



**EARLY
CHILDHOOD**

ONE91

ONE91 PRESCHOOL PLUS APPLICATION 2024-2025

Children must be 33 months by September 1, 2024

No transportation is available

This is a unique 2-day per week opportunity for parents and children to experience preschool together. Preschool Plus emphasizes learning through play, and social emotional development. Each child progresses at their own pace, and independent toileting skills are not required.

Sibling care is offered during the parent-child day in the afternoon class only.

Classes are held 2 days per week on Tuesdays and Thursdays. Choose morning or afternoon.

_____ Preschool Plus Mornings 9:30-11:30 am _____ Preschool Plus Afternoon 12:30-2:30 pm

Sibling Care requested (One day per week during Preschool Plus, \$25/ month) ☐ Yes ☐ No

Space is limited. Complete the fee agreement and documentation form to determine your monthly payment. Return all documents to the preschool enrollment office at Diamondhead Education Center, or email all supporting documents and forms to preschool@isd191.org. Families will be notified by email of their child's placement.

Child's Full Name _____ Gender ☐ Male ☐ Female

Parent Name _____ Home/Cell Ph _____

Home Address _____ District Resident? ☐ Yes ☐ No

City _____ Zip Code _____

Birth Date _____ Email Address _____

If applying for sibling care during Parent/Child Day:

Sibling Name _____ Birth Date _____ Gender ☐ Male ☐ Female

All items required for this packet must be submitted to process your application.	Office Use
Included in this packet to complete for students:	
One91 Preschool Plus Application	
Fee Documentation and Agreement Form (with sliding fee scale)	
Family Information Form	
Student Information Form	
Ethnic and Racial Demographic Designation Form	
Minnesota Language Survey	
Parents must also provide:	
Birth Certificate	
Immunization Record	
Proof of Income (Acceptance Letter of Qualified Service, or Income Tax Statement)	

~ Diamondhead Education Center, 200 W Burnsville Pkwy, Suite 100, Burnsville, MN 55337 ~

Karen Sampers: preschool@isd191.org • 952-707-4110



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. If you qualify for one of these programs below please see level 1 about price.

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

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

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

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

**Out of district residents will pay the monthly fee listed under Level 4 of the graph below.
No proof of income is necessary.**

Preschool Plus Family Yearly Gross Income Table

Family Size	Income Level 1	Level 2	Level 3	Level 4
2	Under \$30,044	\$30,044 - 40,599	\$40,600 - 48,719	\$48,720+
3	Under \$37,777	\$37,777 - 51,049	\$51,050 - 61,259	\$61,260+
4	Under \$45,510	\$45,510 - 61,499	\$61,500 - 72,799	\$72,800+
5+	Under \$53,243	\$53,243 - 71,949	\$71,950 - 96,339	\$96,340+
2-Day Preschool Plus	\$22	\$37	\$62	\$92
Monthly Fee for Preschool Plus Sibling Care on Parent-Child Day (per child)				\$27

***fees include processing fee**

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, 2024, with the final payment due May, 2024. This authority will remain in effect unless you cancel it in writing. Please provide a credit or debit card with an expiration date after June of 2025.

Monthly Payment \$ _____ Visa/MasterCard _____ - _____ - _____ 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 registration packet per child and return all documents to the Enrollment Center in person, by email enrollmentcenter@isd191.org, or fax 952-707-4181.

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. Consent to Release Educational Information 7. Digital Equity Survey 8. 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		
High School 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:		

REGISTRATION FORM - FAMILY INFORMATION

Street Address

Apt./Lot#

City

State

Zip Code

★ Primary Household – Legal Guardian(s) that Student lives with:

1. First Name Last Name Cell Phone Work Phone
Email Address Relationship to Student Legal Guardian No ☐ Yes ☐

Is there a current custody or parenting plan in effect? No ☐ Yes ☐ Parent Primary Language _____

Interpreter Needed? No ☐ Yes ☐ Translated Communications Needed? No ☐ Yes ☐

2. First Name Last Name Cell Phone Work Phone
Email Address Relationship to Student Legal Guardian No ☐ Yes ☐

Is there a current custody or parenting plan in effect? No ☐ Yes ☐ Parent Primary Language _____

Interpreter Needed? No ☐ Yes ☐ Translated Communications Needed? No ☐ Yes ☐

★ Secondary Household – Legal Guardian that Student DOES NOT live with:

