White Bear Lake Area Schools
District #624
ENROLLMENT FORM 2026-2027

STUDENT INFORMATION

Last Name (Legal)	First Name (Legal)	Middle Name (Legal)	Date of Birth *(MM/DD/YYYY)*

Gender at Birth ___Male____Female	Preferred Gender (Optional)	Pronouns (Optional)	Preferred First Name (Optional)
Grade Enrolling Into		**Language first learned**	**Previously Attended White Bear Schools** **_____Yes _____No** **School Name:**

RECENT SCHOOLS - *List all schools student has attended – most recent school first*

School Name	City & State	Grades	Type of School
			___MN Public ___Out of State Public ___Non Public ___Charter
			___MN Public ___Out of State Public ___Non Public ___Charter

What is your student's country of birth? _____
Date your child first attended school in the USA _____ (mm/dd/yyyy)
Is this your student's first school enrollment _____Yes _____No

STUDENT HOME ADDRESS

Student Lives with____Mother ___Father ___Both ___Other _

Main Telephone # (_____)_____- _____

ADDRESS _____ _____
Street Apartment

_____ _____
City Zip Code

FAMILY 1: PARENT / GUARDIAN INFORMATION

	Parent/Guardian #1	Parent/Guardian #2
Name *(First, MI, Last)*		
Relationship to Student *Mom, Step-Dad, Aunt etc.*		
Legal Guardian	□ Yes □ No	□ Yes □ No
Street Address *If different than student*		
Primary Phone		
Secondary Phone		
Preferred Language		
Email		

OFFICE USE ONLY	Date Completed:	Enrollment Year: -	Interpreter Needed: YES NO

FAMILY 2: PARENT / GUARDIAN INFORMATION

	Parent/Guardian #1	Parent/Guardian #2
Name *(First, MI, Last)*		
Relationship to Student		
Legal Guardian	□ Yes □ No	□ Yes □ No
Street Address		
Primary Phone		
Secondary Phone		
Preferred Language		
Email		

SIBLINGS - *List names of all students under the age of 21 living in the same household*

Last Name	First Name	Middle Name	Gender	Birth Date (mm/dd/yyyy)	Grade	School
			Male Female			
			Male Female			
			Male Female			
			Male Female			
			Male Female			

CUSTODIAL INFORMATION *-Please provide the information requested below:*

Are there any restrictions legally placed upon-non-custodial parent's rights to information about, or dealing 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.*

EMERGENCY CONTACTS

Name of a person to call in an emergency other than parent

	Contact 1	Contact 2
Name *(First, Last)*		
Relationship to Student		
Home Phone		
Cell Phone		
Work Phone		

SPECIAL EDUCATION - *Is this student receiving Special Education Services (IEP)?*

___ Autism Spectrum Disorder
____Development Cognitive Disability
___ Developmental Delay
____Deaf / Hard of Hearing
____Emotional / Behavior Disorder
____Other Health Disabilities
____Physically Impaired
____Specific Learning Disabilities
___ Speech / Language Impairments
___ Traumatic Brain Injury
___ Visually Impaired

GENERAL INFORMATION

Does the student have a 504 accommodation plan? ___ Yes ___ No

Has your child been evaluated for the need for special education services? If so, where? ____Yes ____No If Yes indicate where _____

Is the student currently enrolled in a Gifted & Talented Program? ___ Yes ___ No

Has the student ever received help learning English? ___ Yes ___ No

Does the family need an interpreter present at school conferences? ___ Yes ___ No If Yes indicate Language _____

Has the student ever been expelled from a previous school? ___ Yes ____ No

In the past three years has temporary or seasonal work in agriculture or fishing caused you to move or change schools? ____Yes ___No

_____ _____ _____

Signature of Parent / Guardian | Relationship to Student | Date

White Bear Lake Area Schools
2026-2027 HEALTH & EMERGENCY SUMMARY

STUDENT INFORMATION

Last Name *(Legal)*	**First Name** *(Legal)*	**Middle Name** *(Legal)*
Grade	**Date of Birth** *(MM/DD/YYYY)*	**Gender** ___Male_____Female

Health Concerns and Other Information

Please indicate if your child has been diagnosed with any of the following conditions:

