

WELCOME

to Roseville Area Schools!

We are excited to meet your student! Here is a list of steps to prepare for kindergarten in September 2024:

Join us for the Welcome to Kindergarten enrollment event on Thursday, March 7, from 6:00-7:30 p.m. at the school your student will be attending in September 2024.

You and your child will get to meet the principal and teachers, see classrooms, and get questions answered about health, nutrition, and student services, before and after school childcare, transportation, and more. You can also drop off enrollment paperwork, show proof of residence, and have copies made to submit age verification and immunization records.

Complete, sign, and return the enclosed forms OR scan the QR code for online enrollment access.

Mail in enclosed envelope, email enrollment@isd623.org, drop off at 1251 County Rd B2 W in Roseville, fax 651-635-1659, or upload with online enrollment. Information collected in enrollment process includes:



1. Census: Please include all children, regardless of age.
2. Enrollment Forms: Student and Parent/Guardian Information, Health, Home Language and Ethnic & Racial Demographics are required to complete your student's records.
3. Preschool Health History & Development
4. Proof of Residence: Driver's license, utility bill or purchase/lease agreement to show you live at the address you're enrolling with.
5. Age Verification: Birth certificate, passport or visa.
6. Immunization Records: Families can submit records or ask your clinic to email or fax them directly to us.

If you haven't already, please call 651-487-4378 to schedule an Early Childhood Screening as required by state law. If your student was screened in a district other than Roseville, please submit a copy of the screening results page at the time of enrollment.

Contact Roseville Area Schools with questions. Email enrollment@isd623.org or call 651-635-1626.



CENSUS FORM

ROSEVILLE AREA SCHOOLS

Date: _____

School: _____

ADDRESS INFORMATION

Head of Household 1: _____ Gender: M F Birth Year: _____

Head of Household 2: _____ Gender: M F Birth Year: _____

Email: _____

Street _____ Unit/Apt. # _____ City _____ Zip _____

Telephone: _____ Home Language: _____

Have you lived in this district previously? (circle one) Yes No

If yes, at what address: Street _____ Unit/Apt. # _____ City _____ Zip _____

FAMILY INFORMATION

LIST NAMES OF ALL IMMEDIATE FAMILY MEMBERS RESIDING AT THIS ADDRESS.

Please include the student(s) you are currently enrolling in this list.

First Name	Middle Name	Last Name	Gender	Grade	Birth Date	School Attending

PLEASE SEND COMPLETED FORMS TO:

Central Enrollment, Roseville Area Schools, 1251 County Road B2 West, Roseville MN 55113

Phone: 651-635-1626 | Fax: 651-635-1659 | Email: enrollment@isd623.org



ENROLLMENT FORM

ROSEVILLE AREA SCHOOLS

Office Use Only

Form completed on:	Enrollment year:	School/School Number:	Student ID:
First Day of Enrollment:	Age Verification 1. Birth Certificate 2. Visa/Passport 3. Other	Proof of residence: 1. Drivers License 2. Utility 3. Other	Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Records requested from: Data requested:

Student LAST Name (Legal):	Student FIRST Name (Legal):	Student MIDDLE Name (Full):	Student Birth Date:
Enrolling Grade:	Nickname (optional):	Has this student ever registered under a different name? <input type="checkbox"/> No <input type="checkbox"/> Yes (Name: _____)	
Student Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Previously attended Roseville Schools? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Primary Phone: (____) _____ Student Lives With: Mother Father Other_____

Address: _____ Street Apt. _____
 _____ City Zip Code _____

List all schools the student has attended (MOST RECENT SCHOOLS FIRST):

Name of School	City and State	Grades Attended	Type of School Last Attended (check one)
			<input type="checkbox"/> MN Public <input type="checkbox"/> Nonpublic <input type="checkbox"/> Out of State Public <input type="checkbox"/> Charter
			<input type="checkbox"/> MN Public <input type="checkbox"/> Nonpublic <input type="checkbox"/> Out of State Public <input type="checkbox"/> Charter

Date first entered the United States (only if born outside the United States)	U.S. school entry data (only if born outside the United States)

- Is this student in foster care? Yes No
If yes, is the Student a Ward of the County or State? (legal documentation required) Yes No
 - Would your child be a first generation college student? Yes No
 - Have you moved into the school district within the last 36 months for temporary or seasonal agricultural or fishing work? Yes No
 - Has your child previously missed six or more months of school? Yes No
 - Is this student receiving Special Education Services (an IEP)? Yes No
 - Does this student have a 504 Accommodation Plan? Yes No
- Please read definitions below before answering the following questions.
- Is the student considered a 'Military-Connected Youth'? Yes No
 - Is the current address for you or the student a temporary living arrangement? Yes No

*(If yes, please answer next question)

What caused the temporary living arrangement? _____

Military-Connected Youth is defined as a youth having an immediate family member, including a parent or sibling, who is currently in the armed forces either as a reservist or on active duty or has recently retired from the armed forces.