First Name Last Name Cell Phone Work Phone
Email Address Relationship to Student Legal Guardian No ☐ Yes ☐

Street Address Apt./Lot# City State Zip Code

Is there a current custody or parenting plan in effect? No ☐ Yes ☐ Parent Primary Language _____

Interpreter Needed? No ☐ Yes ☐ Translated Communications Needed? No ☐ Yes ☐

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 ☐ F ☐		
				M ☐ F ☐		
				M ☐ F ☐		
				M ☐ F ☐		
				M ☐ F ☐		
				M ☐ F ☐		
				M ☐ F ☐		
				M ☐ F ☐		

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 ☐	Yes ☐
Are you currently residing in temporary housing?	No ☐	Yes ☐
Presently, where does the student stay at night? ☐ Shelter or transitional housing ☐ Hotel or motel ☐ Living with a relative or friend ☐ Unsheltered		

How did you hear about 191 schools?
☐ From a friend or family ☐ Google search ☐ Social Media ☐ Postcard / flyer in the mail ☐ Print / Newspaper ☐ Other:

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 ☐ Female ☐	
Birth Country	Birth City		

Please answer the following questions regarding the student.

Has the student moved to the United States from another country?	No ☐ Yes ☐	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 ☐ Yes ☐	

Educational History

If entering Kindergarten, has your child received an early childhood screening?	No ☐ Yes ☐	If yes, where?
Has your child ever attended District ONE91 Schools?	No ☐ Yes ☐	If yes, where?
Has your child attended another Minnesota Public School?	No ☐ Yes ☐	If yes, where?

Does this student participate in special services or programs?	No ☐ Yes ☐
Does the student have a current IEP?	No ☐ Yes ☐
Does this student have a current 504 Plan?	No ☐ Yes ☐

Does your child participate in (check all that apply)	Honors Courses	No ☐ Yes ☐
	Accelerated Courses	No ☐ Yes ☐
	AVID	No ☐ Yes ☐
	Other	No ☐ Yes ☐
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 ☐ Yes ☐
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 ☐ Yes ☐

Student Health Information

Asthma	No ☐ Yes ☐
Diabetes	No ☐ Yes ☐
Seizures	No ☐ Yes ☐
Hearing Concerns	No ☐ Yes ☐
Vision Concerns	No ☐ Yes ☐

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:	☐ language(s) other than English ☐ English and language(s) other than English ☐ only English	
2. My student speaks:	☐ language(s) other than English ☐ English and language(s) other than English ☐ only English	
3. My student understands:	☐ language(s) other than English ☐ English and language(s) other than English ☐ only English	
4. My student has consistent interaction in:	☐ language(s) other than English ☐ English and language(s) other than English ☐ 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.

Student Digital Equity Survey

Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

Student Information

First name: _____

Last name: _____

Grade: _____

Student Primary Address: _____

Internet Access

1. Can the student access the Internet on their electronic device at home?

- ☐ No – Internet is **not** available at home (skip to end of survey)
- ☐ No – Internet is **not** affordable at home (skip to end of survey)
- ☐ No – Other (skip to end of survey)
- ☐ Yes (continue to 1a)

a. If yes, what kind of Internet service do you have at home?

- ☐ Residential broadband (e.g. Cable, Fiber, DSL)
- ☐ Cellular network
- ☐ School-provided hotspot
- ☐ Satellite
- ☐ Dial-up
- ☐ Other
- ☐ I am not sure

b. Can the student stream a video on their electronic device without pauses?

- ☐ Yes – with **no** pauses or buffering
- ☐ Yes – with **some** pauses or buffering
- ☐ No – streaming doesn’t work

Digital Device Access

2. *Does the student use an electronic device like a computer, tablet or smart phone to complete homework?*

☐ **No**

☐ Yes (continue to 2a)

- a. *If yes, what type of electronic device does the student usually use to complete homework?*

(select ONLY one)

☐ Desktop or Laptop

☐ Tablet

☐ Chromebook

☐ Smart phone

☐ Other

- b. *Is the electronic device (from 2a) provided by the school?*

☐ Yes, provided by the school

☐ No, not provided by the school

- c. *Is the electronic device shared with anyone else in the home?*

☐ Yes, shared

☐ No, not shared

CONSENT TO RELEASE EDUCATIONAL DATA

1st Request: _____

Office Use:

2nd Request: _____

STUDENT INFORMATION

Student First Name _____

Student Last Name _____

Middle Name _____

Date of Birth _____

Grade Level _____

Gender: Male ☐ Female ☐

PREVIOUS SCHOOL INFORMATION

Previous School / Organization Name _____

City, State _____

Phone _____

Fax _____

Email _____

I authorize Independent School District 191 to obtain official school records, please include COPIES OF ALL of the following, if applicable:

Transcript and/or report cards, exit grades (if applicable), birth document, early childhood screening (if applicable.)