___ADHD/ADD ___ Anxiety ___Arthritis ___Asthma ___Birth Defects
___Blood Disorder ___Bowel Problems ___Cancer ___Depression ___Developmental Delay
___Diabetes ___Food Allergy ___Hearing Loss ___Heart Condition ___Hospitalization (Recent)
___Learning Difficulties ___Mental Health ___Migraines ___Physical Limitations ___Seizures
___Serious Illness ___Skin Conditions ___Stomach Issues ___Surgery (Recent) ___Urinary Problems
___Vision Loss ___Other

Please provide additional information about the above conditions:

Has your child outgrown any health condition or diagnosis? If YES, please list: _____ **Yes**_____ **No**

Please indicate if your child requires any of the following special diets: ___Not Applicable

___Dairy Free ___Egg Free (including ingredient) ___No Whole Eggs (hard boiled, omelets) ___Gluten Free
___ Lactose Free Milk ___ Soy or Ripple Milk (pea protein) ___Texture Modification (mash,Puree, thicken) ___Tube Feeding
___Other (indicate specifics below)

Any additional information about your child's diet?

Does your child need medication at school? ___Yes ___No

Is the medication for a potential emergency condition (anaphylaxis, seizures, etc)? ___Yes ___No

If your student needs medication at school, please complete the *Authorization for Administration of Medication form* and bring it to the school Health Office, along with the medication in its original container.

Authorization for Administration of Medication at School form can be printed here.

Minnesota Immunization Law for Schools

Minnesota law states students are required to receive certain vaccines for school or submit an exemption.
Follow this link to see how many total doses of each vaccine are needed for your student based on their grade or to find the exemption form.
Immunizations can be sent to your child's school or uploaded to Synergy.

Parent / Guardian Signature _____ 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 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.

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 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 _____

White Bear Lake Area Public Schools
Independent School District 624

Request for Student Records

The following student has enrolled at White Bear Lake Area School District 624:

Student Name:_____ Date of Birth: _____

Grade:_____ Anticipated Enrollment Date: _____

Previous School Information: Please complete in its entirety. Thank You.

School Name:_____School District: _____
School Address: _____
City, State, Zip Code: _____
School Phone:_____ School Fax: _____

- **Official School Records (name, address, birth date and/or copy of birth certificate, sex, grade level, attendance records, class rank, standardized test results, etc.)**
- **Special Education records - including IEP/504 Plan or other assessments (Please send ASAP)**
- **Cumulative: State Assessment Results: (e.g. MCA) and District Standardized Assessment Results: (e.g. MAP)**
- **MARSS number/state ID number**
- **Legal Documents**
- **Pre-school screening records**
- **Discipline Records including suspensions and expulsion paperwork**
- **Health Records - including Immunizations and Sports Physical**
- **ELL/ESL Records - including ACCESS scores and Home Language Survey**

Birch Lake Elementary 1616 Birch Lake Ave WBL, MN 55110 651-653-2776 651-653-2778 – **FAX** kelly.rivers@isd624.org	NorthStar Elementary 15198 Forest Blvd N Hugo, MN 55038 651-242-5500 651-242-5515 – **FAX** lynnea.maciej@isd624.org	Lakeaires Elementary 3963 Van Dyke St. WBL, MN 55110 651-653-2809 651-653-2811 – **FAX** michon.sommers@isd624.org	Lincoln Elementary 1961 Sixth Street WBL, MN 55110 651-653-2820 651-653-2822 – **FAX** joelle.sather@isd624.org	Oneka Elementary 4888 Heritage Pkwy N. Hugo, MN 55038 651-288-1800 651-288-1899 – **FAX** jessica.gunnufson@isd624.org
Otter Lake Elementary 1401 County Rd H2 WBL, MN 55110 651-653-2831 651-653-2833 – **FAX** molly.franta@isd624.org	Matoska International 2530 Spruce Place WBL, MN 55110 651-653-2847 651-653-2849 – **FAX** carolyn.kay@isd624.org	Vadnais Heights Elementary 3645 Centerville Rd Vadnais Heights, MN 55127 651-653-2858 651-653-2860 – **FAX** lyn.deuel@isd624.org		Willow Lane Elementary 3375 Willow Ave. WBL, MN 55110 651-773-6170 651-773-6176 – **FAX** kathryn.bonsell@isd624.org
Central Middle School 4857 Bloom Ave. WBL, MN 55110 651-653-2888 651- 407-7632 – **FAX** aimee.nelsen@isd624.org	Mariner Middle School 3551 McKnight Rd WBL, MN 55110 651-653-2700 651- 653-2716 – **FAX** christine.larson@isd624.org	White Bear Lake Area High School 5045 Division Ave WBL, MN 55110 651- 444-6730 651-705-7605-**FAX** wblahsregistrar@isd624.org	Transition Education Center 13497 Fenway Blvd Cir N Hugo, MN 55038 651-773-6051 652-773-6052-**FAX** roxanne.kelly@isd624.org	Area Learning Center 2449 Orchard Lane WBL, MN 55110 651-773-6400 651-773-6402 – **FAX** tayler.jones@isd624.org
		Please forward student information to the circled school above. **Thank You for your cooperation.**		

