



# White Bear Lake Area Schools

District #624

## ENROLLMENT FORM 2024-2025 Kindergarten

### STUDENT INFORMATION

Last Name (Legal)		First Name (Legal)		Middle Name (Legal)		Date of Birth (MM/DD/YYYY)	
Gender at Birth ___ Male ___ Female	Preferred Gender (Optional)		Pronouns (Optional)		Preferred First Name (Optional)		
Grade Enrolling Into	Early Childhood Screening ___ Yes ___ No Where _____		Home Language		Previously Attended White Bear Schools ___ Yes ___ No School Name: _____		

### RECENT SCHOOLS - List all schools student has attended – most recent school first

Include Pre School Attended and Pre School Screening location for Kindergarten Students

School Name	City & State	Grades	Type of School
			___ MN Public ___ Out of State Public ___ Non Public ___ Charter
			___ MN Public ___ Out of State Public ___ Non Public ___ Charter

What is your student's country of birth? \_\_\_\_\_  
 Date your child first attended school in the USA \_\_\_\_\_ (mm/dd/yyyy)  
 Is this your student's first school enrollment \_\_\_ Yes \_\_\_ No

### STUDENT HOME ADDRESS

Student Lives with ___ Mother ___ Father ___ Both ___ Other _____			
Main Telephone # (____) _____ - _____			
ADDRESS	Street Address _____		Apartment # _____
	City _____	Zip Code _____	

### FAMILY 1: PARENT / GUARDIAN INFORMATION

Parent/Guardian #1		Parent/Guardian #2	
Name (First, MI, Last)			
Relationship to Student <i>Mom, Step-Dad, Aunt etc.</i>			
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address <i>If different than student</i>			
Home Telephone			
Cell Phone			
Work Phone			
Email			

OFFICE USE ONLY	Date Completed:	Enrollment Year: -	Interpreter Needed: YES NO

**SIBLINGS** - List names of all students under the age of 21 living in the same household

Last Name	First Name	Middle Name	Gender	Birth Date (mm/dd/yyyy)	Grade	School
			Male Female			
			Male Female			
			Male Female			
			Male Female			
			Male Female			

**FAMILY 2: PARENT / GUARDIAN INFORMATION**

Parent/Guardian #1		Parent/Guardian #2	
Name (First, MI, Last)			
Relationship to Student			
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			
Home Telephone			
Cell Phone			
Work Phone			
Email			

**CUSTODIAL INFORMATION** -Please provide the information requested below:

Are there any restrictions legally placed upon non-custodial parent's rights to information about, or dealing with, the student named on this form?        YES        NO  
*If YES, a copy of the decree needs to be on file at the school. Please send it to the principal.*

**EMERGENCY CONTACTS**

	Contact 1	Contact 2
Name (First, Last)		
Relationship to Student		
Home Telephone		
Cell Phone		
Work Phone		

**SPECIAL EDUCATION** - Is this student receiving Special Education Services (IEP)?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder         | <input type="checkbox"/> Emotional / Behavior Disorder  | <input type="checkbox"/> Speech / Language Impairments |
| <input type="checkbox"/> Development Cognitive Disability | <input type="checkbox"/> Other Health Disabilities      | <input type="checkbox"/> Traumatic Brain Injury        |
| <input type="checkbox"/> Developmental Delay              | <input type="checkbox"/> Physically Impaired            | <input type="checkbox"/> Visually Impaired             |
| <input type="checkbox"/> Deaf / Hard of Hearing           | <input type="checkbox"/> Specific Learning Disabilities |  |

**GENERAL INFORMATION**

- Does the student have a 504 accommodation plan?  Yes  No
- Has the student been evaluated for special education services?  Yes  No If Yes indicate where \_\_\_\_\_
- If so, where? \_\_\_\_\_
- Is the student currently enrolled in a Gifted & Talented Program?  Yes  No
- Has the student ever received help learning English?  Yes  No
- Does the family need an interpreter present at school conferences?  Yes  No If Yes indicate Language \_\_\_\_\_
- Has the student ever been expelled from a previous school?  Yes  No
- In the past three years has temporary or seasonal work in agriculture or fishing caused you to move or change schools?  Yes  No

