



# REQUEST FOR RECORDS

*Monticello Public Schools #882*

**Please complete this section:**

Student Last Name	First Name	MI	Birthdate	Enrolling Grade
Prior district/school	City, State	School contact name and phone		

**Transfer to district:**

District Name	District Number	District Type	Student Start Date	MARSS
<b>Monticello Public Schools</b>	<b>882</b>	<b>01</b>		

**Please send the following records:**

- Administrative records [student's name, birthdate, parent/guardian info, address, phone numbers]
- Transcripts/report cards or exit grades if between grading periods
- Include immunization records
- Standardized testing results
- MARSS number
- Discipline records
- Special Services, IEP, psychological reports, CD evaluations/summaries
- ELL/LEP records
- Other information that may be helpful in the placement of the student

**Please email [preferred], mail, or fax to the school contact indicated below:**

***[We are now an Infinite Campus School! Please use the electronic records transfer if available!]***

Mail	Contact Name	Email	Phone	Fax
<b>Eastview Education Center</b> 9375 Fenning Ave Monticello MN 55362	Trina Moen	trina.moen@monticello.k12.mn.us	763-272-2900	763-272-2909
<b>Pinewood Elementary</b> 1010 West Broadway Monticello MN 55362	Nicole Hackenmueller	nicole.hackenmueller@monticello.k12.mn.us	763-272-2400	763-272-2409
<b>Little Mountain Elementary</b> 9350 Fallon Ave Monticello MN 55362	Danielle Gores	danielle.gores@monticello.k12.mn.us	763-272-2600	763-272-2609
<b>Monticello Middle School</b> 800 East Broadway Monticello MN 55362	Cassie Lepper	cassie.lepper@monticello.k12.mn.us	763-272-2100	763-272-2109
<b>Monticello High School</b> 5225 School Blvd Monticello MN 55362	Carolyn Anderson	carolyn.anderson@monticello.k12.mn.us	763-272-3019	763-272-3023
<b>Turning Point ALP</b> 5225 School Blvd Monticello MN 55362	Carolyn Anderson	carolyn.anderson@monticello.k12.mn.us	763-272-3019	763-272-3023



# Monticello Public Schools #882 Registration & Census

Office Use Only:  
 Today's date \_\_\_\_\_ Personnel initials \_\_\_\_\_  
 Start date \_\_\_\_\_ Student ID # \_\_\_\_\_  
 Previous School attended \_\_\_\_\_

**\*Please enter legal names\* Primary household-parent/guardian household. If other than father or mother please provide papers to show legal guardianship**

Parent/Guardian Last Name (Maiden name also if Monticello grad)	First Name	Middle Name	Gender M/F	Cell Phone	Work Phone	Emergency Priority	Email Address
<b>Street Address</b>			<b>City</b>		<b>State</b>		<b>Zip</b>

**Secondary household – parent/guardian household (if applicable – divorce, separation, etc.)**

Parent/Guardian Last Name (Maiden name also if Monticello grad)	First Name	Middle Name	Gender M/F	Cell Phone	Work Phone	Emergency Priority	Email Address
<b>Street Address</b>			<b>City</b>		<b>State</b>		<b>Zip</b>

**Please list in order of birth all children living with this family – infant through high school**

Last Name	First Name	Middle Name	Birth Date mm/dd/yy	Gender M/F	Federal and State Ethnicity <b>**See below</b>		Student's Race <b>**Below</b> Q2	Parental Restrictions Y/N (paperwork will be required)	Enrolling Grade	Student Lives With: Mother, Father Aunt, Uncle Grandparent, Legal Guardian Other (please list)
					Q1	Region				

**\*\*Ethnicity & Race (Federal and State)**

**Q1.** Is the student(s) Hispanic/Latino? **(Y)** Yes, Hispanic/Latino **(N)** No, not Hispanic/Latino (if Yes, Region is required)

