



# PILLAGER PUBLIC SCHOOLS

323 E. 2<sup>nd</sup> Street South, Pillager, MN 56473

[www.isd116.org](http://www.isd116.org)

## Grades K-12 Enrollment Packet for Resident District Students

Please complete the following enrollment forms:

1. Pillager Public Schools Enrollment Information
2. Health Information
3. Ethnic and Racial Demographic Designation
4. Minnesota Language Survey
5. Transcript Release/Request for Student Records (Enrollment is not complete until we receive student records from the previous school attended.)

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

<b>Elementary School (K-4)</b> Brenda Uselman Principal: Josh Smith 323 E. 2 <sup>nd</sup> Street South Pillager, MN 56473  Fax: 218-746-2134 Phone: 218-746-2111 Email: <a href="mailto:buselman@isd116.org">buselman@isd116.org</a>	<b>Middle School (5-8)</b> Katie Schaefer Principal: Wade Mortenson 323 E. 2 <sup>nd</sup> Street South Pillager, MN 56473  Fax: 218-746-2153 Phone: 218-746-2112 Email: <a href="mailto:kschaefer@isd116.org">kschaefer@isd116.org</a>	<b>High School (9-12)</b> Brittney Lunday Principal: Jason Savage 323 E. 2 <sup>nd</sup> Street South Pillager, MN 56473  Fax: 218-746-3406 Phone: 218-746-2113 Email: <a href="mailto:blunday@isd116.org">blunday@isd116.org</a>
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**Please note: Completed forms must be received a minimum of 3 days prior to enrollment to ensure all appropriate accommodations have been made.**

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**FOR OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Pillager Public Schools Enrollment Information**

Student Legal Name: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Student primarily lives with (state relationship): \_\_\_\_\_

**Primary Household:**

**Contact 1 - Name:** \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

**Contact 2 - Name:** \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from street address): \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

Name of School District living in: \_\_\_\_\_ District #: \_\_\_\_\_

**\*For Out-of-District residents, an Open Enrollment Application must be completed by the Primary Household, reviewed by the enrolling School District and approved prior to entry.**

**Secondary Household:**

**Contact 1 - Name:** \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

**Contact 2 - Name:** \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from street address): \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

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

**\*\*NOTE: Legal documentation must be provided and retained in student file if non-custodial parent is not allowed to have information or contact with the student.**

**List siblings or other children living with this child:**

Name:	Birthdate:	Gender:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Emergency Contact:**

In case of emergency, who should be called if contact(s) listed on page 1 cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

**Other persons authorized to pick up your child (other than contacts listed on page one):**

Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_

**Previous School Information:**

Most Recent School Attended: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Ph: \_\_\_\_\_

**Is your child currently receiving any of the following services? (Please check all that apply)**

☐ Special Education or Individual Plan    ☐ 504 Plan    ☐ Intervention (Reading, Math, or Both)    ☐ EL

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## Health Information Form

We would like your child to gain the most from his/her school experience. To assist us in 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 health office at (218)746-2062 of changes in your child's health, healthcare needs, and changes in any phone numbers in the event we need to reach you.

Student Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

YES

NO

1. Does the student have any health conditions?

If yes, please explain: \_\_\_\_\_

2. Does the student have any history of seizures?

*If yes, Minnesota schools require a seizure action plan on file in the health office. A form is available in the Health Services section of the Pillager school website.*

3. Does the student have any allergies:

If yes, please list: \_\_\_\_\_

Does the allergy require an EpiPen or other epinephrine device?

*If yes, the school requires an anaphylaxis emergency care plan to be on file in the health office. This form must be updated every year. Please see the Health Services section of the Pillager school website for a form if your medical provider has not provided one.*

4. Does the student take any medication?

If yes, please list: \_\_\_\_\_

5. Will any medications be required at school?

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

6. Does the student have special dietary requirements?

If yes, please explain: \_\_\_\_\_

*Before the school can deviate from the hot lunch program, the school will need a provider's order on file for dietary changes (lactose intolerance, gluten-free). The Special Diet Statement form is available in the Health Services section of the Pillager school website if needed. Lactose free milk is available by written request without a provider's signature.*

7. Does the student wear glasses and or contacts?

Date of last eye exam: \_\_\_\_\_

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 health office.

**In the event of an accident or serious illness and I cannot be reached, by signing this form, I 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/Legal 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: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

*[You must select "yes" or "no" to this question.]*

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

☐ **No** *[If no, go to Question 1.]*

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

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran        | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/ | <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.*

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

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

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

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

☐ **No** [If no, go to Question 4.]

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

☐ Decline to indicate

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ Vietnamese

Go to Question 4.

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

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

☐ **No** [If no, go to Question 5.]

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

☐ Decline to indicate

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ Unknown

Go to Question 5.

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

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

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

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name (printed) \_\_\_\_\_ 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:

	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.

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# PILLAGER PUBLIC SCHOOLS

323 E. 2<sup>nd</sup> Street South, Pillager, MN 56473

[www.isd116.org](http://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 Number: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_

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

Please Include:

- \* Transcripts of grades and test scores
- \* 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!

<b>Elementary School (K-4)</b> Brenda Uselman Principal: Josh Smith 323 E. 2 <sup>nd</sup> Street South Pillager, MN 56473  Fax: 218-746-2134 Phone: 218-746-2111 Email: <a href="mailto:buselman@isd116.org">buselman@isd116.org</a>	<b>Middle School (5-8)</b> Katie Schaefer Principal: Wade Mortenson 323 E. 2 <sup>nd</sup> Street South Pillager, MN 56473  Fax: 218-746-2153 Phone: 218-746-2112 Email: <a href="mailto:kschaefer@isd116.org">kschaefer@isd116.org</a>	<b>High School (9-12)</b> Brittney Lunday Principal: Jason Savage 323 E. 2 <sup>nd</sup> Street South Pillager, MN 56473  Fax: 218-746-3406 Phone: 218-746-2113 Email: <a href="mailto:blunday@isd116.org">blunday@isd116.org</a>
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# 2024-2025 PILLAGER SCHOOL DISTRICT CALENDAR

BOARD APPROVED  
February 27, 2023

## JULY 2024

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 2024

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 2024

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 2024

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 2024

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 2024

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 2025

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 2025

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 2025

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 2025

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 2025

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 2025

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 3**  
Last Day of School for Students: **May 30**

1st Semester: 82 days      2nd Semester: 87 days

**Total Instructional Days = 169 Days**

### HOLIDAYS

Independence Day	July 4
Labor Day	September 2
Thanksgiving Break	November 28-29
Winter Break	December 23 - January 3
Martin Luther King Day	January 20
Presidents' Day	February 17
Good Friday	April 18
Memorial Day	May 26

### OPEN HOUSE

August 28	4:30pm - 7:00pm
August 21 (5th)	5:30pm - 7:00pm

### NEW TEACHER ORIENTATION

August 19

### STAFF DEVELOPMENT DAYS (No School for Students)

August 26-29	October 17, 21, 28
November 1 (7:30-11:30am)	January 20, 24      April 21

### PARENT TEACHER CONFERENCES

October 28	MS/HS 4:00pm - 7:00pm
October 29	Elementary 12:00pm - 7:00pm
January 21, 23	4:00pm - 7:30pm
	4:00pm 7:30pm

### POSSIBLE SNOW MAKEUP DAY (If Necessary)

February 17	March 13	April 21
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### 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 23

### KEY

- Regular Monthly Board Meetings 6:00pm
- Holiday or (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