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date



**White Bear Lake Area Schools  
2024-2025 HEALTH & EMERGENCY SUMMARY**

**STUDENT INFORMATION**

<b>Last Name (Legal)</b>	<b>First Name (Legal)</b>	<b>Middle Name (Legal)</b>
<b>Grade</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Gender</b> ___Male___Female

**Health Issues and Other Information**

**List all current health concerns or conditions, medical diagnoses, and/or mental health diagnoses (please report all conditions annually):**

**Could any of these conditions result in an emergency?** \_\_\_Yes\_\_\_No  
If YES, please describe:

**Has your child outgrown or no longer has a previous health condition or diagnosis?** \_\_\_Yes\_\_\_No  
If YES, please list:

**Does your child require a special diet (gluten free, dairyfree, etc.)?** \_\_\_Yes\_\_\_No  
If YES: Your child’s doctor will need to complete the [Special Diet Statement to Request Dietary Accommodations](#) form if not already on file with the school district. The completed form can be turned into the health office of the school your child attends.

**Would you like to be contacted by Nutrition Services for more information on ordering special meals or other menu accommodations?** \_\_\_Yes\_\_\_No

**Are there any restrictions to your child’s activities?** \_\_\_Yes\_\_\_No  
If YES, please describe:

**Does your child have health insurance?** \_\_\_Yes\_\_\_No  
If no, would you like assistance with applying for health insurance? \_\_\_Yes\_\_\_No

**Please list any medications (prescription or over the counter) your child takes on a regular basis. Please complete the Authorization for Administration of Medication at School form if your child will be taking the medication during the school day.**

Authorization for Administration of Medication at School form can be printed [here](#).

Medication	Dosage	Time (a.m. or p.m.)	Reason

Immunization information: <http://www.health.state.mn.us/divs/idepc/immunize/readykidswhento.pdf>

\*\*\*Immunization records should be sent to the school prior to the first day of enrollment unless records were uploaded during the enrollment process.

Information provided may be shared with school staff that work with your child on a need to know basis.

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

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

## 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.

## 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.<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/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

*Go to Question 1.*

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

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

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

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

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

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

*Go to Question 2.*

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

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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 \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_



# White Bear Lake Area Schools Kindergarten School Choice

## STUDENT INFORMATION

Last Name <i>(Legal)</i>	First Name, Middle Name <i>(Legal)</i>	Date of Birth (MM/DD/YYYY)
Parent/Guardian Names		

- |                          |                                       |                      |  |
|--------------------------|---------------------------------------|----------------------|--|
| <input type="checkbox"/> | <b>Boundary / Neighborhood School</b> | All-Day Kindergarten | Upon enrollment, resident students of White Bear Lake Schools are assigned to their attendance boundaries, which is based on their home address. |
| <input type="checkbox"/> | <b>Matoska IB World School</b>        | All-Day Kindergarten |  |
| <input type="checkbox"/> | <b>Other _____</b>                    | All-Day Kindergarten |  |
- Parents requesting a school outside of their attendance boundaries *must* complete the **Intra-District Transfer form.**
- If your school of choice is **NOT** in your attendance area, Approval will be granted on space availability.

If you have questions, please contact your elementary school principal or the District Enrollment Center at 651-407-7674, 4855 Bloom Ave, WBL.

