One91 Voluntary Prekindergarten (VPK)
2025-26 Elementary School Half Day
4-year old Application

One91 Half Day Prekindergarten takes place in District 191 elementary schools.
Families will be notified via email of student acceptance into 2025-26 VPK in mid-July.

Children must be 4 years old by September 1, 2025
Independence in the bathroom, including clothing and wiping, is required (no diapers or pullups).

Complete an Early Childhood Screening (required within 90 days of preschool start date). To make an appointment, fill out the Early Childhood Screening Request Form online https://communityed.isd191.org/early-childhood/early-childhood-screening. You will get an email response, typically within seven to 10 days, with a link to appointment dates and times from which to choose.

Complete all documents in this packet. Incomplete packets cannot be processed. Incomplete forms or missing documents will delay your application.

Include:
- **a copy of the birth certificate or passport**
- **proof of residency**
- **proof of income may be required**
- **an immunization record**
- **VPK eligibility checklist**

Return all documents to the preschool enrollment office at Diamondhead Education Center, or email forms to preschool@isd191.org.

Primary communication will be by email. You will be notified by email when your child has been enrolled. If your email address is not legible or is incorrect, your application will be delayed.

School is held 5 days per week, Monday through Friday.
Morning class meets 9 am-12 pm; Afternoon class meets 12:55-3:55 pm.
There will be occasional Mondays off for staff professional development and meetings; a calendar will be provided to families upon acceptance.

_____ _____
Student Name **Date of Birth**

Preferred Schedule: ☐ **AM** ☐ **PM** **School:** _____

For prekindergarten enrollment questions, email preschool@isd191.org
Martha Najera: Phone: 952-707-4110 Fax: 952-707-4140

Pre-Kindergarten Transportation Request Form

Student Transportation Services
200 West Burnsville Parkway, Burnsville, MN 55337
952-707-2067 ● transportation@isd191.org

We follow school district policies for transportation. Please complete this form to request in-district transportation. If available, we service only addresses in School District 191. Transportation is not guaranteed at this time. **Notification of transportation will be made by email in late August.**

2025-2026 School of Attendance _____

Student Name _____

Parent/Guardian Name _____

Daytime Phone _____ Other Phone _____

Primary Email _____

Other Contact/Emergency Contact:

Name _____ Relationship to Student _____

Daytime Phone _____ Other Phone _____

IMPORTANT NOTE: Each school has a "no bus zone" of approximately a one-mile radius from the school.

For morning pre-k students, if your student's pick-up address is within a no-bus zone for the school they attend, they will not have access to transportation in the morning, but will have access to transportation from school.

For afternoon pre-k students, if your student's drop-off address is within a no-bus zone for the school they attend, they will not have access to transportation from school at the end of the day, but will have access to transportation to school.

Pick-Up Address

☐ Home ☐ Child Care/Other

House Number _____ Street Name _____ Apartment # _____

City _____ Zip Code _____

Drop-Off Address

☐ Home ☐ Child Care/Other

☐ Check this box if the drop-off address is the same as the pick-up address.

House Number _____ Street Name _____ Apartment # _____

City _____ Zip Code _____

Voluntary Prekindergarten (VPK) Qualification Form

(For students 4 years of age by September 1, 2025)

Dear Parent/Guardian,

The State of Minnesota has recently passed legislation indicating that students identified as “at-risk” may attend Voluntary Prekindergarten (VPK) at no cost. The Minnesota Department of Education (MDE) and the ISD 191 school district have identified “at-risk” criteria for students.
Please review the following qualifications and check all that apply to your student.

If your student does not meet one or more of the ”at-risk” criteria listed below, parents/guardians of students are required to pay a fee. A sliding fee scale is included on Page 3 for VPK students. Please review the sliding fee scale to calculate the annual fee for your student.

A. Statutory VPK Eligibility Criteria	**B. ISD 191 School District At-Risk Criteria**
☐ **Check here if your student qualifies for any of the listed at risk criteria below:** • Qualifies for free or reduced-priced meals • Household income less than or equal to 67 percent of the state median income, adjusted for family size, and meets the requirements of section 119B.05; receive MFIP assistance; and are participating in employment and training services under chapter 256J; Minnesota $125,645 $39,201 $51,263 $63,325 $75,387 • Student is an English language learner as defined by section 124D.59, subdivision 2 • Is American Indian • Family has experienced homelessness in the last 24 months, as defined under the federal McKinney-Vento Homeless	☐ **Check here if your student qualifies for any of the listed at risk criteria below:** • Student has not had a preschool experience in 191 educational programs • No previous experience in an any Early Childhood programming • Shortage of childcare in the area • Lives in rural area further than 5 miles from the school • Student referred for Special Education but does not qualify for direct services • Student has 504 Plan • Student has an IEP • Student has a disability • Student has vision impairment • Student has hearing impairment • Student has one or more developmental delays

