



Welcome to Eastern Carver County Schools!

How do I complete my child's enrollment?

Register Online: Visit eccs.mn/enroll and click on "Enroll in Grades K-12". Enter your email address to receive a link to fill out the forms online. You will receive a confirmation email to begin online registration. Please save this email so you can go back without losing your work.

Register in Person: Visit the Welcome Center to complete a paper copy of the registration.

What do I need to bring?

The following documents are required with each child's registration.

Your application will not be complete until ALL documentation is provided.

- Proof of age and name of student:** the child's birth certificate or passport.
- Proof of residency:** a current utility bill or signed rental/lease agreement or signed purchase agreement.
- Pupil immunization records** - State law requires up-to-date vaccinations to attend public schools.
- Early Childhood Screening (Kindergarten students only)** - An early childhood screening is required by state law before your child starts kindergarten and is free to residents. You can schedule your child's screening online at eccs.mn/screening or call 952.556.6407.

Documents can be submitted in the following manner:

- Uploaded with the online application (preferred)
- E-mailed to welcomecenter@district112.org
- Faxed to Welcome Center at **952-556-6109**
- Sent via U.S. Mail to Welcome Center
- Brought to the Welcome Center

Welcome Center Address: 11 Peavey Road Chaska, MN 55318

Welcome Center Phone Number: 952-556-6112

Welcome Center Hours: 7:30 a.m. – 4:30 p.m. Monday through Friday

Please Arrive by 3:00 p.m. to begin enrollment paperwork.



SCHOOL USE ONLY

Student ID _____
 Birth Verification _____
 Primary Language _____
 School _____
 Start Date _____
 Entry Code _____
 Service Type: Primary or Part-time
 Resident District _____
 State Aid Code _____
 Graduation Year _____
 Notification of Change form sent _____

Section I. Student Information - student's full legal name as it appears on birth certificate

Last Name _____ First _____ Middle _____ Suffix _____

Gender _____ Date of Birth _____ Grade _____ Nickname _____

Eastern Carver County Schools uses text messaging for important district & school information.
 If you do not wish to receive text messages from Eastern Carver County Schools, please check box to Opt-Out

Student's Personal Cell Phone _____ Anticipated Start Date: _____

Student's Birth Country _____

Date Student First Entered United States _____

Has the student attended school in the United States for more than 3 full academic years. (On a cumulative basis) Yes No

Early Childhood Screening-Complete only if registering for Kindergarten

Preschool Screening – is required by law for your child's entry into public school kindergarten or first grade.

Has your child received a comprehensive health and developmental preschool screening? (3-5 years old) Yes No

a. If Yes, screening date: _____

b. If Yes, check type of Provider: Child/Teen Checkups Head Start Private Provider School District Conscientious Objector

c. If Yes, Name of Provider or District _____

d. If No, please visit this website to register for preschool screening: eccs.mn/screening

Special Programs-Requires Prior Approval from School

- Integrated Arts Academy 17-21 Program ALC Summer School STAR Anicca Program

Section III. Ethnic and Racial Demographic –Required to answer Federal Questions (in Bold).
 If you choose not to answer the federal questions, federal law requires schools to choose for you.
 State Questions are Optional and schools will not fill in this information for you.

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. Yes No

A. Optional Question: 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 Colombian Ecuadorian Guatemalan Mexican Puerto Rican
 Salvadoran Spaniard/Spanish/Spanish-America Other Hispanic/Latino Unknown

SELECT "YES" TO AT LEAST ONE OF THE QUESTIONS (1-6) BELOW.