WLBAS Centralized Enrollment Office * Phone: 651-407-7674 * Fax: 651-407-7502
2399 Cedar Ave, White Bear Lake, MN 55110
Email: katy.etter@isd624.org

WHITE BEAR LAKE AREA SCHOOLS #624 2399 CEDAR AVENUE, WHITE BEAR LAKE MN 55110

MCKINNEY-VENTO HOMELESS EDUCATION

CONTACT PERSON (Parent, Guardian. Other)	
ADDRESS (Street, City, State, Zip Code)	
Phone Number (Include Area Code)	

Presently, are you and/or your family in any of the following living situations. Check the appropriate box. If none apply, no further information is required. If you have checked an area, please continue and complete this form.

☐ Sharing housing of others due to loss of housing, economic hardship or similar reason. ☐ Staying in a shelter ☐ Unsheltered (living in car, street, abandoned building, etc.) ☐ Motel / hotel due to loss of housing.	☐ Migrant worker ☐ Transitional housing unit ☐ Unaccompanied youth: Not in the physical custody of a parent or legal guardian. ☐ Other: Please explain.

Is there a current *Order of Protection* or *No Contact Order* which concerns the student? Yes____No____If yes, please explain.

PLEASE LIST BELOW THE CHILDREN IN YOUR CARE (USE ADDITIONAL PAGES IF NECESSARY)

NAME: FIRST MIDDLE LAST	M/F	D.O.B.	GR	SCHOOL NAME	SPECIAL SERVICES Y/N

CHILD NUTRITION PROGRAM INFORMATION

McKinney Vento qualifies your student(s) for free school meals through our Child Nutrition Program. Your student(s) may also receive free or reduced fees for other school related programs. You have the option to give your permission for your student(s) free meal status to be shared (or not) with other White Bear Lake Departments by checking one of the boxes below.

☐ NO, DO NOT SHARE MY INFORMATION WITH OTHER WHITE BEAR LAKE DEPARTMENTS. If you check this box, it means that other White Bear Lake programs will not have access to your eligibility, and it will be your responsibility to provide this information to them to receive waived or reduced fees.

☐ YES, I GIVE PERMISSION FOR MY INFORMATION TO BE SHARED WITH OTHER WHITE BEAR LAKE DEPARTMENTS. If you check this box, Child Nutrition will be able to disclose your free/reduced meal eligibility to other appropriate school officials for the purpose of receiving assistance or a waiver for other school related programs.

To the best of my knowledge, the information in this document is accurate:

SIGNATURE OF PARENT / LEGAL GUARDIAN OR PERSON COMPLETING THIS FORM IN LIEU OF PARENT / LEGAL GUARDIAN:

_____ DATE: _____

The undersigned, according to information provided above, certifies that the student(s) listed meet the definition of homeless as stated in McKinney Vento Act (Subtitle B, Sect. 725) of July 1, 2002.

MCKINNEY VENTO COORDINATOR:_____START DATE:_____END DATE: _____

TRANSPORTATION REQUIRED:_____YES _____NO START DATE: END DATE:

Distribution sent to the following on DATE:

☐ Building Secretary

☐ MARRS Specialist

☐ Transportation

☐ Food Service

☐ Referral to community resources

☐ Clothing Closet referral

FOLLOW UP NOTES:

White Bear Lake Area Public Schools #624
Leading minds to learning, hearts to compassion and lives to community service.

Foster Care Verification Form
Foster Care Liaison: 651-407-7559

The Every Student Succeeds Act of 2015 includes assurances that students living in foster care be enrolled in or remain at their school of origin (the school of attendance at the time they move to foster care), unless it is determined that it is not in their best interest to do so. Please complete the following form to determine if this law pertains to your current situation.

List all children or youth living in the situation above.