Homelessness-is defined as an individual who lacks a fixed, regular and adequate nighttime residence. This includes: a) children/youth sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelter; are abandoned in hospitals; b) children/youth who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings (examples: cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings).

Students experiencing homelessness are eligible for assistance through the McKinney-Vento Act

Parent/Guardian Data**Parent/Guardian #1****Parent/Guardian #2**

Name (First, MI, Last)		Name (First, MI, Last)	
Relationship to Student		Relationship to Student	
Street Address, City, Zip		Street Address, City, Zip	
Cell Phone Number		Cell Phone Number	
Work Phone Number		Work Phone Number	
Employer/Occupation		Home Phone Number	
Email Address		Employer/Occupation	
		Email Address	

Does the family need an interpreter present at school conferences?

Yes No

Language: _____

Interpreter needed for: Mother Father Guardian Other

Second mailing guardian information (joint or non-custodial guardian living outside of the household):

Name (First, MI, Last)		Cell Phone Number	
Relationship to Student		Work Phone Number	
Street Address, City, Zip		Employer/Occupation	
Home Phone Number		Email Address	

If custodial issues are involved, please provide the information requested below:

Are there any restrictions legally placed upon non-custodial parent's right to information about, or dealings 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.)

If separated or divorced, which parent(s) or person has legal custody of student: Mother Father Guardian Other
(_____)

May we contact non-custodial parent in emergency? Yes No (If no, a copy of a decree needs to be on file at school.)

Is the student allowed to leave with non-custodial parent? Yes No (If no, a copy of a decree needs to be on file at school.)

Emergency Contacts**Name of a person to call in an emergency other than a person the student lives with:**

Name (First, MI, Last)		Name (First, MI, Last)	
Relationship to Student		Relationship to Student	
Home Phone Number		Home Phone Number	
Cell Phone Number		Cell Phone Number	
Work Phone Number		Work Phone Number	

Signature of Parent/Guardian

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

Student Information

Student's Full Name (Last, First, Middle):	Birth Date 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

ROSEVILLE AREA SCHOOLS

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

Colombian

Ecuadorian

Guatemalan

Mexican

Puerto Rican

Salvadoran

Spaniard/Spanish/Spanish-American

Other Hispanic/Latino Unknown

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

No

Parent/Guardian Name

Date

Parent/Guardian Signature



STUDENT HEALTH INFORMATION

Please complete all information.

Student's Name:	
Birth Date:	Grade:

Please check past and current health concerns that apply to this child. If needed, please describe below.

<input type="checkbox"/> ADHD <input type="checkbox"/> Allergies - Non-food* <input type="checkbox"/> Allergies - Food* <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Anemia/Blood Problems <input type="checkbox"/> Asthma - No Meds** <input type="checkbox"/> Asthma - Requires Meds** <input type="checkbox"/> Anxiety <input type="checkbox"/> Behavior Problems <input type="checkbox"/> Birth or Congenital Malformation (describe): <input type="checkbox"/> Birth Marks (describe): <input type="checkbox"/> Bone/joint disease or injury <input type="checkbox"/> Cancer (describe):	<input type="checkbox"/> Chicken Pox (date:)) <input type="checkbox"/> Chronic Diarrhea/Constipation <input type="checkbox"/> Concussions(s) (date:)) <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Eczema <input type="checkbox"/> Emotional problems <input type="checkbox"/> Ear problems <input type="checkbox"/> Eye problems, poor vision <input type="checkbox"/> Wears glasses <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Frequent skin infections <input type="checkbox"/> Frequent sore throats <input type="checkbox"/> Head injury (describe):	<input type="checkbox"/> School attendance problems <input type="checkbox"/> Heart disease (describe): <input type="checkbox"/> Hospitalization or ER visit in the past year (describe): <input type="checkbox"/> Kidney disease <input type="checkbox"/> Meningitis or encephalitis <input type="checkbox"/> Nervous tics <input type="checkbox"/> Mental health issues (describe): <input type="checkbox"/> Poisoning <input type="checkbox"/> Parenting <input type="checkbox"/> Pregnancy <input type="checkbox"/> Seizures	<input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Social problems <input type="checkbox"/> Substance abuse (alcohol, drugs, tobacco) <input type="checkbox"/> Suicide attempt <input type="checkbox"/> Sleep problems <input type="checkbox"/> Special diet (describe): <input type="checkbox"/> Celiac Disease <input type="checkbox"/> Tics <input type="checkbox"/> Toileting problems <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Daytime wetting <input type="checkbox"/> Urinary tract infections <input type="checkbox"/> Other, describe below***
---	--	---	---