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 No

A. Optional Question: 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 Anishinaabe/Ojibwe Cherokee Dakota/Lakota Other North American Indian Tribal Affiliation Unknown

2. Is the student American Indian from South or Central America? Yes No

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. Yes No

A. Optional Question: 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 Asian Indian Burmese Chinese Filipino
 Hmong Karen Korean Vietnamese Other Asian Unknown

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. Yes No

A. Optional Question: 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 African-American Ethiopian-Oromo Ethiopian-Other
 Liberian Nigerian Somali Other black Unknown

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. Yes No

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. Yes No

Section IV. Student Enrollment Information

1. Is this student currently enrolled in school elsewhere? Yes No
 Name of school currently attending _____
 K-12 (not preschool) (School Name) (City) (State)
2. **Last school attended if not currently enrolled** _____
 K-12 (not preschool) (School Name) (City) (State)
3. Has your student ever attended a public school in Minnesota before? Yes No
 a. If Yes, name of Minnesota School or District. _____
4. Is this student participating in a Foreign Exchange Program? Yes No
 a. If Yes, name of Foreign Exchange Program. _____
5. Does this student have an immediate family member who is currently in the U.S. armed forces either as a reservist, on active duty or has recently retired? Yes No
6. Does this student have a Parent who is a member of the Armed Forces on Active Duty? Yes No
 a. If Yes, what branch of Armed Forces _____
7. Does this student currently receive Gifted and Talented services? Yes No
8. Is this student currently homeless (lacks a fixed, regular and adequate nighttime residence)? Yes No
 (If "Yes" please fill out Temporary Housing Form with district personnel)
9. Have you recently moved to this school district within the last 3 years in order to accompany or join a parent/guardian who has moved to seek or obtain temporary or seasonal work in agriculture or fishing? Yes No
 a. If Yes, please check the appropriate box that best describes the work that was done (or sought) in.
 Fruit, vegetable, soybeans, sunflower, cotton, wheat, grain, sugar beets, agricultural farms, ranches, fields & vineyards.
 Food warehouse, processing plant or canneries, packing sheds, elevator and fertilizer plant, alfalfa, mill.
 Dairies Poultry Farms Fisheries Slaughter Houses, Beef, Pork, Poultry.
 Forestry Industry, Plant Nurseries and Orchards.
 Hauling from field to silo/elevator, agricultural products (corn).
10. Is this student a Ward of the State (parental rights have been terminated by court order)? Yes No
 (Does not include foster homes)
11. Does this student currently live in a foster home? (Additional documentation required). Yes No
12. Does this student currently live in District 112? Yes No
 a. If No, what District does the student live in? _____
 b. If No, has an Open Enrollment Agreement been completed and sent to the Welcome Center? Yes No
13. Does your child currently receive specialized services on an Individual Education Plan (IEP)? Yes No
 a. If Yes, please identify the areas of service or primary disability area. _____
 b. Do you have a copy with you today? Yes No
14. Does your child currently receive accommodations through a 504 plan? Yes No

Section V. Student Primary Household Information-list family members who reside at the same address with student. NEED ADDITIONAL DOCUMENTATION IF NOT LIVING WITH A BIOLOGICAL PARENT.

Current Primary Home Address of Student _____

Mailing Address of Student - If Different from Home Address _____

If Applicable, Anticipated Date Moving into District 112 _____

New Primary Home Address Upon Move into District 112 _____

Student Home Landline Phone _____

ADDITIONAL DOCUMENTATION REQUIRED

Student Lives With: Check Box Above Relationship: Both Parents Mother Father Mother and Stepfather Father and Stepmother Foster Parents Host Family Other-Please Specify Relationship Below. _____

Parent/Guardian/Adult-who resides at the same address with the student. Use full legal name as it appears on driver's license.

Last Name _____ | _____ First Name _____ Middle Name _____
(Current Name) (Maiden Name)

Gender _____ Date of Birth _____ Birth Country _____ Relationship to Student _____
(M/F)

Legal Guardian Yes No **Biological parents & other adults with court appointed rights (documentation required) are legal guardians.**

The Guardian above will have rights and access to all students' educational records and will receive information in _____ Yes _____ No the following manner: Mailing, Portal and Email.

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If you do not wish to receive text messages from Eastern Carver County Schools, please check box to Opt-Out

Cell Phone _____ Work Phone _____ Email _____

Does the student's parent/guardian need interpreter services? _____ Preferred Language _____

Parent/Guardian/Adult-who resides at the same address with the student. Use full legal name as it appears on driver's license.