First	Middle	Last	School (if known)

Enrolling Adult (check all that apply): ☐ **Foster Parent** ☐ **Parent** ☐ **Legal Guardian** ☐ **Other**	
Name(s):	
Phone(s):	**Email Address:**

Child Status Information
Have parental rights been terminated? Yes_____No_____Name of Legal Guardian:
Do you have legal documents or a placement letter from the county? Yes_____No _____

County Contact Information		
County Worker:	Division:	Phone:
Address:	Email:	

Foster Home Information
Foster Parent(s) Name(s)(If different from above):
Address:
Phone(s): Email:
☐ Address is within District boundaries ☐ Address is outside District boundaries ☐ Address is outside attendance area

Please continue to next page

If parental rights are <u>NOT</u> terminated, complete the following information.

Primary Parent Information	
Name(s):	
Address:	
Phone(s):	Email:

Secondary Parent Information	
Name(s):	
Address:	
Phone(s):	Email:

For Enrollment Center Use Only:	
Documentation Provided: (Please check all that apply) O County Placement Letter O Termination of Parental Rights O Legal Guradian Documentation	Distribution of Information: (Please check all that apply) O Documents sent to information Services O Copy Sent to Foster Care Liaison O Copy Sent to School(s)

For Foster Care Liaison Use Only:	
O Transportation Request Submitted O Transportation Route Assigned	Notes:

White Bear Lake Area Public Schools
Independent School District 624 - WBLAS Nutrition Services
Bridget Lehn, MBA, RD, Director of Nutrition Services

Hello Parents and Guardians,

White Bear Lake Area Schools (WBLAS) participates in both the School Breakfast Program and the National School Lunch Program.

Currently, all students receive one breakfast and one lunch at no cost per in-person academic school day. If the above-mentioned programs end, students will need to qualify for educational benefits to receive meals at a free or reduced price.

Menu's
You can always see what's being served by viewing our menus online here:
https://isd624.nutrislice.com/

Educational Benefits Application
If you think you may qualify for educational benefits, applications for the upcoming school year will become available:

- **In July for Online applications**. These can be found on the district website: **www.isd624.org** under "Departments > Nutrition Services."
- **In August for Paper copies**. You will find these at your child's school or you can also call the Nutrition Services office at 651-407-7515 to have one mailed to you.

Only one application is needed for all children in your household attending WBLAS.

Have Questions?
If you have any questions about meal services or the educational benefits application, please contact the **Nutrition Services Office at 651-407-7515.**

We look forward to serving your students!

Sincerely,

White Bear Lake Area Schools Nutrition Services

This institution is an equal opportunity provider.

Review of Student Discipline Policy: New Student

LUS CEEB TOOM! Yog koj xav tau tsev kawm ntawv cov ntaub ntawv txhais ua lus Hmoob, thov hu rau (651) 407-7623

ATENCIÓN: Si usted necesita hablar con una persona que hable Español, por favor, llame al (651) 407-7625

REVIEW OF STUDENT DISCIPLINE POLICY

(Parents must review this information with their child before the Student Acknowledgement Form is signed)

1. Click this link Student Discipline Policy 506 to view and read the policy.
2. The intent of the Student Discipline Policy 506 is to establish guidelines to assist in maintaining a supportive, safe, welcoming, and inclusive environment.
3. All students are "held **individually** responsible for their behavior and for knowing and following the Code of Student Conduct" and the Discipline Policy.
    - Discipline for violations of the Code of Conduct or Discipline Policy may occur regardless of any other student's behavior.
4. This policy applies to all school buildings, school grounds, and school property or property immediately adjacent to school grounds; school-sponsored activities or trips; school bus stops; school buses, school vehicles, school contracted vehicles, or any other vehicles approved for school district purposes; the area of entrance or departure from school premises or events; and all school-related functions, school-sponsored activities, events, trips, virtual learning spaces, and school-sponsored social media platforms. School district property also may mean a student’s walking route to and from school for purposes of attending school or school-related functions, activities, or events.
    - There might not be a school employee present at some of these locations (e.g., walking routes and some school approved vehicles). But, your behavior is still subject to the Code of Conduct, the Discipline Policy and other school policies.
5. This policy also applies to any student whose actions at any time or in any place, including online, interfere with or obstruct the mission or operations of the school district or the safety or welfare of the student, other students, or employees.
    - This means that off-campus conduct (including bullying and cyberbullying) might result in discipline, if it affects the school or jeopardizes the safety or well being of a student or staff member.
6. The Code of Conduct lists Student Responsibilities, some of which are included below:
    - assist in building a school culture and climate where all students are supported, valued, respected and safe;
    - support and engage in repairing any harm caused to others, the community, or the environment;
    - attend school daily, except when excused, and to be on time to all classes and other school functions;
    - recognize and respect the rights of others.
7. A violation of school district code of conduct, rules, regulations, policies or procedures will result in a restorative discussion. The school district has authority to impose more severe disciplinary responses for any violation if warranted by the student’s actions.
    - For example, the District might propose dismissing a student where it appears that the student will create an immediate and substantial danger to self or to surrounding persons or property.

