



One91 Half-Day Preschool 3- or 4-year old Application Diamondhead Education Center

Space is limited. Applications are placed through a lottery system with priority given to 191 residents. Cost is based on a sliding fee scale and scholarships are available based on income qualifications.

Children must be 3 years old by September 1, 2023 (with independent toileting skills).

Complete an Early Childhood Screening (required within 90 days of preschool start date).

To make an appointment, complete the Early Childhood Screening Request Form online at <https://communityed.isd191.org/early-childhood/early-childhood-screening>

Complete all documents in this packet. Incomplete packets cannot be processed. Incomplete forms or missing documents will delay your application.

Include a copy of the birth certificate or passport, immunization record, and proof of income (see page 2 for more information and guidance).

Return all documents to the preschool enrollment office at Diamondhead Education Center, or email forms to preschool@isd191.org.

Primary communication will be by email. You will be notified by email when your child has been enrolled. If your email address is not legible or is incorrect, your application will be delayed.

Student Name

Birth Date

Mark 3 choices: List 1, 2 and 3 next to your preferred schedules.

Children are placed in their preferred days and time schedule whenever possible.

Morning class (AM) meets 9:30 am-12 pm; Afternoon class (PM) meets 1-3:30 pm.

_____ Tue/Thu AM

_____ Tue/Wed/Thu/Fri PM

_____ Tue/Wed/Thu AM

_____ Wed/Fri AM

_____ Tue/Wed/Thu PM

For preschool enrollment questions, email preschool@isd191.org

Karen Sampers: Phone: 952-707-4110 Fax: 952-707-4140

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



ISD 191 Fee Agreement and Documentation Form

If you qualify for financial assistance, you will need to complete a scholarship application. (Out of district residents and children who are kindergarten eligible will pay the monthly fee listed under Level 4 of the graph below.)

Income Documentation for Financial Assistance

You have two options for verifying your income. Choose only one of the two options.

OPTION 1 – Provide a copy of your most recent program statement or invoice that your child(ren) are currently participating in one of the following public assistance programs below.

- Minnesota Family Investment Program (MFIP)
- Free and Reduced-Price Lunch Program (FRLP)
- Child and Adult Care Food Program (CACFP)
- Child Care Assistance Program (CCAP)
- Food Support (SNAP)

(If you choose Option 1 to verify income, please skip Option 2.)

OPTION 2 – To qualify for fee levels 1, 2 or 3, provide proof of all income for each member of your household, including yourself and other parent or legal guardians (no proof is required for level 4).

All sources of income require proof of income (evidence). Proof of income may include recent tax form(s), W-2 forms, financial aid statements, and/or a statement from your employer on company letterhead.

Preschool Family Yearly Gross Income Table

Family Size	Income Level 1	Level 2	Level 3	Level 4*
2	Under \$32,338	\$32,338-42,599	\$42,600-51,719	\$50,720+
3	Under \$40,627	\$40,627-52,049	\$52,050-61,259	\$61,260+
4	Under \$49,026	\$49,026-62,499	\$62,500-74,010	\$74,011+
5+	Under \$57,425	\$57,425-72,949	\$72,950-97,339	\$97,340+
4-Day Monthly Fee	\$0	\$112	\$168	\$224
3-Day Monthly Fee	\$0	\$84	\$126	\$168
2-Day Monthly Fee	\$0	\$56	\$84	\$112
2-Day Preschool Plus	\$0	\$30	\$60	\$90
Monthly Fee for Preschool Plus Sibling Care on Parent/Child Day (per child)				\$25

*Out of District Residents' Monthly Fee (no income proof required).

Payment Agreement

By signing this form, you are authorizing ISD 191 to debit your account for your tuition payment on the 15th of each month for a total of nine tuition payments beginning September 15, 2023, with the final payment due in May, 2024. This authority will remain in effect unless you cancel it in writing. The expiration date of the credit card you choose to use for payments (below) must be no sooner than June of 2024.

Monthly Payment \$ _____ Visa/MC/Disc _____ - _____ - _____ Exp. _____

Student Name _____

Cardholder Name _____ Phone _____

Cardholder Address _____

City/State _____ Zip _____ Email _____

Cardholder Signature _____

School Year

The following checklist is provided to assist you in gathering and completing all information that is needed to successfully enroll your child. Please complete one application packet per child and return all documents to the preschool enrollment office in person, by email preschool@isd191.org or fax 952-707-4140.