Last Name _____ | _____ First Name _____ Middle Name _____
(Current Name) (Maiden Name)

Gender _____ Date of Birth _____ Birth Country _____ Relationship to Student _____
(M/F)

Legal Guardian Yes No **Biological parents & other adults with court appointed rights (documentation required) are legal guardians.**

The Guardian above will have rights and access to all students' educational records and will receive information in _____ Yes _____ No the following manner: Mailing, Portal and Email.

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Cell Phone _____ Work Phone _____ Email _____

Does the student's parent/guardian need interpreter services? _____ Preferred Language _____

List Legal Names of other children from birth through grade 12, who reside at the student's address.

Last Name - as appears on birth certificate	First Name	Middle Name	Gender M/F	Date of Birth	Relationship to Student	Name of School Attending

Section VI. Additional Parent/Guardian Information. PARENTS NOT LISTED ABOVE AND DO NOT LIVE AT THE STUDENTS PRIMARY ADDRESS. Use parent's full legal name as it appears on driver's license.

Does this student reside with this parent/guardian part-time during the school year? Yes No
Secondary Non-Household

Last Name _____ First Name _____ Middle Name _____
(Current Name) (Maiden Name)

Gender _____ Date of Birth _____ Birth Country _____ Relationship to Student _____
(M/F)

Legal Guardian Yes No Biological parents & other adults with court appointed rights (documentation required) are legal guardians.

The Guardian above will have rights and access to all students' educational records and will receive information in Yes No the following manner: Mailing, Portal and Email.

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Cell Phone _____ Work Phone _____ Email _____

Does the student's parent/guardian need interpreter services? _____ Preferred Language _____

Home Landline Phone _____

Parent/Guardian Resident Address _____

Parent/Guardian Mailing Address-If different from resident address. _____

****SIGNATURE REQUIRED****

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

** Parent/Guardian Completing Form: _____ Date: _____

The data requested on the registration forms will be maintained as part of your child's educational and directory records. Some data is required (such as name, address, and birthdates). Other information requested is not required (such as emergency contacts) but will help us to serve you and your child more efficiently. The information you provide may be shared with other staff within the school district and the Minnesota Department of Education whose jobs require access or other agencies as provided by law. Student educational records are considered private under Minnesota's Data Practices Act. Student directory information is designated per the School District's Data Privacy Policy.

The Family Education and Privacy Rights Act provide that educational records are available to parents of a student. Legal documentation is required for custody limitations.

PLEASE COMPLETE ALL PAGES AND RETURN TO:
Eastern Carver County Schools District Education Center
ATTN: Welcome Center
11 Peavey Rd Chaska, MN 55318

Welcome Center Phone Number: 952-556-6112
FAX: 952-556-6109
Email: WelcomeCenter@District112.org

** NAME OF PARENT/GUARDIAN COMPLETING REGISTRATION FORM IS MANDATORY
Note: Information on Data Privacy Act available on request.

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.



Digital Equity Student 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.**

Please provide the following information for your student:

Student Name: _____ Grade: _____ ID#: _____
Print full legal name

Student(s) Primary Address: _____

Internet Access in Residence. Does the student have access to the internet on their primary learning device at home?

- YES - We have internet at home
- NA - No, Not available at home
- NO - Not Affordable at home
- OTHER - No, there is another reason

Primary Internet Access Type in Residence. What is the primary type of internet service used at home?

- RB - Residential Broadband (DSL, Cable, Fiber)
- CN - Cellular Network
- HS - School provided Hot Spot
- SA - Satellite
- DU - Dial Up
- OT - Other
- NA - Unknown

Internet Performance. Can the student stream a video on their primary learning device without interruption?