- The District may also propose dismissal if a student possesses a weapon at school. The District's weapons policy makes an exception to this rule for a student who finds a weapon on the way to school or discovers that he or she accidentally has a weapon in his or her possession. In order to fall under this exception, the student must **immediately** take the weapon to the Principal's office. If it is impractical or dangerous to take the weapon to the Principal's office, the student can, instead **immediately** turn over the weapon to an administrator, teacher, or head coach, or **immediately** notify the administrator, teacher, or head coach of the weapon's location.

8. The Discipline Policy specifically prohibits the use, possession, distribution, intent to distribute, making a request for, and being under the influence of, tobacco, tobacco-related devices, electronic cigarettes, tobacco paraphernalia, alcohol, narcotics, drugs, prescription drugs (other than your own prescription used in accordance with a doctor's order), or look-alike substances at school or in a school function.
    - This includes sharing prohibited substances with other students.
    - The District reserves the right to screen students and their guests for evidence of alcohol consumption at school-sponsored events. If there is reasonable suspicion, the District may also screen students for evidence of alcohol consumption during the school day.
9. Behavioral infractions, including those involving alcohol, drugs, or other controlled substances, may violate the Minnesota State High School League's rules. Violations of the League rules may result in penalties required or authorized by those rules, in addition to any school-based discipline. Students must remember that the League rules apply at all times, regardless of whether school is in session. If the District becomes aware of a violation of a High School League rule that took place outside of school, on a weekend, or over the summer, it may be required to impose penalties consistent with the High School League rules.
10. The District expects students to help maintain a safe and orderly learning environment not only by following District policies, but also by cooperating in any investigation and disciplinary proceedings related to violations by other students.

Student Acknowledgement Form

I hereby acknowledge that I have received and reviewed the White Bear Lake Area Schools Student Discipline Policy and Code of Student Conduct. I further acknowledge that I understand that my behavior is subject to the Student Discipline Policy and Code of Student Conduct and that I may be disciplined for violations of the Student Discipline Policy and Code of Student Conduct.

Parent Signature:_____

Date: ____/_____/_____

Student Signature: _____

Date: ____/_____/_____

LUS CEEB TOOM! Yog koj xav tau tsev kawm ntawv cov ntaub ntawv txhais ua lus Hmoob, thov hu rau (651) 407-7623
ATENCIÓN: Si usted necesita hablar con una persona que hable Español, por favor, llame al (651) 407-7625

White Bear Lake Area Schools

Chromebook Use Agreement | Parents & Student

Student's Name _____ Other ID _____

Expectations for Use Access to a student Chromebook is an educational opportunity and responsibility. It allows for access to tools and resources not found in traditional offline educational materials; devices are provided so students can have access to these tools and resources anytime, anywhere. Chromebooks will be used for educational purposes only and if allowed to go home, must return to school, fully charged, daily. For more information and answers to questions regarding the 1:1 Chromebook initiative, go to isd624.org/departments/technology.

Ownership The Chromebook and power supply are the property of White Bear Lake Area Schools. As much as possible, students will be issued the same device from year to year. Please take care of these items as they may be used by other students after your time with the equipment is complete. Students may not change or remove any district settings or inventory control stickers from devices. Additionally, students may not decorate the Chromebook.

Repair/Replacement Report problems with your Chromebook to your teacher immediately and/or your media center during open hours. Maintenance and repairs must be done by district technicians. **You may not attempt to alter, repair or open the Chromebook yourself nor may anyone not authorized by White Bear Lake Area Schools Technology Department.**

Similar to school textbook guidelines, damage caused by misuse or abuse of the Chromebook will be the responsibility of the student and family. Accidental damage will follow the damage fee structure, located on the 1:1 webpage, at the discretion of school administrators.

