



PILLAGER PUBLIC SCHOOLS

323 E. 2nd Street South, Pillager, MN 56473

www.isd116.org

Grades K-12 Enrollment Packet for Resident District Students

Please complete the following enrollment forms:

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

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

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

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FOR OFFICE USE ONLY

Date Received: _____ Start Date: _____ Teacher: _____

Pillager Public Schools Enrollment Information

Student Legal Name: _____
Last First Middle

Grade: _____ Birthdate: _____ Sex: _____ City/State of Birth: _____

Student primarily lives with (state relationship): _____

Primary Household:

Contact 1 - Name: _____

Cell Ph: _____ Work Ph: _____

Contact 2 - Name: _____

Cell Ph: _____ Work Ph: _____

Street Address: _____

City, State, Zip: _____ County: _____

Mailing Address (if different from street address): _____

Email #1: _____ Email #2: _____

Name of School District living in: _____ District #: _____

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

Secondary Household:

Contact 1 - Name: _____

Cell Ph: _____ Work Ph: _____

Contact 2 - Name: _____

Cell Ph: _____ Work Ph: _____

Street Address: _____

City, State, Zip: _____ County: _____

Mailing Address (if different from street address): _____

Email #1: _____ Email #2: _____

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

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

List siblings or other children living with this child:

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

Emergency Contact:

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

Name: _____ Relationship: _____

Cell Ph: _____ Work Ph: _____

Name: _____ Relationship: _____

Cell Ph: _____ Work Ph: _____

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

Name: _____ Ph: _____

Name: _____ Ph: _____

Previous School Information:

Most Recent School Attended: _____

Address: _____

City, State, Zip: _____ Ph: _____

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

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

Parent/Legal Guardian Signature

Date

Health Information Form

We would like your child to gain the most from his/her school experience. To assist us in accomplishing this, it is necessary to have a current health history. Please complete this section of the enrollment form. At any time throughout the school year, please notify the health office at (218)746-2062 of changes in your child's health, healthcare needs, and changes in any phone numbers in the event we need to reach you.

Student Legal Name: _____ Date of Birth: _____

YES NO

1. Does the student have any health conditions?

If yes, please explain: _____

2. Does the student have any history of seizures?

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

3. Does the student have any allergies:

If yes, please list: _____

Does the allergy require an EpiPen or other epinephrine device?

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

4. Does the student take any medication?

If yes, please list: _____

5. Will any medications be required at school?

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

6. Does the student have special dietary requirements?

If yes, please explain: _____

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

7. Does the student wear glasses and or contacts?

Date of last eye exam: _____

Before the student attends the first day of school, a copy of his/her immunization history or a notarized conscientious exemption form must have been received by the health office.

In the event of an accident or serious illness and I cannot be reached, by signing this form, I grant permission for the school to transport my child by ambulance to the nearest medical facility for treatment if needed. I understand I am responsible for related costs. I understand that the above information will be treated as confidential and will be used only as appropriate.

Parent/Legal Guardian Signature: _____ Date: _____



District Parent Letter

Dear Parent or Guardian:

In an effort to assist Minnesota districts in providing targeted programs and services to help all students succeed, districts are required by law to request more detailed student ancestry or ethnic origin information based on Minnesota's largest groups, beyond what has been collected on enrollment forms under federal law since 2008. Parents or guardians are not required to answer the federal questions (in bold) on the Ethnic and Racial Demographic Designation Form for their children. However, if you choose not to answer the federal questions (in bold), federal law requires schools to choose for you. State questions are labeled as "Optional" and schools will not fill in this information for you. Refusal to respond will not impact enrollment in the school.

As a result of the new law, you are asked to report your child's information. Starting with the 2019-2020 school year, all schools in Minnesota will collect this information using these updated categories. The Minnesota Department of Education will continue to incorporate feedback from the public into this form.

To report your child's information, please complete the enclosed form and return it with your registration packet. Note: You may choose to not indicate any of the more detailed selections by marking the "decline to indicate" option(s). You may also choose to mark an "other" option if you do not see your group represented. School staff are not required to assign students to these detailed groups.

Please complete and return the enclosed form with your registration packet. Thank you!

Ethnic and Racial Demographic Designation Form

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

Date of Birth: _____ District: _____ School: _____

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

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

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

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*):

- | | | | |
|--|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Chinese | <input type="checkbox"/> Karen | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Hmong | <input type="checkbox"/> 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*):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Ethiopian-Other | <input type="checkbox"/> Somali |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Liberian | <input type="checkbox"/> Other black |
| <input type="checkbox"/> Ethiopian-Oromo | <input type="checkbox"/> Nigerian | <input type="checkbox"/> 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 (printed) _____ Date _____

Parent(s)/Guardian Signature _____

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

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Transcript Release/Request for Student Records

Student Name: _____ has enrolled in grade _____ in our district. Student Date of Birth: _____ Enrolled/Start Date: _____

Previous School Attended: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Parent/Guardian Signature: _____

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

Please Include:

- * Transcripts of grades and test scores
- * Health Records
- * Special Education Documentation and Current IEP
- * Psychological Assessments
- * MARSS Number (MN School)
- * Grad. Standards Test Scores
- * Attendance and Disciplinary Reports
- * Other Information that may be helpful in admission or placement of this student

Please fax or email current IEP and Evaluation immediately- Thank you!

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