Does this child have any other health concerns you want to discuss with the school nurse? Yes No

* Allergies: Please list ALL allergies, describe the reaction, and list any medications:

Has an allergy to:	Reaction is:	Medications taken for allergy:

** Asthma: How severe is this child's asthma? What are the triggers? Please describe, include asthma medications:

Medication: What medication does your child take?

Name of Medication	Dose/Time	Home or School

*** Please describe any current health concerns you have about this child's health (physical, emotional, mental health), behavior, family, or home life that would be helpful for the school to be aware of. Please explain:

Please indicate your child's healthcare provider and clinic and telephone number:

Health Provider/Clinic: _____ Telephone: _____
 Parent/Guardian Signature: _____ Date: _____
 Relationship to Child: _____



PRESCHOOL HEALTH HISTORY AND DEVELOPMENT

ROSEVILLE AREA SCHOOLS

Student's Name: _____ Student's Date of Birth: _____

Parent/Guardian Name: _____ Today's Date: _____

Address _____

School your child will be attending _____

As we welcome your child to our school, we are interested in helping to make the adjustment of your child to school as smooth as possible. Therefore, any information you can share with us in the following areas regarding your child is helpful and greatly appreciated.

Please complete this form now and return it with the enrollment paperwork.

1. Has your child attended preschool, Head Start, or had any other schooling? Yes No
If yes, where? _____ How long? _____

2. How does your child get along with other children? Do you have any concerns? Please explain:

3. List age and sex of any brothers/sisters. How do they get along? Do you have any concerns?

4. Did your child participate in Early Childhood/Preschool Screening? Yes No
If yes, was your child referred for follow up or further evaluation? Yes No

If yes, please provide the reason: _____

What was the result? _____

If your child had an Early Childhood/Preschool Screening, write the location, if you know it:

School District: _____ Healthcare Provider/Clinic: _____

5. Does your child eat well? Yes No Sleep well? Yes No

How many hours does your child sleep at night? _____

Do you have any concerns with diet or sleep? _____

What is your child's general energy level? _____

6. Does your child have any known allergies to: Food? Yes No Bee sting? Yes No Animals? Yes
No Pollen? Yes No Medications? Yes No Other: _____

If any allergies are life threatening, please list them: _____

Does your child use emergency allergy medication? _____

Please explain:

(TURN OVER - COMPLETE SIDE 2)

7. Has your child seen an eye specialist? Yes No If yes, why? _____

Does your child presently wear glasses? Yes No

8. Has your child had frequent earaches? Yes No Diagnosed ear infections? Yes No

If yes, how often? _____

Frequent sore throats? Yes No Has your child been seen by an ENT (ear-nose-throat doctor)? Yes No

If yes, please explain: _____

Does your child have known hearing loss? Yes No

9. Does your child have any chronic health conditions, such as asthma, diabetes, seizure disorder, celiac disease, heart condition, other? Yes No

If yes, please explain:

10. Has your child been hospitalized for illness, injury, surgery? Yes No If yes, when? _____

Please explain:

11. Does your child take any medication? Yes No Daily? Yes No Periodically? Yes No

If yes, please explain:

12. What was your child's birth weight? _____ lbs. _____ oz. Was this a full-term delivery? Yes No

Were there any difficulties during the pregnancy, labor, or at delivery? Yes No

If yes, please explain:

13. Was your child late or on time in:

Crawling: On time Late

Walking: On time Late

Talking: On time Late

Toilet Training: On time Late

Were there any concerns with early developmental milestones? Yes No

If yes, please explain:

14. Do you have any concerns regarding your child's speech development? Yes No

If yes, would you like to discuss this with the school speech therapist? Yes No

15. Does your child have any other health concerns (physical, emotional, behavioral) that you want to discuss with the school nurse or with another school specialist? Yes No

16. Because you know your child better than anyone, please use the following space to provide us with any additional information you feel is important for us to know.

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____ Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<input type="text"/>	
Meningococcal (MCV4)				<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

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 understand 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)