By signing below as a student, I acknowledge and agree to abide by the White Bear Lake Area School District's Acceptable Use and Safety Policy (policy 524, http://goo.gl/SUghIf) and guidelines listed above, which extends to all school and home Chromebook use. Failure to follow the guidelines may result in disciplinary action.

_____ _____

Students Signature ***Date***

By signing below as a Parent or Guardian, I acknowledge that Chromebooks connected to wifi networks outside of the district network still maintain district internet filters. I also understand that no internet filter is a substitute for adult supervision. The best filter is adult supervision and students making good choices. I also understand the expectations for my student to use this district owned mobile technology and the responsibilities of its use. I will ensure that my student will read & sign the Chromebook Agreement above.

_____ _____

Parent/Guardian Signature ***Date***

LUS CEEB TOOM! Yog koj xav tau tsev kawm ntawv cov ntaub ntawv txhais ua lus Hmoob, thov hu rau (651) 407-7623

ATENCIÓN: Si usted necesita hablar con una persona que hable Español, por favor, llame al (651) 407-7625

2026-2027 White Bear Lake Acceptable Use Policy

By signing this agreement, I accept and agree to abide by the White Bear Lake Area Schools' Electronic Technologies Acceptable Use Policy (found at: **https://www.isd624.org/about/district-policies/500-students/524).** I realize that the primary purpose of using School District electronic technologies is educational. I will limit my usage to educational purposes that further educational goals consistent with the mission and policies of the School District.

I understand that use of School District electronic technologies is a privilege, not a right . Access may be revoked at any time by the School District, as it sees fit. Inappropriate use will result in suspension or cancellation of use and/or access privileges; payments for damages and repairs; discipline under other appropriate School District policies, including suspension, expulsion, exclusion; or civil or criminal liability under other applicable laws.

I will not use School District electronic technologies to engage in any behavior that is illegal, inappropriate, destructive or harmful.

I recognize that, even though the School District uses technical means to limit student Internet access, these limits do not provide a foolproof means to prevent access to all inappropriate information. It is my responsibility to avoid such information and inform my teacher immediately if I access any inappropriate information, even accidentally.

I understand that my use of School District electronic technologies is not private and that all of my activity, transmissions, documents, posts etc., are subject to review and monitoring by School District personnel.

I release the School District from any liability resulting from actions I take while using School District electronic technologies including unwanted financial obligations.

The School District may provide online accounts for communication, document sharing and access to educational tools. Any use of online accounts I am granted access to through the School District must meet all of the criteria mentioned above, or my privilege of use will be forfeited.

By signing below as a student, I acknowledge and agree to abide by the White Bear Lake Area School District's Acceptable Use Policy (see link above)

_____ _____

Student's Name **Date**

By signing below as a guardian, I acknowledge and agree to the White Bear Lake Area School District's Acceptable Use Policy (see link above)

_____ _____

Parent/Guardian Name **Date**

White Bear Lake Area Schools

Independent School District 624

2026-27 Media Release Form

SCHOOL: _____

DATE: _____

HAISQHIA! *Yog koj xav tau tsev kawm ntawv cov ntawv txhais ua lus Hmoob, thov hu tus Hmoob Liaison rau (651) 407-7623.*

ATENCIÓN: *Si usted necesita hablar con una persona que hable Español, por favor, llame al (651) 407-7625.*

Dear Parent/Guardian:

District policy defines a student's photograph as "Student Directory Information" and thus is public information unless you provide the appropriate notification to the school district that you would not like this information to be public. If your child's information is public, for example, your child's photo and name would appear in school yearbooks and classroom publications. Also, should your student receive a public honor or recognition, the District would provide your child's school picture to the honoring organization and/or media upon request.

In addition, the White Bear Lake Area School District asks for your consent for the following purposes:

- During the school year, the media may visit your child's school, with school permission, to cover special events and may want to interview, videotape or photograph your child.
- The White Bear Lake Area School District and the District's educational partners may also wish to use your child's photograph, voice, likeness or student work for promotional and educational reasons, such as in publications, posters, brochures, newsletters and videos; on District and school websites; on local cable television channels; or at community events (e.g. Marketfest).

To give your consent, please sign and return this form, which will be kept on file at your child's school.

The 2026-27 Media Release Form is valid for photographs, voices, likenesses or student work recorded or created through September 2027. Thank you for your cooperation.

