

Cov Ntaub Ntawv Yuav Tsum Tau Ua

- DAIM NTAWV SAU NPE
- THOV MENYUAM COV NTAUB NTAWV (RECORDS)
- TOS MENYUAM THAUM TI TES TI TAW THIAB KEEBKWM NOJ QAB HAUS HUV
- MINNESOTA KEV SOJNTSUAM TXOG LUS
- DAIM NTAWV QHIA TXOG KOJ YOG HAIV NEEG TWG
- TITLE VII TUBNTXHAIS DAIM NTAWV TAU CAI

Cov Ntawv Povthawj Yuav Tsum Muaj

- NTAWV POV THAWJ TXOG CHAW NYOB** (Nqa OB daim ntawv raws li hauv qab no)
 - Valid Driver's License - (tsis tau tas caij nyoo) muaj koj qhov chaw nyob tamsim no
 - Current Utility Bill - muaj hnuv sau hauv daim ntawv tsis pub dhau 60 hnuv
 - Letter from Government Agency - muaj hnuv sau hauv daim ntawv tsis pub dhau 60 hnuv
 - Lease Agreement - sau npe los ntawm nej thiab tus tswv tsev rau lub sijhawm nej xauj
 - Purchase Agreement - sau npe pomzoo (los ntawm tus yuav thiab tus muag) nrog rau hnuv yuav thiab chaw nyob / HUD daim ntawv qhia txog tus tswv tsev npe thiab chaw nyob
 - Mortgage Statement - muaj hnuv sau hauv daim ntawv tsis pub dhau 60 hnuv
 - Property Tax Statement - yuav tsum muaj koj lub npe thiab xyoo nyob rau hauv daim ntawv
 - Homeowners or Renters Insurance Policy - yuav tsum tseem zoo siv thiab tsis pub dhau 60 hnuv
 - U.S. Postal Service change of address confirmation letter - tsis pub dhau 60 hnuv
 - Yog txhua yam no tsis muaj qhov raug rau koj li, ces thov txuas lus mus rau qhov Chaw Cuv Npe Kawm Ntawv (Enrollment Center)
- Immunization records**- Saib hauv qab no kom paub ntxiv.
- Daim ntawv yug lossis phau ntawv passport hla tebchaws**-kom paub tseeb txog hnuv yug
- DAIM NTAWV NTSUAS MENYUAM RAU EARLY CHILDHOOD** (Rau Early Childhood & Kindergartenxwb)
- DAIM TRANSCRIPT NTAWM LUB TSEV KAWM NTAWV DHAU LOS** (Hoob 6txog hoob 12xwb)
- COV NTAUB NTAWV TXOG KEV KAWM NTAWV TSHWJXEEB** (Yog muaj)
- Tej ntaub ntawv raws cai (legal documents)** txog tus menyuam, yog muaj



Txhua yam ntawv thiab
Daim Ntawv Txhaj
Tshuaj Tivthaiv rau Qib
Early Childhood



Txhua yam ntawv thiab
Daim Ntawv Txhaj
Tshuaj Tivthaiv rau
Qib K-12

Yog tsis muaj daim ntawv povthawj qhia txo txhua yamj kev txhaj tshuaj tivthaiv lossis tau daim ntawv suam npe thiab tau lub cim nias rau uas muaj kev zam (notarized exemption), ces peb yuav ua tsis tiav txoj kev cuv npe kawm ntawv no. Yog tais koj xav tau kev pabcuam rau tej kev txhaj tshuaj tivthaiv no, thov sau email rau enrollmentnurse@district279.org thiab nug txog tej kev pabcuam immunization no.

TXOJ KEV CUV NPE KAWM NTAWV Tej Kev Piav Qhia & Tej Ntsiab lus



Ua Tubrog (Military): Tus menyuum uas txuas rau kev ua tubrog (“Military-connected youth”) txhais hais tias yog tus menyuum uas niamtxiv yug nws lossis niamtxiv uas muaj cai tu nws tabtom ua tubrog tamsim no (ua reservist lossis active duty) lossis nyuam qhuav so txoj kev ua tubrog no.

