ANNANDALE ELEMENTARY STUDENT REGISTRATION

Student Information:

Legal Last Name:	Legal First Name:	Legal Middle Name:
First name used if different from legal:	Date of Birth:	Gender: ____ Male ____ Female
Grade Registering for:	Previous School most recently attended:	Last date attended:

Which language did your child learn first? ____ English ____ Other (Specify)

Which language is most often spoken in your home? ____ English ____ Other (Specify)

Which language does your child usually speak? ____ English ____ Other (Specify)

Ethnicity

Is this student Hispanic/Latino?

____ No, not Hispanic/Latino ____ Yes, Hispanic/Latino

What is the student's ethnic / racial origin? (check all that apply)

____ American Indian / Alaskan Native ____ Indian from South or Central America ____ Native Hawaiian / Pacific Islander

____ Black / African American ____ Hispanic / Latino ____ Asian ____ White

Has your student QUALIFIED for and PARTICIPATED in a Gifted and Talented Program in the past? ____ Yes ____ No

Has your student QUALIFIED for and PARTICIPATED in a Title 1 Program in the past? ____ Yes ____ No

Has your child ever had a 504 plan (formal accommodation plan that will ensure their academic success and access to the learning environment) in the past? ____ Yes ____ No

Does or has your student ever had an Individual Learning Program (IEP)? ____ Yes ____ No

If yes, in what area is the IEP in?

____ Learning Disabilities ____ Developmentally/ Cognitively Delayed

____ Emotional/Behavior Disorder ____ Speech/Language

Health and Immunization Records:

Are you including immunization records with this packet to AES? ____ Yes ____ No

If there are any specific health concerns regarding your student you need to contact the elementary school Health Services Office directly by calling 320-274-8218 ext 1901.

Transportation:

Transportation Preferred ____ Bus ____ Parent Transport

If you have any questions regarding the registration process, please contact us at 320-274-8218. If you would like to mail the registration information, please send it to: Annandale Elementary School, 655 Park St E, Annandale, MN 55302 or email to ckuefler@isd876.org

ANNANDALE ELEMENTARY STUDENT REGISTRATION

Primary Household: (This is the address where the student resides the majority of the time)

Is this Primary Household in the Annandale School District?
_____ Yes _____ No (If, no please complete Open Emrollment form.)

Physical Address:	City:	State:	Zip Code:
Mailing Address: (if different)	City:	State:	Zip Code:

Home Phone Number:

Parent or Guardian 1 (This is the primary parent/guardian for the student.)

Last Name:	First Name:	Cell Phone Number:
Employer:		Work Phone Number:

Email Address:

Relationship to Student(s): _____ Parent/Guardian _____ Legal Guardian _____ Step Parent _____ Foster Home _____ Other (please specify)

Parent or Guardian 2 (Either the second parent/guardian or step-parent living in this primary household)

Last Name:	First Name:	Cell Phone number:
Employer:		Work Phone Number:

Email Address:

Relationship to Student(s): _____ Parent/Guardian _____ Legal Guardian _____ Step Parent _____ Foster Home _____ Other (please specify)

Secondary Household: (This section should only be completed if both parents do not live in the Primary Household.)

Is this Secondary Household in the Annandale School District?
_____ Yes _____ No

Physical Address:	City:	State:	Zip Code:
Mailing Address: (if different)	City:	State:	Zip Code:

Home Phone Number:

Parent or Guardian 1 (This is generally the parent who does NOT live with the student the majority of the time.)

Last Name:	First Name:	Cell Phone number:
Employer:		Work Phone Number:

Email Address:

Relationship to Student (s): _____ Parent/Guardian _____ Legal Guardian _____ Step Parent _____ Other (please specify): _____

Parent or Guardian 2 (Either the second parent/guardian or step-parent living in the household)

Last Name:	First Name:	Cell Phone number:
Employer:		Work Phone Number:

Email Address:

Relationship to Student (s): _____ Parent/Guardian _____ Legal Guardian _____ Step Parent _____ Other (please specify): _____

ANNANDALE ELEMENTARY STUDENT REGISTRATION

Brothers' and sisters' names/grades:
1.
2.
3.
4.
5.
6.