Student's Name (please print) _____

_____ **I give my permission** for my child to be filmed/photographed/interviewed by the media during school events and for the District and the District's educational partners to use my child's photograph/voice/likeness/work for promotional and educational purposes, including District/school/classroom websites and publications.

_____ **I do not give my permission** for my child to be filmed/photographed/interviewed by the media during school events and for the District and the District's educational partners to use my child's photograph/voice/likeness/work for promotional and educational purposes, including District/school/classroom websites and publications. *Please note that if you opt out of the Media Release Form, your child's photograph will be included in yearbook and classroom publications (including Schoology) unless you notify the district that you do not wish for Directory Information to be given out about your child.*

_____ _____

Parent/Guardian signature *Date*

If you have questions about this form, contact your building principal or the Communications Office at 651-407-7695.
HAISQHIA! Yog koj xav tau tsev kawm ntawv cov ntawv txhais ua lus Hmoob, thov hu tus Hmoob Liaison rau (651) 407-7623.
ATENCIÓN: Si usted necesita hablar con una persona que hable Español, por favor, llame al (651) 407-7625.

Dear Students and Parents:

In keeping with the partnership between Ramsey County Library and White Bear Lake Area Schools to support educational opportunities, we are offering a chance to all White Bear Lake Area School students to apply for Ramsey County Library Student Cards. This card can be used at both Ramsey County Library and White Bear Lake Area Schools media centers.

Any student with an existing Ramsey County Library card will continue to use that card. Existing library cards will be valid in the White Bear Lake Area Schools media centers. If your child already has a Ramsey County Library card (see examples pictured), you do not need to apply for a new card. Close this screen and move on to next form.

If your student has not received a library card, by signing this registration form they will receive a Ramsey County Library Student Access Card, allowing access to all Ramsey County Library services and materials, including digital resources like e-books, e-audio books, Homework Rescue, Lynda.com and a variety of research databases. All of these digital resources can be accessed through the Chromebooks distributed to students through White Bear Lake Area Schools and/or through a personal device.

By signing this registration form you also grant permission for White Bear Lake Area Schools to share the information in this form with Ramsey County Library for the purpose of setting up and maintaining a Ramsey County Library account.

Please check box and complete registration:
My child needs to register for a Ramsey County Library Card (complete registration and sign below)

STUDENT LIBRARY CARD REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____ DATE OF BIRTH:_____

PARENT/GUARDIAN NAME:_____ PARENTS DATE OF BIRTH: _____

By typing my name below, I agree to comply with Ramsey County Library rules, to pay all fees charged to me, and to give prompt notice of lost card or change of address

PARENTS SIGNATURE _____

Information you provide in applying for a library card is protected under Chapter 13 of the Minnesota Data Practices Act. This information is necessary to support library service, and is available only to authorized Ramsey County personnel and to other libraries from which you may borrow materials. If you refuse to provide this information, we will be unable to give you a library card. Also, in compliance with the Minnesota Data Practices Act, minors may request that information on their records be withheld from their parents or guardians. However, we can only grant this request if it is in the child's best interest to do so

White Bear Lake Area Schools

Census Information

Please complete the form below listing all adults and children residing the household.

Return by mail, email, fax, or bring to:

Mail: Census Information, 2399 Cedar Avenue, White Bear Lake, MN 55110
Phone: 651-407-7507 **Fax:** 651-407-7502 **Email:** census@isd624.org
Web: www.isd624.org/pdfs/censusform.pdf

Date: _____

Street Address: _____

City:_____ **State:**_____ **Zip:**_____ **Phone:** _____

Head(s) of Household

Last Name (Legal)	First Name (Legal)	Gender	Date of Birth (MM/DD/YY)
_____	_____	M F	____/____/____
_____	_____	M F	____/____/____

Parent/Guardian's Preferred Language: _____

All Others Living at this Address

Last Name (Legal)	First Name (Legal)	Gender	Date of Birth (MM/DD/YY)
_____	_____	M F	____/____/____
_____	_____	M F	____/____/____
_____	_____	M F	____/____/____
_____	_____	M F	____/____/____
_____	_____	M F	____/____/____

If your last residence was in the White Bear Lake School District, please indicate that address below:

Street Address: _____

City:_____ **State:**_____ **Zip:**_____ **Phone:** _____

Translations: Para Español favor llame al 651-407-7625 I Xav tau ntawv txhais ua lus Hmoob 651-407-7623