Assistance Act, United States Code, title 42, section 1143a • Student was identified as having a potential risk factor that may influence learning through health and developmental screening under sections 121A.16 to 121A.19 • Student is in foster care; is in kinship care, including children receiving Northstar kinship care assistance under chapter 256N; or is in need of child protection services • Student has a parent who is a migrant or seasonal agricultural laborer under section 181.85 • Parent who is, or has been, incarcerated	• Student knows fewer than 18 uppercase letters in English • Student knows fewer than 15 lowercase letters in English • Student knows fewer than 5 letter sounds in English • Parent/s with high school diploma or less for an educational background • Parent/s experiencing under employment or unemployment • Parent/s with history of substance abuse • Parent/s physically or mentally disabled • Family dysfunction • Family does not own a home • Student is a member of a historically underrepresented minority group • Family experiencing a divorce or separation • Student resides in a single parent household • Student comes from a single child household • Multiple students from the same family in childcare causing financial hardship for families to afford program • Lack of reliable transportation • Student qualifies for county services and support • Other: Parent/s or guardians met with 191 Early Childhood staff to identify other factors categorized as at-risk for their student and family

2025-2026 VPK Sliding Fee Scale

Per the guidelines outlined by MDE, the sliding fee scale below is based upon the Dakota County median family income information.

Family Members* in the Household	Annual Household Salaries	Annual Household Salaries	Annual Household Salaries	Annual Household Salaries
2	Below $90,000 Free	$90,000-$135,000 Fee: $1,500	$135,000-$180,000 Fee: $3,000	$180,000-above Fee: $4,500
3	Below $135,000 Free	$135,000-$180,000 Fee: $1,500	$180,000-$225,000 Fee: $3,000	$225,000-above Fee: $4,500
4	Below $180,000 Free	$180,000-$225,000 Fee: $1,500	$225,000-$270,000 Fee: $3,000	$270,000-above Fee: $4,500
5+	Below $225,000 Free	$225,000-$270,000 Fee: $1,500	$270,000-$315,000 Fee: $3,000	$315,000-above Fee: $4,500

*Family members in a household include parents/guardians and children only.

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Enrollment Checklist

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 Early Childhood Programs office in person, by email preschool@isd191.org, or fax 952-707-4140.

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	
Proof of Income – tax statement or acceptance letter from one of the assistance programs listed on fee agreement	X	
Pupil Immunization Conscientious Objection		
Additional Forms		
Application for Educational Benefits (completed annually)		
Early Childhood Screening		
Student Child Care Information		
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:

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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 legal 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 legal 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 legal 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) living in your 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 *(not the legal parent/guardian)* **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 housing.

Have you moved to this school district for temporary or seasonal agricultural work (migrant)?	**No** ☐ **Yes** ☐
Are you currently a homeowner?	**No** ☐ **Yes** ☐
Are you currently renting?	**No** ☐ **Yes** ☐
Do you share a household with another family or friends?	**No** ☐ **Yes** ☐
Are you living at one of the following? ☐ Hotel or motel ☐ Emergency Shelter / Transitional Housing ☐ Unsheltered (cars parks, campgrounds, temporary)	

How did you hear about 191 schools?

- ☐ From a friend or family
- ☐ Google search
- ☐ Social Media
- ☐ Postcard / flyer in the mail
- ☐ Print / Newspaper
- ☐ Other:

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REGISTRATION FORM - STUDENT INFORMATION

Student Legal Name as listed on birth record.

Student First Name _____ Student Last Name _____ Middle Name _____ Student ID _____

Gender: Male ☐ Female ☐

Date of Birth _____ Grade Level _____

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 this student participate in English Learner Services?	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 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** _____

DEPARTMENT OF EDUCATION

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/ Spanish-American	☐ Unknown
☐ Ecuadorian	☐ 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*):

☐ Decline to indicate	☐ Cherokee	☐ Other North American Indian Tribal Affiliation
☐ Anishinaabe/Ojibwe	☐ Dakota/Lakota	☐ 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	☐ 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 Question6.]*

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

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CONSENT TO RELEASE EDUCATIONAL DATA

Office Use:
1st Request: _____ 2nd Request: _____

STUDENT INFORMATION

Student First Name _____ Student Last Name _____ Middle Name _____

Gender: Male ☐ Female ☐

Date of Birth _____ Grade Level _____

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 Statute120A.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	hiddenvalley@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?