Emergency Contacts:			
Please include at least one individual to contact in case of an emergency if parents/guardians cannot be reached.			
Name:	Relationship:	Home Phone:	Cell Phone:
1.			
2.			
3.			
Hospital preference if necessary:			
Doctor:		Phone:	
Dentist:		Phone:	

INDEPENDENT SCHOOL DISTRICT NO. 876

ANNANDALE ELEMENTARY SCHOOL

CUSTODY INFORMATION (If parents are not living together)

The Annandale Public School District believes that all parents/guardians need to be involved with the education of their children. We also understand that many children have parents who may be divorced or separated. If that is the case for you, please take time to complete this questionnaire so that the school can communicate effectively to all parents and/or guardians about school related information. If you have any questions, please contact our office.

Date:_____

Child's Full Legal Name:_____

Who has **LEGAL CUSTODY** of your child?
Name:_____
Address:_____
Cell Phone:_____
Work Phone:_____

If joint, please check here: ☐ Joint Legal Custody
Name:_____
Address:_____
Cell Phone:_____
Work Phone:_____

Who has **PHYSICAL CUSTODY** of your child?
Name:_____
Address:_____
Cell Phone:_____
Work Phone:_____

If joint, please check here ☐ Joint Physical Custody
Name:_____
Address:_____
Cell Phone:_____
Work Phone:_____

☐ Yes ☐ No Is there a living/visitation schedule that we should be aware of? If yes, please describe:

☐ Yes ☐ No Are there any restrictions regarding physical and legal custody as defined by the courts?

If there are restrictions, you must provide the school with the most current court paperwork. Without such documents, the school will assume joint legal and physical custody.

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 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.

Child Care Transportation Request Form

School District Transportation Policy: To and From Child Care Site

Transportation services to and from a Day Care Provider will be allowed under the following guidelines:

1. **The Day Care Provider must live within the district bus route area.**
2. **The child must be dropped off at the same location 5 days a week.**
3. **Arrangements must be made through the bus company assigned to carry the child to and from school. Only written requests will be honored. The written requests will be kept on file at the bus company.**

If you are requesting transportation to a daycare for your child and you meet the qualifications above, please completely fill in the information below. It is expected that the committment for transportation to a daycare will be for the school term.

Please take your child to meet the daycare provider prior to the first day of being transported there, so the child will recognize the house and provider. Teach your child to recognize the bus stop where he/she will get on or off and how to walk to the house from the stop.

Student Information

Students Name **Grade** **Parent's Name**

Address **Home Phone Number**

Pick Up Student @ _____ Home _____ Daycare

Drop Student @ _____ Home _____ Daycare

Daycare Information

Name of Daycare Provider **Beginning Date** **Ending Date**

Address of Daycare Provider **Daycare Provider Phone Number**

I do hereby agree to save the School District and Bus Company harmless for any damage resulting from its granting this request.

Signed_____ **Date**_____

Parent/Guardian

Student Digital Equity Survey

Survey Information

Thank you for participating in the Student Digital Equity Survey. This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. Annandale Public Schools may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside the classroom or school building. It is important that we gather accurate information from every student so that each student and family has the equipment, help and support needed.

The information you provide in this survey will be reported to the Minnesota Department of Education (MDE). MDE may provide state- or school-level summary data—without personal, identifying information—to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. Annandale Public Schools will not share your personal, identifying information provided in this survey with others without your consent.

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: _____

_____

Digital Device Access

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

   ☐***No*** (skip to question 2)

   ☐Yes (continue to 1a)

   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 1a) provided by the school?***

      ☐ Yes
      ☐ No

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

      ☐ Yes
      ☐ No

Internet Access

2. ***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 2a)

   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

DEPARTMENT OF EDUCATION

Reset form

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
☐ 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
☐ Anishinaabe/Ojibwe
☐ Cherokee
☐ Dakota/Lakota
☐ Other North American Indian Tribal Affiliation
☐ Unknown

Go to Question 2.

[1]Federal 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
- ☐ Asian Indian
- ☐ Burmese
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Karen
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Unknown

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
- ☐ African-American
- ☐ Ethiopian-Oromo
- ☐ Ethiopian-Other
- ☐ Liberian
- ☐ Nigerian
- ☐ Somali
- ☐ Other black
- ☐ 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 _____

Print/Save