**Q2.** I declare the student's race to be: **\*\*\*Choose one or all that apply.**

**(A)** American Indian/Alaska Native **(B)** Asian **(C)** Black or African American **(D)** Native Hawaiian or Other Pacific Islander **(E)** White

Have any children listed attended Monticello area public schools?	___ Yes	___ No	Minnesota School?	___ Yes	___ No
If yes, list student(s) here:					
Have any of your children registered under a different name than what is listed on this application? ___ Yes ___ No Other name _____					

Emergency Contacts - other than parent/guardian (emergency contacts will be called in order listed)									
Last Name	First Name	Relationship to Student	Cell Phone	Work Phone	City, State				
Daycare Name			Daycare Phone Number	Address					
Have you moved to this school district for temporary or seasonal agricultural work (migrant)? ___ Yes ___ No									
Do you currently reside with another family or person other than family, or in a temporary housing facility? ___ Yes ___ No									
Currently, does the student (s) have a parent, guardian, sibling or relative in the military? ___ Yes ___ No									
If yes, whom _____ (Example: Mother, Father, Brother or Sister)									
Special Service Information									
Do any of your children currently receive special education services (IEP)? ___ Yes ___ No Does your child receive special transportation? ___ Yes ___ No If yes, what service (s) does he/she receive?		ASD	Autism Spectrum Disorder	GT	Gifted/Talented	HI	Hearing Impairment	504	
		DD	Developmental Delay	EBD	Emotional/Behavior Disorder	IEP	Individual Education Plan	Title I	
		VI	Visual Impairment	SMI	Severe Multiple Impairment	SLD	Specific Learning Disability	EL	
		SL	Speech/Language	TBI	Traumatic Brain Injury	DCD	Development Cognitive Disability		
Name of Child		Service Currently Receiving (see list above)		Name of Child		Service Currently Receiving (see list above)			
<b>Photo/Video Release:</b> I/We give permission for the school to use my child's photo and name in any school program/publicity release or website.				Yes					
				No					
<b>Boundaries:</b> Does the student's legal parent(s) live within the Monticello School District boundaries? If no, an open enrollment form needs to be completed unless student is homeless or a ward of the county or state.				Yes					
				No What school district do you reside in?					
Kindergarten Only – the following section applies to students entering Kindergarten									
The State of Minnesota requires that all children are screened before starting school. Has the student received Early Childhood Screening?				Yes		Screening Location:			
				No					
Has your child attended any of the following?	Preschool	Head Start	Early Childhood Family Education (ECFE)						
If yes, where and how long?									
I certify the information given above is true and complete to the best of my knowledge									
Parent/Guardian Printed Name		Signature				Date			

## Minnesota Language Survey

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

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

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

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

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

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

# **STUDENT HEALTH REGISTRATION FORM**

## ***MONTICELLO PUBLIC SCHOOLS HEALTH SERVICES***

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

### **MEDICAL HISTORY**

1. Have you ever been told by a physician or a health care professional that your child has:
  - a. Asthma \_\_\_\_\_
  - b. Diabetes \_\_\_\_\_
  - c. Heart Condition \_\_\_\_\_
  - d. Seizure Disorder \_\_\_\_\_
  - e. Skin Condition \_\_\_\_\_
  - f. Shunt \_\_\_\_\_
  - g. Other \_\_\_\_\_
2. Does your child experience any of the following?
  - a. Nose bleeds \_\_\_\_\_
  - b. Constipation/Diarrhea \_\_\_\_\_
  - c. Frequent Headaches \_\_\_\_\_
  - d. Other \_\_\_\_\_
3. Does your child have a life-threatening health condition? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please explain: \_\_\_\_\_
4. Allergies (\*Please note if these are food intolerances/sensitivities instead of allergies)
  - a. Food(s): \_\_\_\_\_ List/explain: \_\_\_\_\_
  - b. Latex: \_\_\_\_\_ List/explain: \_\_\_\_\_
  - c. Insects: \_\_\_\_\_ List/explain: \_\_\_\_\_
  - d. Animals: \_\_\_\_\_ List/explain: \_\_\_\_\_
  - e. Plants: \_\_\_\_\_ List/explain: \_\_\_\_\_
5. Medication:
  - a. Does your child take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, name of medication(s): \_\_\_\_\_
  - b. Will the medication be needed at school? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Purpose of medication(s): \_\_\_\_\_
6. Hearing/Vision
  - a. Do you have concerns about your child's hearing? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Does your child have a hearing aid? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Do you have concerns about your child's vision? Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. Does your child wear glasses and/or contacts? Yes \_\_\_\_\_ No \_\_\_\_\_
7. KI consent
  - a. I consent to have the school nurse or their designee, administer Potassium Iodide (KI) to my child during a nuclear emergency. Yes \_\_\_\_\_ No \_\_\_\_\_