504 Plan– Section 504 hauv qhov Rehabilitation Act ntawm xyoo 1973 (34 C.F.R. Part 104) yog nomtswv tebchaws ib txoj cai rau pejxeem tsis pub muaj kev xaiv ntsej xaiv muag tawm tsam ib tug neeg twg vim nws muaj kev tu ncuu ntawm sab cev nqaij daim tawv lossis tu ncuu ntawm txoj kev xav (disability). Txhua lub cheebtsam tsev kawm ntawv uas tau txais nyiaj xtiag pab los ntawm nomtswv yuav tsum tau ua raws li txoj kev cai no. Tej tus neeg uas muaj kev tu ncuu ntawm sab cev nqaij daim tawv lossis tu ncuu ntawm txoj kev xav raws li Section 504, tej zaum yuav tsis suav hais tias muaj kev tu ncuu sab cev nqaij daim tawv lossis tu ncuu ntawm txoj kev xav raws li kev kawm tshwjxeem, special education (IDEA). Section 504 tiv thaiv tus menyuum kawm ntawv uas muaj kev tu ncuu rau ib yam twg uas txwv ib kis lossis ntau kis ntawm nws txoj kev ua neej, txawm yog tus menyuum tau txais lossis tsis tau txais kev kawm ntawv tshwjxeem. Cov niamtxiv uas muaj kev txhawj lossis muaj lus nug txog Section 504 no, txuas lus nrog tus thaajkhu hauv nej tus menyuum lub tsev kawm ntawv los tau.

Zaum no pos yog thawj zaug uas koj tus menyuum sau npe kawm ntawv nyob rau tebchaws Mekas no? Tsis teb lo lus nug no los tsis ua li cas tiamsis txoj kev xav tau lo lus teb no yog yuav siv los ntsuas saib seb tus menyuum pos txais cheebtsam tsev kawm ntawv kev pab rau txoj kev kawm rau cov menyuum thiab cov hluas uas nyuam qhuav tuaj rau tebchaws no.

HAIS TXOG VAJTSEV NYOB

Txhua yam txog vajtsev no yog kom pab tau cov menyuum uas tsis muaj vajtsev muaj caij rau kev kawm ntawv thiab tiv thaiv tau lawv. Tus tsis muajvajtsev yog tus uas: (1) tu ncuu ib qho chaw, niaj hnuv nyob thiab chaw pw thaum tsaus ntuj thiab (2) ntxiv rau: (a) cov menyuum thiab cov hluas uas nrog lwm tus nyob vim tsis muaj tsev, vim muaj kev tu ncuu nyiaj xtiag, lossis tej yam zoo li no; nyob rau hauv motels, hotels, lossis nyob rau tom camping grounds vim yeej tsis muaj chaw nyob; nyob rau hauv tej chaw uas nyob tau ib ntus luv luv xwb yuav tsum mus rau lwm qhov; tau raug muab tso rau tom cov tsev kho mob; lossis tos kom muaj niam qhuav txiv qhuav pab saib pab tu; (b) cov menyuum lossis cov hluas uas pw rau tej qho chaw uas tsis yog chaw nyob chaw pw uas tsis zoo rau tibneeg nyob thiab pw; thiab (c) cov menyuum thiab cov hluas uas nyob thiab pw hauv tsheb, tom parks, tom kev, tej tsev ua puas tas lawm, tej tsev uas tsis zoo lawm, tom tej chaw nres tsheb npav thiab train, lossis tej chaw zoo li no. Koj tsis teb daim no los tau. Yog koj pomzoo tsis ua ntu no, tej zaum yuav muaj kev ncuu rau txoj kev nrhiav kev pab rau koj tus menyuum. Cov xibfwb qhia ntawv, tsev kawm ntawv thiab cheebtsam tsev kawm ntawv cov neeg ua haujlwm nrog rau Minnesota Department of Education (MDE) yeej muaj kev nrhiav txog txhua yam no.

KEV TXHAIS TEJ KEV TSO CAI NTAWM COV NIAMTXIV/COV LAUS MUAJ CAI

Nyob Nrog: Qhia txog cov niamtxiv/cov laus muaj cai uas nyob rau hauv lub tsev nrog tus menyuum.

Tso Cai Txuas Lus: Qhia txog cov niamtxiv/cov laus muaj cai, lawv yog cov tau kev tso cai txuas lus nrog tus menyuum thiab yuav nyob rau hauv tsev kawm ntawv txoj kev txuas lus txog tus menyuum.

Txoj Cai Kawm Ntawv: Qhia txog cov niamtxiv/cov laus muaj cai, lawv yog cov uas muaj cai los txiavtxim rau tus menyuum txoj kev kawm ntawv thiab nkag tau rau hauv cov ntaub ntawv txog tus menyuum ntawm tshooj Synergy parent portal.