- Academic Assessments: MAP, DIBELS, MCA, MTAS, ACCESS test scores.
- Attendance Data: days absent and truancy records.
- Medical & Health Records: vaccination history and other health records, if applicable.
- Special Education Records including; current IEP, assessment reports, evaluation reports. (If using SpEd forms, please share electronically with Annette Hardt)
- Disciplinary Records: in accordance with MN State Statute 120A.22 Subd. 7(c).

PLEASE RELEASE RECORDS TO THE DESIGNATED ISD 191 SCHOOL:

	School Name:	Email	Phone	Fax
☐	ONE91 Virtual Academy Elementary	191va-elementary@isd191.org	952.707.2900	
☐	Edward Neill Elementary	edwardneill@isd191.org	952.707.3100	952.707.3102
☐	Gideon Pond Elementary	gideonpond@isd191.org	952.707.3000	952.707.3002
☐	Harriet Bishop Elementary	harrietbishop@isd191.org	952.707.3900	952.707.3902
☐	Hidden Valley Elementary	hiddenvally@isd191.org	952.707.3800	952.707.3802
☐	Rahn Elementary	rahn@isd191.org	952.707.3600	952.707.3602
☐	Sky Oaks Elementary	skyoaks@isd191.org	952.707.3700	952.707.3702
☐	Vista View Elementary	vistaview@isd191.org	952.707.3400	952.707.3402
☐	William Byrne Elementary	williambyrne@isd191.org	952.707.3500	952.707.3502
☐	Eagle Ridge Middle School	eagleridge@isd191.org	952.707.2808	952.707.2802
☐	Nicollet Middle School	nicollet@isd191.org	952.707.2608	952.707.2602
☐	ONE91 Virtual Academy Middle School	191va-elementary@isd191.org	952.707.2808	952.707.2802
☐	Burnsville High School	bhsrecords@isd191.org	952.707.2108	email only
☐	Burnsville Alternative High School	bahs@isd191.org	952.707.4020	952.707.4024
☐	ONE91 Virtual Academy High School	191va-secondary@isd191.org	952.707.2108	email only
☐	District Enrollment Center	enrollmentcenter@isd191.org	952.707.4180	952.707.4181

Parent/Guardian Signature _____

Date _____

Designated School District Staff (if parent signature not obtained)

Date _____

In accordance with MN State Statute 120A.22 Subd. 7(a), written permission of the parent/guardian is not necessary in the transfer of records to a school in which the student intends to enroll.

Are Your Kids Ready?

What Minnesota's Immunization Law Requires

Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (online, home school, public, or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. The table on the back shows the ages when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years ^③ For Kindergarten	Age: 7 through 11 years For 1 st through 6 th grade	Age: 12 years and older For 7 th through 12 th grade
Hepatitis A (Hep A) ✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ^⑦ ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT ^④ ✓✓✓✓✓	✓✓✓ tetanus and diphtheria containing doses ^⑥	✓Tdap & DTaP series or catch-up series
Polio ✓✓✓	Polio ^⑤ ✓✓✓✓	Polio ^⑧ ✓✓✓	Polio ^⑧ ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal (ACWY) ^⑨ ✓ & booster
Pneumococcal ^① ✓✓✓✓			
Varicella ^② ✓	Varicella ^② ✓✓	Varicella ^② ✓✓	Varicella ✓✓

It's not too late! If your child has fallen behind on their vaccinations, talk to your doctor or clinic to catch them up.