Child Care and Early Childhood Programs Immunization Law

Children are required to receive immunizations before enrolling in child care and early childhood programs in Minnesota or submit an exemption. This requirement applies to all licensed child care centers, family child cares, certified license exempt child cares, and early childhood programs such as preschool, school readiness plus, voluntary prekindergarten, and early childhood special education. Look for your child's age group in the chart below and see how many total doses of each vaccine are needed for their age.

Required Immunizations	3-4 months	5-6 months	7-15 months	16-23 months	24 months to kindergarten
Hepatitis B (Hep B)	2 Doses	2 Doses	3 Doses	3 Doses	3 Doses
Diphtheria, tetanus, and pertussis (DTaP)	1 Dose	2 Doses	3 Doses	3 Doses	4 Doses
Polio (IPV)	1 Dose	2 Doses	2 Doses	2 Doses	3 Doses
Pneumococcal (PCV)	1 Dose	2 Doses	3 Doses	3 Doses	
Haemophilus influenzae type b (Hib)	1 Dose	1 Dose	1 Dose	1 Dose	1 Dose
Measles, mumps, rubella (MMR)				1 Dose	1 Dose
Varicella (chickenpox)				1 Dose	1 Dose
Hepatitis A (Hep A)					1 Dose

Note: The number of doses may be different if your child is behind schedule. If your child has fallen behind on their vaccinations it is not too late to catch-up, talk to their health care provider.

Recommended but not required for child care or early childhood programs

Influenza (flu), COVID-19, respiratory syncytial virus (RSV), rotavirus and other vaccines are recommended for children to ensure they are fully protected. Talk to your health care provider about when your child should receive these immunizations. For more information visit CDC: Vaccine Schedules For You and Your Family (www.cdc.gov/vaccines/imz-schedules/index.html).

Tips for parents and guardians

- Make sure your child has received all of the required immunizations before their first day of child care/early childhood program or submit an exemption.
- Submit a copy of your child's immunization record to their child care, early childhood program, or school. You can get a copy of their record from the clinic or find their record on Find My Immunization Record (www.health.state.mn.us/people/immunize/miic/records.html).
- Please complete the reverse side if your child requires an exemption for medical reasons or if you are opting for a non-medical exemption due to personal beliefs.

Vaccines for Infants, Children, and Adolescents (www.health.state.mn.us/people/immunize/basics/kids.html)

Contact Immunization Program at 651-201-5503 or 1-800-657-3970 for alternate format.
ID# 80154 (08/2024)

DEPARTMENT OF HEALTH

CHILD'S NAME (FIRST, LAST):_____ CHILD'S DATE OF BIRTH:_____

Medical and non-medical exemptions

Instructions for documenting medical or non-medical exemptions and history of chickenpox (varicella)

Follow steps 1 and 2 below to document a medical exemption, non-medical exemption, or history of chickenpox.

1. Place an X in the box to indicate a medical or non-medical exemption. If you are exempting your child from more than one vaccine, mark each vaccine you are exempting them from with an X.
2. Obtain signatures for exemptions or history of chickenpox disease.

Required Immunizations	Medical	Non-Medical
Hepatitis B (Hep B)		
Diphtheria, tetanus, and pertussis (DTaP)		
Polio (IPV)		
Haemophilus influenzae type b (Hib)		
Measles, mumps, rubella (MMR)		
Varicella (Chickenpox)		
Hepatitis A (Hep A)		

Medical exemption: A health care provider must review and sign a medical exemption. A health care provider includes a licensed physician, nurse practitioner, or physician assistant.
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: _____
(of health care practitioner)

Date:_____

Non-medical exemption: A parent/guardian must sign for a non-medical exemption and the form must be signed and stamped by a notary. A child is not required to have an immunization that is against their parent or guardian's beliefs. Choosing not to vaccinate may put the health of your child or others they are around at risk. Unvaccinated children who are exposed to a vaccine preventable disease may be required to stay home from school and other activities for up to 21 days to protect themselves 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 and I understand that they may be required to remain out of school and other activities for up to 21 days if exposed to a vaccine preventable disease.

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

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

Notary Stamp

This document was acknowledged before me on

_____ (date),

by _____
(name of parent or guardian)

Notary Signature:

_____

State of _____,
County of _____

History of chickenpox (varicella) disease: If a child has previously had chickenpox, they are not required to receive the varicella vaccine. A health provider must sign this form if the disease happened after Sept. 1, 2010. If the child had chickenpox before Sept. 1, 2010, a parent or guardian may sign this form.
My signature below means that I confirm this child does not need the varicella vaccine because they had chickenpox in the month and year _____
Signature:_____ Date:_____
(of health care practitioner, representative of a public clinic, or 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

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