



WHITE BEAR LAKE AREA SCHOOLS
Central Middle School | Mariner Middle School
 2024-25 6th Grade Registration

Student Name: _____

Student ID (9#): _____

Parent/Guardian(s): _____

Email: _____

Home Phone: _____

Please refer to the Registration Guide for course description:

Required Courses

<p><u>CORE</u> Language Arts (Year) Math (Year) *Automatically placed in appropriate level Earth Science (Year) Minnesota History (Year)</p>	<p><u>Elective</u> Fine Arts (Year, every other day) Physical Education 6 (Year, every other day) Literacy (Year, every other day) <i>Paired classes:</i> Art (Semester, every other day) Design & Modeling (Semester, every other day)</p>
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Step 1: Fine Arts RANK in order by choice 1st, 2nd, 3rd, and 4th:

- _____ Band *must meet prerequisite
- _____ Orchestra *must meet prerequisite
- _____ Choir
- _____ General Music (no performance)

Step 2: CHECK if you are interested in enrolling in the AVID program

I would like to be considered for AVID, and understand that AVID will take the place of elective courses.

*If accepted into AVID, I choose to drop

(CHOOSE ONE)

- Music Elective / Physical Education
- Art and Design & Modeling / Literacy

NOTE: No special requests for teachers will be honored without an educationally valid reason. Due to scheduling constraints, students may not receive their first choice.

If you have questions about your student's course selections, contact the Counseling Department:

Central Middle School
 651-653-2881

Mariner Middle School
 651-653-2715

Student Signature: _____

Parent/Guardian Signature: _____ **Date:** _____



White Bear Lake Area Schools

District #624

ENROLLMENT FORM 2024-2025

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		Home Language		Previously Attended White Bear Schools ___ Yes ___ No School Name:			

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

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 _____ 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

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			

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			

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

Name of a person to call in an emergency other than parent

	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 your child been evaluated for the need for special education services? If so, where? Yes No If Yes indicate 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

Last Name (Legal)	First Name (Legal)	Middle Name (Legal)
Grade	Date of Birth (MM/DD/YYYY)	Gender ___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.

2024-2025 Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

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

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

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

[You must select “yes” or “no” to this question.]

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

No *[If no, go to Question 1.]*

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

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

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

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____



White Bear Lake Area Public Schools
Independent School District 624

Request for Student Records

The following student has enrolled at White Bear Lake Area School District 624:

Student Name: _____ Date of Birth: _____

Grade: _____ Anticipated Enrollment Date: _____

Previous School Information: Please complete in its entirety. Thank You.

School Name: _____ School District: _____

School Address: _____

City, State, Zip Code: _____

School Phone: _____ School Fax: _____

- **Official School Records (name, address, birth date and/or copy of birth certificate, sex, grade level, attendance records, class rank, standardized test results, etc.)**
- **Special Education records - including IEP/504 Plan or other assessments (Please fax ASAP)**
- **Cumulative: State Assessment Results: (e.g. MCA) and District Standardized Assessment Results: (e.g. MAP)**
- **MARSS number/state ID number**
- **Legal Documents**
- **Pre-school screening records**
- **Discipline Records including suspensions and expulsion paperwork**
- **Health Records - including Immunizations and Sports Physical**
- **ELL/ESL Records - including ACCESS scores and Home Language Survey**

<u>Birch Lake Elementary</u> 1616 Birch Lake Ave WBL, MN 55110 651-653-2776 651-653-2778 – FAX kelly.rivers@isd624.org	<u>NorthStar Elementary</u> 15198 Forest Blvd N Hugo, MN 55038 651-242-5500 651-242-5515 – FAX lynnea.maciej@isd624.org	<u>Lakeaires Elementary</u> 3963 Van Dyke St. WBL, MN 55110 651-653-2809 651-653-2811 – FAX michon.sommers@isd624.org	<u>Lincoln Elementary</u> 1961 Sixth Street WBL, MN 55110 651-653-2820 651-653-2822 – FAX joelle.sather@isd624.org	<u>Oneka Elementary</u> 4888 Heritage Pkwy N. Hugo, MN 55038 651-288-1800 651-288-1899 – FAX jessica.gunnufson@isd624.org
<u>Otter Lake Elementary</u> 1401 County Rd H2 WBL, MN 55110 651-653-2831 651-653-2833 – FAX molly.franta@isd624.org	<u>Matoska International</u> 2530 Spruce Place WBL, MN 55110 651-653-2847 651-653-2849 – FAX carolyn.kay@isd624.org	<u>Vadnais Heights Elementary</u> 3645 Centerville Rd Vadnais Heights, MN 55127 651-653-2858 651-653-2860 – FAX lyn.deuel@isd624.org		<u>Willow Lane Elementary</u> 3375 Willow Ave. WBL, MN 55110 651-773-6170 651-773-6176 – FAX kathryn.bonsell@isd624.org
<u>Central Middle School</u> 4857 Bloom Ave. WBL, MN 55110 651-653-2888 651-407-7632 – FAX aimee.nelsen@isd624.org	<u>Mariner Middle School</u> 3551 McKnight Rd WBL, MN 55110 651-653-2700 651-653-2716 – FAX christine.larson@isd624.org	<u>White Bear Lake Area High School</u> 5045 Division Ave WBL, MN 55110 651-653-2912 wblahsregistrar@isd624.org	<u>Transition Education Center</u> 13497 Fenway Blvd Cir N Hugo, MN 55038 651-773-6051 651-773-6052 FAX katy.etter@isd624.org	<u>Area Learning Center</u> 2449 Orchard Lane WBL, MN 55110 651-773-6400 651-773-6402 – FAX catherine.pierson@isd624.org
<p>Please forward student information to the circled school above.</p> <p>Thank You for your cooperation.</p>				

WLBAS Centralized Enrollment Office * Phone: 651-407-7674 * Fax: 651-407-7502
4855 Bloom Ave, White Bear Lake, MN 55110
Email: Hilary.Farah@isd624.org



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.

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 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.

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

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

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

Child Status Information
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 ___

County Contact Information
County Worker: _____ Division: _____ Phone: _____
Address: _____ Email: _____

Foster Home Information
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:

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: _____