**Birch Lake Elementary**  
1616 Birch Lake Ave  
White Bear Lake, MN 55110  
Principal: Jonathan Luknic

**Lincoln Elementary**  
1961 Sixth Street  
White Bear Lake, MN 55110  
Principal: Brian Morris

**Otter Lake Elementary**  
1401 County Road H2  
White Bear Lake, MN 55110  
Principal: Cynthia Mueller

**Lakeaires Elementary**  
3963 Van Dyke Street  
White Bear Lake, MN 55110  
Principal: Cary Krusemark

**Matoska IB World School**  
2530 Spruce Place  
White Bear Lake, MN 55110  
Principal: John Leininger

**Vadnais Heights Elementary**  
3645 Centerville Road  
Vadnais Heights, MN 55127  
Principal: Sara Svir

**Oneka Elementary**  
4888 Heritage Parkway  
North Hugo, MN 55038  
Principal: Lori Mosser

**North Star Elementary**  
15198 Forest Blvd N  
Hugo, MN 55038  
Principal: Dan Schmidt

**Willow Lane Elementary**  
3375 Willow Avenue  
White Bear Lake, MN 55110  
Principal: Matt Meiner

**Complete information is available at <http://www.isd624.org/kindergarten>**

**HAISQHIA!** Yog xav tau tsev kawm ntawv cov ntawv txhais ua lus Hmoob, thov hu rau tus Hmoob Liaison rau (651) 407-7623.

**ATENCION:** Si usted necesita hablar con una persona que hable Espanola, Por favor, llame al (651) 407-7625.



## White Bear Lake Area Public Schools

Independent School District 624

WBLAS Nutrition Services

Bridget Lehn, MBA, RD Director of Nutrition Services

Dear Parent/Guardian:

**White Bear Lake Area Schools participates in the School Breakfast Program and the National School Lunch Program. Therefore, students of WBLAS are eligible to receive one breakfast and one lunch at no cost for each *in-person* academic school day.**

You can view the menu online at [isd624.nutrislice.com](http://isd624.nutrislice.com).

If you think you may qualify for educational benefits, applications for the upcoming school year will be available online under “Departments>Nutrition Services” at [www.isd624.org](http://www.isd624.org) by mid-July. Paper applications will be available at your child’s school in August or you may contact the Nutrition Services office to have one mailed to you.

Only one application is required for all children in the household that will be attending White Bear Lake Area Schools.

If you have any questions about Meal Services or The Educational Benefits Application, please contact the Nutrition Services Office at 651-407-7515.

Sincerely,

Bridget Lehn  
Director of Nutrition Services

This institution is an equal opportunity provider.



<b>CONTACT PERSON (Parent, Guardian. Other)</b>	
<b>ADDRESS (Street, City, State, Zip Code)</b>	
<b>Phone Number (Include Area Code)</b>	

Presently, are you and/or your family in any of the following living situations. Check the appropriate box. If none apply, no further information is required. If you have checked an area, please continue and complete this form.

- |  |  |
|--|--|
| <input type="checkbox"/> Sharing housing of others due to loss of housing, economic hardship or similar reason.<br><input type="checkbox"/> Staying in a shelter<br><input type="checkbox"/> Unsheltered (living in car, street, abandoned building, etc.)<br><input type="checkbox"/> Motel / hotel due to loss of housing. | <input type="checkbox"/> Migrant worker<br><input type="checkbox"/> Transitional housing unit<br><input type="checkbox"/> Unaccompanied youth: Not in the physical custody of a parent or legal guardian.<br><input type="checkbox"/> Other: Please explain. |
|--|--|

Is there a current *Order of Protection* or *No Contact Order* which concerns the student? Yes \_\_\_ No \_\_\_ If yes, please explain.

PLEASE LIST BELOW THE CHILDREN IN YOUR CARE (USE ADDITIONAL PAGES IF NECESSARY)

NAME:	FIRST	MIDDLE	LAST	M/F	D.O.B.	GR	SCHOOL NAME	SPECIAL SERVICES Y/N

**CHILD NUTRITION PROGRAM INFORMATION**

McKinney Vento qualifies your student(s) for free school meals through our Child Nutrition Program. Your student(s) may also receive free or reduced fees for other school related programs. You have the option to give your permission for your student(s) free meal status to be shared (or not) with other White Bear Lake Departments by checking one of the boxes below.

NO, DO NOT SHARE MY INFORMATION WITH OTHER WHITE BEAR LAKE DEPARTMENTS. If you check this box, it means that other White Bear Lake programs will not have access to your eligibility, and it will be your responsibility to provide this information to them to receive waived or reduced fees.