Student Name

School

Item and Description	Required	Office Use
ONE91 Registration Form Includes: 1. Checklist 2. Family Information form 3. Student Information form 4. Ethnic/Racial Demographic Designation Form 5. Minnesota Language Survey 6. Additional Form Descriptions	X	
Proof of Legal Name and Birth Date (e.g. birth certificate, passport, I-94 or hospital birth record, etc.)	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	
Pupil Immunization Conscientious Objection		
Additional Forms		
Application for Educational Benefits (completed annually)		
Early Childhood Screening		
Student Child Care Information		
Prekindergarten Transportation		
Statewide Open Enrollment Form		
Variance Request Form		
Custody or Parenting Plan Documents		
Guardianship / Foster Documents: Required when enrolling guardian is not the birth parent.		
District Communication Log (for office use only)	Student ID:	
	Start:	
	School:	
	Grade:	
	Last Loc:	
	OE: Y / N	
	Var: Y / N	
	Intake:	
Data Entry:		

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"/>		
				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?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Presently, where does the student stay at night? <input type="checkbox"/> Shelter or transitional housing <input type="checkbox"/> Hotel or motel <input type="checkbox"/> Living with a relative or friend <input type="checkbox"/> Unsheltered		

How did you hear about 191 schools? <input type="checkbox"/> From a friend or family <input type="checkbox"/> Google search <input type="checkbox"/> Social Media <input type="checkbox"/> Postcard / flyer in the mail <input type="checkbox"/> Print / Newspaper <input type="checkbox"/> Other:
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Student Legal Name as listed on birth record.

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

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	
Student has attended school in the U.S. for less than 3 cumulative years	No <input type="checkbox"/> Yes <input type="checkbox"/>	

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 the student have a current IEP?	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 your child participate in (check all that apply)	Honors Courses	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Accelerated Courses	No <input type="checkbox"/> Yes <input type="checkbox"/>
	AVID	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Other	No <input type="checkbox"/> Yes <input type="checkbox"/>

If other, please list here:

Please provide previous school attended information for the past two years.

School Name	City / State	Country	Grade	School Year Attended

Transportation	
If eligible, does your student require transportation? *NOTE – Students in grades 9-12 MUST opt in online for transportation. See additional form descriptions page for more information.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Will your child will attend a child care facility such as Kindercare or any other individual provider, before or after school, any day of the school week?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Student Health Information

Asthma	No <input type="checkbox"/> Yes <input type="checkbox"/>
Diabetes	No <input type="checkbox"/> Yes <input type="checkbox"/>
Seizures	No <input type="checkbox"/> Yes <input type="checkbox"/>
Hearing Concerns	No <input type="checkbox"/> Yes <input type="checkbox"/>
Vision Concerns	No <input type="checkbox"/> Yes <input type="checkbox"/>

Other Medical Conditions (e.g. ADD/ADHD, surgeries, emotional concerns, GI issues, etc.)	
Allergies (e.g. bee stings, food, latex, pollen, etc.)	
List ALL Medications	
Special Diet Restrictions (e.g. gluten, dairy, fruit, etc.)	
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: https://www.isd191.org/discover/departments/health-services	
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*):

Decline to indicate

Guatemalan

Salvadoran

Other Hispanic/Latino

Colombian

Mexican

Spaniard/Spanish/

Unknown

Ecuadorian

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*):

Decline to indicate

Cherokee

Other North American Indian Tribal Affiliation

Anishinaabe/Ojibwe

Dakota/Lakota

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 [Go to Signature.]

No [Go to Signature.]

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

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.

Additional Form Descriptions

Application for Educational Benefits: 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.

To receive benefits, applications must be submitted and approved on an annual basis.

Apply on the www.isd191.org website by clicking on the "Apply for Educational Benefits" button.

<https://www.isd191.org/enroll/application-for-educational-benefits>

Early Childhood Screening: Required for Kindergarten entry. This can be completed anytime between the ages of 3-5. You may schedule an appointment by calling 952-707-4117 or completing the online form at: <https://communityed.isd191.org/early-childhood/early-childhood-screening>

Medication Authorization:

All medications require:

- A physician's authorization.
- Written permission from parent/guardian.
- Come in the original prescription bottle or over the counter packaging.

To download the form go to: <https://www.isd191.org/discover/departments/health-services>

MyStop App: District 191 Transportation uses a service called MyStop, a system that uses GPS to track all Burnsville-Eagan-Savage School District 191 buses and shares that information through a website.

The service provides parents and students with a better idea of where a bus is along its route and about what time it will arrive at their stop. Parents and students can log in to the website by downloading the MyStop app (android or iOS) to a smartphone or tablet. They can view a map of their specific bus route, an approximate location of the bus, and an estimated arrival time at their bus stop. <https://www.isd191.org/discover/departments/transportation/mystop>

Guardianship/Foster Documents: To ensure the safety and security of our students these documents are required when the enrolling parent/guardian is not the birth parent. Please provide the Preschool Enrollment Office with supporting documentation stating you are the legal custodial guardian for the student you are registering along with a photo ID.

Custody or Parenting Plan: If there is a current custody or parenting plan in place for the student you are registering please provide a copy to the Preschool Enrollment Office. This helps to ensure the safety and security of our students in the school they will be attending.

Text Messaging: Text messages are sent to parents who opt in for text messaging. Texts are sent for things like emergencies, weather related closures, and other important school or district announcements. To "Opt In" send "Subscribe" to 67587 to receive text messages.