Tau Cai Saib Xyuas: Qhia txog cov niamtxiv/cov laus muaj cai, yog cov uas muaj cai saib xyuas tus menyuum.

Tso Cai Xa Ntawv: Qhia txog cov niamtxiv/cov laus muaj cai, uas muaj cai yuav txais tej ntaub ntawv txog ntawm tus menyuum.

Kev Tso Rau: Qhia txog tias lub tsev kawm ntawv muaj cai tso tau tus menyuum mus tsev nrog cov niamtxiv/cov laus muaj cai.

TXOJ KEV CUV NPE KAWM NTAWV Chaw Nyob & Kev Txuas Lus



School or Program _____ Grade _____ School Year _____

OFFICE USE ONLY	STUDENT ID		BEGIN DATE (mm/dd/yyyy)	LAST LOCATION CODE	<input type="checkbox"/> NEW <input type="checkbox"/> ADDRESS CHANGE Move date: _____	<input type="checkbox"/> WARD OF THE STATE <input type="checkbox"/> HOMELESS	<input type="checkbox"/> SHARED-TIME <input type="checkbox"/> 504 <input type="checkbox"/> IEP
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> ADDRESS CHANGE	LEGAL <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6	RESIDENT DISTRICT	RESIDENT SCH	<input type="checkbox"/> RE-ENTRY <input type="checkbox"/> REVERSAL <input type="checkbox"/> TRANSFER <input type="checkbox"/> CHANGE OF PRIMARY	SAC	
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> ADDRESS CHANGE	LEGAL <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6	ACTION CODE <input type="checkbox"/> NW <input type="checkbox"/> EO <input type="checkbox"/> SP <input type="checkbox"/> OS <input type="checkbox"/> RO		HOME LANGUAGE	COMPLETED BY	

TXOG TUS MENYUAM (LUB NPE RAWLS LI NYOB RAU HAUV DAIM NTAWV THAUM MENYUAM YUG)

XEEM	NPE	MIDDLE NPE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	HNUB YUG (mm/dd/yyyy)	QIB YUAV KAWM
CHAW NYOB		Apt/Unit #	NROOG, XEEV		ZIP CODE
XOVTOOJ (PREFERRED PHONE)		TUS MENYUAM NROG LEEJTWG NYOB? KOS TXHUA QHOV UAS YOG <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> OTHER Relationship: _____			

NIAMTXIV YUG LOSSIS TUS TU QHOV CHAW NYOB #1

TIB YAM LI QHOV CHAW NYOB UAS TAU SAU SAUD

NPE RAWLS CAI	XEEM	NPE	MIDDLE NPE	KEV SIB TXHEEB <input type="checkbox"/> Father <input type="checkbox"/> Mother Other _____
<i>Qhov chaw nyob yog tias txawv ntawm tus menyuam</i>	CHAW NYOB	Apt/Unit #	NROOG, XEEV	ZIP CODE
XOVTOOJ NTAWM TES	<input type="checkbox"/> Nyob Nrog <input type="checkbox"/> Tso Cai Txuas Lus <input type="checkbox"/> Txoj Cai Kawm Ntawv	<input type="checkbox"/> Tso Cai Xa Ntawv <input type="checkbox"/> Kev Tso Rau <input type="checkbox"/> Muaj Kev Saib Xyuas	EMAIL	
HAUJLWM TUS XOVTOOJ	PUAS XAV TAU TUS NEEG TXHAIS LUS??		<input type="checkbox"/> Xav Tau	Xaiv Koj Yam Lus? <input type="checkbox"/> Tsis Xav Tau _____

NIAMTXIV YUG LOSSIS TUS TU QHOV CHAW NYOB #2

TIB YAM LI QHOV CHAW NYOB UAS TAU SAU SAUD

NPE RAWLS CAI	XEEM	NPE	MIDDLE NPE	KEV SIB TXHEEB <input type="checkbox"/> Father <input type="checkbox"/> Mother Other _____
<i>Qhov chaw nyob yog tias txawv ntawm tus menyuam</i>	CHAW NYOB	Apt/Unit #	NROOG, XEEV	ZIP CODE
XOVTOOJ NTAWM TES	<input type="checkbox"/> Nyob Nrog <input type="checkbox"/> Tso Cai Txuas Lus <input type="checkbox"/> Txoj Cai Kawm Ntawv	<input type="checkbox"/> Tso Cai Xa Ntawv <input type="checkbox"/> Kev Tso Rau <input type="checkbox"/> Muaj Kev Saib Xyuas	EMAIL	
HAUJLWM TUS XOVTOOJ	PUAS XAV TAU TUS NEEG TXHAIS LUS??		<input type="checkbox"/> Xav Tau	Xaiv Koj Yam Lus? <input type="checkbox"/> Tsis Xav Tau _____