YES, I GIVE PERMISSION FOR MY INFORMATION TO BE SHARED WITH OTHER WHITE BEAR LAKE DEPARTMENTS. If you check this box, Child Nutrition will be able to disclose your free/reduced meal eligibility to other appropriate school officials for the purpose of receiving assistance or a waiver for other school related programs.

**To the best of my knowledge, the information in this document is accurate:**

SIGNATURE OF PARENT / LEGAL GUARDIAN OR PERSON COMPLETING THIS FORM IN LIEU OF PARENT / LEGAL GUARDIAN:

\_\_\_\_\_ DATE: \_\_\_\_\_

The undersigned, according to information provided above, certifies that the student(s) listed meet the definition of homeless as stated in McKinney Vento Act (Subtitle B, Sect. 725) of July 1, 2002.

MCKINNEY VENTO COORDINATOR: \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

TRANSPORTATION REQUIRED: \_\_\_\_\_ YES \_\_\_\_\_ NO START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**Distribution sent to the following on DATE:**

- Building Secretary
- MARRS Specialist
- Transportation
- Food Service
- Referral to community resources
- Clothing Closet referral

**FOLLOW UP NOTES:**



**White Bear Lake Area Public Schools #624**  
 Leading minds to learning, hearts to compassion and lives to community service.

Foster Care Verification Form  
 Foster Care Liaison: 651-407-7559

The Every Student Succeeds Act of 2015 includes assurances that students living in foster care be enrolled in or remain at their school of origin (the school of attendance at the time they move to foster care), unless it is determined that it is not in their best interest to do so. Please complete the following form to determine if this law pertains to your current situation.

**List all children or youth living in the situation above.**

First	Middle	Last	School (if known)

<b>Enrolling Adult (check all that apply):</b> <input type="checkbox"/> Foster Parent <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	
Name(s):	
Phone(s):	Email Address:

<b>Child Status Information</b>
Have parental rights been terminated? Yes ___ No ___ Name of Legal Guardian:
Do you have legal documents or a placement letter from the county? Yes ___ No ___

<b>County Contact Information</b>
County Worker: _____ Division: _____ Phone: _____
Address: _____ Email: _____

<b>Foster Home Information</b>
Foster Parent(s) Name(s)(If different from above):
Address:
Phone(s): _____ Email: _____
<input type="checkbox"/> Address is within District boundaries <input type="checkbox"/> Address is outside District boundaries <input type="checkbox"/> Address is outside attendance area

Please continue to next page

*If parental rights are NOT terminated, complete the following information.*

**Primary Parent Information**

Name(s):

Address:

Phone(s):

Email:

**Secondary Parent Information**

Name(s):

Address:

Phone(s):

Email:

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**For Enrollment Center Use Only:**

Documentation Provided: (Please check all that apply)

- County Placement Letter
- Termination of Parental Rights
- Legal Guradian Documentation

Distribution of Information: (Please check all that apply)

- Documents sent to information Services
- Copy Sent to Foster Care Liaison
- Copy Sent to School(s)

**For Foster Care Liaison Use Only:**

- Transportation Request Submitted
- Transportation Route Assigned

Notes:



# Census Information

Please complete the form below listing all adults and children residing the household.

Return by mail, email, fax, or bring to:

**Mail:** Census Information, 4855 Bloom Ave, White Bear Lake, MN 55110

**Phone:** 651-407-7507

**Fax:** 651-407-7502

**Email:** census@isd624.org

**Web:** www.isd624.org/pdfs/censusform.pdf

Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Head(s) of Household

Last Name (Legal)	First Name (Legal)	Gender	Date of Birth (MM/DD/YY)
_____	_____	M F	___/___/___
_____	_____	M F	___/___/___

Parent/Guardian's Preferred Language: \_\_\_\_\_

### All Others Living at this Address

Last Name (Legal)	First Name (Legal)	Gender	Date of Birth (MM/DD/YY)
_____	_____	M F	___/___/___
_____	_____	M F	___/___/___
_____	_____	M F	___/___/___
_____	_____	M F	___/___/___
_____	_____	M F	___/___/___

If your last residence was in the White Bear Lake School District, please indicate that address below:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_