Immunizations recommended but not required:

COVID-19 For all children in an eligible age group			
Influenza Annually for all children age 6 months and older			
Rotavirus For infants		Human papillomavirus At age 11-12 years	

- ① Not required after 24 months.
- ② If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form confirming disease.
- ③ First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
- ④ Fifth shot of DTaP not needed if fourth shot was after age 4. Final dose of DTaP on or after age 4.
- ⑤ Fourth shot of polio not needed if third shot was after age 4. Final dose of polio on or after age 4.
- ⑥ One dose must have been pertussis-containing (i.e., DTaP or Tdap) and one dose must have been given after the fourth birthday. If the first dose in the series was given before age 12 months, then four doses are needed.
- ⑦ An alternate two-shot schedule of hepatitis B may also be used for kids age 11 through 15 years.
- ⑧ At least one dose must have been given after the fourth birthday. If the third dose was given before the fourth birthday, a fourth dose is needed.
- ⑨ One dose of meningococcal ACWY is required beginning at 7th grade. The meningococcal ACWY booster dose is recommended at 16 years and required for 12th grade students.

Exemptions

To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption.

Parents may file a medical exemption signed by a health care provider or a non-medical exemption signed by a parent/guardian and notarized.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- ☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- ☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian’s beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me

on _____ (date)

by _____
(name of parent or guardian)

Notary Signature: _____

Notary Stamp

STATE OF MINNESOTA, COUNTY OF _____

3. Consent to share immunization information: This school is asking for permission to share your child’s immunization record with Minnesota’s immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child’s school to share my child’s immunization documentation with Minnesota’s immunization information system:

Signature: _____ Date: _____
(of parent/guardian)

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 or 1st grade entry. This can be completed anytime between the ages of 3-7. 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>

Student Child Care Information: If your student attends a before- or after-school childcare program, such as Project KIDS, Kindercare, or any other individual provider any day of the week during the school year, please complete the Childcare Information Form. To complete the online google form click here:

<https://www.isd191.org/discover/departments/transportation>

Paper forms are available at the Enrollment Center or on the Transportation webpage at: www.isd191.org

Transportation for Students in Grades K-8

District 191 provides safe and efficient transportation to special education students, and regular education students who qualify:

- Grades K–5 students who live 1 mile or more from school
- Grades 6–12 students who live 1.5 miles or more from school

The walking distance is defined as the shortest distance from the child's residence by public walkway, street or highway to the assigned entrance of the school the student attends as measured by the District's computerized GIS map.

Once enrolled, transportation will automatically be setup for students who qualify. Busing information can be viewed in your ParentVue Account under the Student Information section.

High School Transportation for Students in Grades 9-12

All District 191 students in grades 9-12 will be **required** to opt-in (register) to receive transportation to and from school. Students who are not registered will not receive transportation. You may register for transportation at anytime during the school year.

You may complete the online form by clicking the Opt In button on the transportation website:

<https://www.isd191.org/discover/departments/transportation>

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>

Statewide Open Enrollment Form: Used to request enrollment into a District ONE91 school when living outside of District ONE91's boundary area. Paper forms are available at the Enrollment Center or on the Enrollment webpage at:

www.isd191.org/enroll

Variance Request Form: Used to request enrollment into a District ONE91 school other than the school serving your residential area. Paper forms are available at the Enrollment Center or on the Enrollment Center webpage at: www.isd191.org/enroll

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 Enrollment Center 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 Enrollment Center. This helps to ensure the safety and security of our students in the school they will be attending.

ParentVue: All parents in ONE91 will have access to create a ParentVue account in which they will be able to view their student's information online or on the mobile app. A valid email address must be on file in order for your account to be activated. If you do not receive your activation code once your student is enrolled, you may email the ParentVue team and they can assist you.
parentvue@isd191.org

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.

Meal Accounts and Payments: When a student registers in District 191, the Food and Nutrition Services department creates a meal account for the student with a unique personal identification number (PIN). The student enters this PIN into a keypad at the cashier station in the cafeteria to pay for meals and a la carte foods and beverages. Students keep the same PIN from year to year while enrolled in the district. Your child's school will inform them of their PIN number. Student PIN numbers can also be found in your ParentVue account under Other Information

Pay Online: Depositing money into accounts is best accomplished using [PayPAMS](#). It takes between 24 and 72 hours to get funds into the student account at the school. There is no fee to parents/guardians for using the online payment system.

<https://paypams.com/>

Pay by Check: Checks may also be sent to school with your student and placed in the check deposit box or given to the Food Service Manager. Checks should be made out to ISD 191 Food Service. Please write the name of the student and their PIN on the memo line of your check. Cash may also be sent with your student; however, we discourage this practice.

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>