TUS LAUS #2 (LWM TUS LAUS HAUV TSEV UAS MUAJ CAI SAIB TUS MENYUAM)

NPE RAWLS CAI	XEEM	NPE	MIDDLE NPE	KEV SIB TXHEEB <input type="checkbox"/> Father <input type="checkbox"/> Mother Other _____
<i>Qhov chaw nyob yog tias txawv ntawm tus menyuam</i>	ADDRESS- house number, street and directional	Apt/Unit #	NROOG, XEEV	ZIP CODE
XOVTOOJ NTAWM TES	<input type="checkbox"/> Nyob Nrog <input type="checkbox"/> Tso Cai Txuas Lus <input type="checkbox"/> Txoj Cai Kawm Ntawv	<input type="checkbox"/> Tso Cai Xa Ntawv <input type="checkbox"/> Kev Tso Rau <input type="checkbox"/> Muaj Kev Saib Xyuas	EMAIL	
HAUJLWM TUS XOVTOOJ	PUAS XAV TAU TUS NEEG TXHAIS LUS??		<input type="checkbox"/> Xav Tau	Xaiv Koj Yam Lus? <input type="checkbox"/> Tsis Xav Tau _____

ENROLLMENT Student Information



NPE RAWS CAI	XEEM	NPE	MIDDLE NPE	GENDER	HNUB YUG (mm/dd/yyyy)	QIB YUAV KAWM
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Cov Tubntxhais Muaj Hnub Nyoog rau Qib Pre-K lossis Qib Kindergarten

Koj tus menyuam puas tau ua tiav txoj kev kuaj ntsuas Early Childhood Screening rau kev kawm? Yes No

Yog Ua Lawm, rau lub tsev kawm ntawv lossis tsev kho mob twg _____

Yog Tsis Tau Ua, koj puas tsocai rau kev kuaj ntsuas, Early Childhoob Screening, rau koj tus menyuam? Yes No

Cov Tubntxhais Muaj Hnub Nyoog Kawm Ntawv

Thov kos txhua qhov uas muaj nyob rau cov tsev kawm ntawv yav dhau los:

- | | |
|--|--|
| <input type="checkbox"/> Gifted thiab Talented | |
| <input type="checkbox"/> Kev Pab Kawm Lus Askiv, English Language Support (EL, ELL, ESL) | <u>Rau Cov Tubntxhais Kawm Qib Secondary Xwb</u> |
| <input type="checkbox"/> Tus Social Worker hauv county lub npe thiab xovtooj _____ | <input type="checkbox"/> Kawm cov hoob Advanced placement |
| <input type="checkbox"/> Txoj Kevcai Kawm Raws Tus Qauv 504 Accommodation | <input type="checkbox"/> Raug ntes thiab tau ua kev txhaum lawm |
| <input type="checkbox"/> IEP (Individualized Education Plan) rau Txoj Kev Kawm Ntawv Tshwjxeeb - thov kos txhua qhov uas raug rau koj | <input type="checkbox"/> Raug Rho Tawm Hauv Tsev Kawm Ntawv Lawm qhov twg/thaum twg? _____ |
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Emotional/Behavior Disorders |
| <input type="checkbox"/> Developmental Cognitive Disability | <input type="checkbox"/> Other Health Disabilities |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Physically Impaired |
| <input type="checkbox"/> Deaf – Hard of Hearing | <input type="checkbox"/> Specific Learning Disabilities |
| | <input type="checkbox"/> Speech/Language Impairments |
| | <input type="checkbox"/> Severely Multiple Impaired |
| | <input type="checkbox"/> Traumatic Brain Injury |
| | <input type="checkbox"/> Visually Impaired |
| | <input type="checkbox"/> Raug Rho tawm Hauv Tsev Kawm Ntawv Ib Ntus Tamsim No Lawm qhov twg/thaum twg? _____ |

Koj tus menyuam puas xav tau lwm yam kev pab ntxiv rau ib yam twg raws li hauv qab no?

