency activities.

Multiple pick-up or drop-off locations are not permitted. Transportation policy permits just one morning and one afternoon stop, with the same stop(s) five days a week. A variable schedule is not permitted.

Notes given to the bus driver are not acceptable. A form must be submitted to Fornshell Bus for temporary changes at least **3 business days in advance.**

1. PLEASE PRINT CLEARLY

Student Name: _____ Grade: _____ Home Phone: _____

Student Address: _____
(Street #, Street Name, apt #) (City) (Zip)

Parent/Guardian Name: _____ Daytime Phone: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Email Address: _____

If open enrolled - what is your resident district? _____
(Filling out this form does not guarantee bus transportation if you are out of the Pillager School District)

Please list any medical conditions your bus driver should be aware of: _____

Previous Bus Route # (If it has changed in the past 3 years): _____

2. Please check all that apply:

- ☐ New Enrollment
☐ Change of Home Address
☐ Change in Daycare/Alternative Location

3. To School (choose only one)

☐ No AM transportation needed
Child will walk/drive Parent/Guardian transport

☐ Pickup from home

☐ Pickup from daycare/alternative location

From School (choose only one)

☐ No PM transportation needed
Child will walk/drive Parent/Guardian transport

☐ Drop off at home

☐ Drop off location is a Daycare/Alt Location

Start date for Transportation: ____/____/____

End date for Transportation (if applicable): ____/____/____

4. Afternoon Drop-Off Information (If different than Home Address)

Address: _____
(Street #, Street Name, apt #) (City) (Zip)

By signing this form I acknowledge that I have read and understand the Student Transportation Information Form Guidelines.

Parent/Guardian Signature: _____ Date: _____



PILLAGER PUBLIC SCHOOLS

323 E. 2nd Street South, Pillager, MN 56473
www.isd116.org

Transcript Release/Request for Student Records

Student Name: _____ has enrolled in grade _____ in our district.

Student Date of Birth: _____ Enrolled/Start Date: _____

Previous School Attended: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

Parent/Guardian Signature: _____ Date: _____

(Federal Law, Buckley Amendment, Section 99.31, states that a written consent is not required for the release of educational records to another educational institution.)

Please include:

- * Transcripts of grades and test scores
- * Certified Copy of Birth Certificate
- * Health Records
- * Special Education Documentation and Current IEP
- * Psychological Assessments
- * MARSS Number (MN School)
- * Grad. Standards Test Scores
- * Attendance and Disciplinary Reports
- * Other Information that may be helpful in admission or placement of this student

Please fax or email current IEP and Evaluation immediately – Thank you!

Send Information to:

Elementary Grades K – 4

Brenda Uselman
323 E. 2nd Street So.
Pillager, MN 56473

Fax: 218-746-2134
Phone: 218-746-2111
Email: buselman@isd116.org

Elementary Principal
Josh Smith

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Fax: 218-746-3406
Phone: 218-746-2113
Email: lthomas@isd116.org

High School Principal
Jason Savage

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.

2021-2022 PILLAGER SCHOOL DISTRICT CALENDAR

BOARD APPROVED
03/15/2021

JULY 2021

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

AUGUST 2021

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

SEPTEMBER 2021

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

OCTOBER 2021

S	M	T	W	T	F	S
				1	2	
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

NOVEMBER 2021

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

DECEMBER 2021

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JANUARY 2022

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

FEBRUARY 2022

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

MARCH 2022

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL 2022

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY 2022

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE 2022

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

First Day of School for Students: **September 7, 2021**
Last Day of School for Students: **May 27, 2022**

1st Semester: 84 days 2nd Semester: 89 days

Total Instructional Days = 173 Days

HOLIDAYS

Independence Day	July 4
Labor Day	September 6
Thanksgiving Break	November 25-26
Winter Break	December 24 - January 2
MLK Day	January 17
Presidents Day	February 21
Good Friday	April 15
Memorial Day	May 30

OPEN HOUSE

September 1 4:30pm - 7:00pm

NEW TEACHER ORIENTATION

August 24, 25

STAFF DEVELOPMENT DAYS (No School for Students)

August 30, 31 September 1, 2
January 17, 21 May 31

PARENT TEACHER CONFERENCES

January 18 12:00pm - 7:30pm
January 20 4:00pm - 7:30pm

POSSIBLE SNOW MAKEUP DAY (If Necessary)

January 21 March 24

SCHOOLS

PHONE

Early Childhood Center	218-746-3075
Pillager Elementary School	218-746-2111
Pillager Middle School	218-746-2112
Pillager High School	218-746-2113
Pillager District Office	218-746-3772

COMMENCEMENT MAY 27

KEY

- Regular Monthly Board Meetings 6:00pm
- Holiday (No School)
- MEA Break for Students & Employees on 184-Day Contracts
- Semester Start/Stop Days
- Staff Development Day No School
- New Teacher Orientation
- Early Release Day 1:00pm