- YES - No Issues (no pauses or buffering)
- NC - YES- but not consistent (some pauses or buffering)
- NO - Streaming doesn't work

Primary Digital Device. What device does the student most often use to complete school work at home? (Select Only One)

- DL - Desktop or Laptop
- TA - Tablet
- CB - Chromebook
- SP - Smart Phone
- NA - None
- OT - Other

Primary Learning Device Provider. Is the device personal or school provided?

- P - Personal
- S - School
- O - Other

Primary Device Access. Is the Primary Digital Device shared with anyone else in the home?

- S - Shared
- NS - Not shared
- U - Unknown

Form Completed by: _____

Start Date: _____



Student Health Information (Required Yearly by Schools)

Student Name _____

Date of Birth _____ Grade _____

Physician/Clinic _____

Phone Number _____

Dentist _____

Phone Number _____

Hospital Preference _____

To insure the health and safety of your child this information may be shared with school district staff or emergency personnel based on a need to know.

Health Concerns	Yes	No	Medication (Name, dosage)	Necessary Monitoring in School	Comments or Describe
Asthma/ Respiratory				Inhaler at School? Y N	
Severe Allergies				Food Latex Insects	Type of reaction: Date of Last reaction:
Diabetes					
Head Injury					
Seizures/ Neurological					Type and date of last episode
Heart/Blood					
Muscles/Bones/ Joint/Skin					
Bladder/Kidney					
Stomach/ Intestine/Bowels					
Immune Problems					
Emotional/ Behavioral					
Hearing Concerns				Hearing Aide? Preferential seating?	
Vision Concerns				Glasses or Contacts? Reading Only?	
Growth/Nutrition Concerns				Dietary restrictions (ie. Pork, vegetarian, gluten, etc.)?	Type:
Developmental Concerns					
Other Health Concerns					

If your child becomes ill or injured, the school will attempt to call the parent/guardian at home or at work. If you cannot be reached, the school will attempt to call the emergency contact. In case of serious accident/injury/illness, 911 will be called if necessary.

Signature: _____

Date: _____

Transportation Registration *(All Grades)*

Student Name: _____ **Student ID:** _____

School: _____ **School Year:** _____

Start Date: _____ **Grade:** _____

Your child's weekly pick up and drop off schedule must remain consistent throughout the school year.

Transportation Requested:

TO	Transportation TO SCHOOL from: <input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday
	Transportation TO SCHOOL from: <input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday

FROM	Transportation FROM SCHOOL to: <input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday
	Transportation FROM SCHOOL to: <input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday

Daycare	Daycare will provide transportation TO SCHOOL from Daycare:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday
	Daycare will provide transportation FROM SCHOOL to Daycare:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday
	Name of Daycare Provider: _____		Contact Phone: _____

Office	I will DROP OFF my child at school office or Club Care:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday
	I will PICK UP my child at school office or Club Care:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday

HOME Address: _____	City: _____	Phone: _____
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OTHER Address: _____	City: _____	Phone: _____
OTHER Contact Name: _____	Relationship: _____	

Terms of Ridership:

- Bus service is only provided to or from the student's assigned school based on their attendance boundaries
- Bus service may be discontinued if the student does not ride the bus for 10 consecutive school days
- Bus service may be discontinued if the student does not follow bus safety rules
- Please allow up to 5 days from receipt of this form for implementation of bus service
- Each school has a "No Bussing" zone in place; please refer to the Q&A section at the link below for details
- Stop locations can be up to a 1/4-mile walking distance from the student's home to the bus stop location
- The Non-public school transportation program is limited, please contact the Transportation Department for details

Transportation Information Links:

- Your bus information (bus number, bus stop, pickup and drop off times) is available in the Parent Portal in early August
- Track your bus while using MyStop & Learn more in the Q & A section on the Transportation page found on our website: <https://www.district112.org/district/departments/transportation>

Parent or Guardian Signature for Elementary and Middle School Students: _____

Completed forms may be dropped off at your child's school, the Welcome Center or the Transportation Department.

Email: transportation@district112.org Phone: 952.556.6160 Fax: 952.556.6169 Mail: 11 Peavey Road, Chaska MN 55318