In case of illness or mild accidents, we will contact the parent/guardian at home and/or at work. If we do not get a response in a reasonable period of time, the person(s) designated on the emergency form will be contacted. In case of a severe emergency, an ambulance will be called and we will attempt to call you as soon as possible.

I have read and understand the information on the other side of this form

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Potassium Iodide**

#### **Reason for Taking Potassium Iodide**

In the case of an accident at a nuclear power plant or what is known as a radiological emergency, radioactive iodine will be released into the air. This material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by pill or liquid, potassium iodide (KI) floods the thyroid with non-radioactive iodine and prevents the thyroid from absorbing the radioactive material. Potassium iodide needs to be given before or shortly after exposure to radiation. Potassium iodide works only to prevent the thyroid from absorbing radioactive iodine.

#### **Potential Side Effects of Potassium Iodide**

It is possible to experience **any or all** of the following side effects when taking Potassium Iodide:

- ◆ Upset stomach
- ◆ Allergic reaction
- ◆ Rash

#### **Risks of Taking Potassium Iodide**

Taking Potassium Iodide is safe for most people. Potassium Iodide **should not be taken** if someone:

- ◆ Is allergic to iodine
- ◆ Has any other thyroid illness
- ◆ Has Graves Disease
- ◆ Takes thyroid medication

#### **Administration of Potassium Iodide**

Potassium Iodide will **only be given**:

- ◆ In the case of a radiological emergency
- ◆ If the School District is directed to administer by Minnesota State Public Health Officials
- ◆ If a parent/guardian signs a consent form for a child

If you have any questions, please call the school nurse at the following number:

Eastview Education Center: 763-272-2920

Middle School: 763-272-2121

High School: 763-272-3020

Pinewood Elementary: 763-272-2421

Little Mountain Elementary: 763-272-2620

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### **Student/Family Residence**

Your child(ren) may be eligible for additional educational services through Title I Part A and/or Federal McKinney-Vento Homeless Assistance Act.

If you are presently residing in any of the following situations, please confer with the building secretary. If the below situations do not apply to you, disregard the rest of this information.

- A. Staying in a shelter (family shelter, domestic violence shelter, youth shelter)
- B. Sharing the housing of others due to loss of housing, economic hardship or similar reason
- C. Living in a car, park, campground, abandoned building, or other inadequate accommodation
- D. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- E. Living alone as a minor student(s) without an adult (unaccompanied youth)

If you are residing in any of the situations above and meet the criteria for homelessness, your child(ren) have the right to:

- ✓ Continue to attend school in the school attended before you became homeless (school of origin).
- ✓ Receive transportation to the school of origin.
- ✓ Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment.
- ✓ Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- ✓ Have enrollment disputes quickly addressed.



**Please register your student online at:**

<http://www.hoglundtransportation.com/students.html>

Please do this as soon as possible to get your student scheduled for a route; it could take up to 3 days to get scheduled for a bus. All students must register for the bus even if you are a walker or open enrolled. Eventually, all students will ride a bus even if it's only for a field trip.