- | | | |
|--|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Math | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Attendance | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Family Change | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Credit Recovery | <input type="checkbox"/> Kev txhawjxeeb rau kev siv tshuaj chemical | <input type="checkbox"/> Lwm yam _____ |

Thov sau txhua lub tsev kawm ntawv yav dhau los uas koj tus menyuam tau kawm lawm (sau lub tom qab tshajplaws rov mus rau lub xubthawj).

CHEEBTSAM TSEV KAWM NTAUWV	TSEV KAWM NTAUWV	LUB LAV	QIB KAWM	HNUB TAWM

TXOJ KEV CUV NPE KAWM NTAWV Hais Txog Tsev Neeg



NPE RAWS CAI	XEEM	NPE	MIDDLE NPE	GENDER	BIRTH DATE (mm/dd/yyyy)	KEV SIB TXHEEB
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Koj tus menyuam yug nyob lub tebchaws twg? _____

Koj tus menyuam puas tau kawm nyob rau hauv ib lub public school nyob tebchaws no dua li? Yes No
 Yog tias TSIS TAU, thawj hnuv uas koj tus menyuam pib kawm rau hauv ib lub public school nyob tebchaws no yog hnuv twg? _____

Koj tus menyuam pos tau kawm ntawv rau hauv Minnesota cov cheebtsam tsev kawm ntawv yav tas los? Yes No

Koj tus menyuam pos tau kawm ntawv hauv ISD 279 - Osseo Area Schools yav tas los? Yes No

Puas yog txoj kev ua haujlwm liaj teb ib ntus raws ciaj lossis haujlwm nuv ntsees ua rau koj yuav tsum tau tshais chaw thiab hloov chaw kawm ntawv? Yes No

VAJTSEV NYOB (McKINNEY - VENTO)

Puas yog koj nyob nrog lwm tus lossis lwm tsev neeg vim koj tsis muaj tsev, poob haujlwm lossis vim ib yam dabtsi? Yes No

Puas yog koj nyob hauv hotel, motel, lossis tom ib lub camp vim tsis muaj tsev nyob? Yes No

Puas yog koj nyob hauv ib qhov chaw vim kev ti tes ti taw, cov chaw so ib ntus, hauv lub tsheb, tom tej parks, tej chaw hauv zejzog lossis tej chaw zoo li no? Yes No

Tus menyuam pos yog ib tug hauv tsevneeg ua tubrog? (*Ntsiab lus nyob nplooj ntawv 2*) Yes No

Yog no, tus ua tubrog pos tabtom mus lossis yuav mus ua tubrog rau xyoo no? Yes No

Tej zaum tsev kawm ntawv txais tau cov ntawv thiab xa lus ua nej yam lus thiab. Nej xav txais yam lus dabtsis?

- English Hmong (Hmoob Dawb) Spanish (Español) Vietnamese (Tiếng Việt) Somali

COV NUSMUAG KAWM NTAWV UAS YAU DUA 21 XYOOS

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE (mm/dd/yyyy)	GRADE	SCHOOL
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			

Niamtxiv/Tus Laus Raws Cai

Kuv ua povthawj qhia tias kuv yog niam yog txiv lossis yog tus laus muaj cai (legal guardian) saib tus menyuam uas tau cuv npe nyob rau hauv daim ntawv no thiab muaj cai puv npho sawvcev tus menyuam los ua thiab xa daim ntawv no, raws li txhua yam cai hauv lub xeev Minnesota no. Tsis tas li ntawd xwb, kuv ua timkxawv tias txhua yam tau sau rau hauv daim ntawv cuv npe no tau ua tiav thiab muaj tseeb raws li yam kuv paub, txhua yam muaj, thiab raws li kuv ntseeg muaj.

Niamtxiv/Tus Laus Muaj Cai Sua Npe Kom Meej _____

Niamtxiv/Tus Laus Muaj Cai Suam Npe _____ Date _____

TXOJ KEV CUV NPE KAWM NTAWV KEV THOV COV NTAUB NTAWV RECORDS



Thov xa cov ntaub ntawv tom tsev kawm ntawv tuaj rau: DATE: _____ LUB XYOO KAWM
NTAWV _____

MENYUAM LUB NPE _____
(Xeem) (Npe) (Middle Npe)

HOOB _____ HNUB YUG _____ GENDER M F
(Qib kawm nimno) (Hlis/Hnub/Xyoo)

Cov ntaub ntawv yog xa los ntawm:

TSEV KAWM YAVTAS _____

CHAW NYOB _____
Nroog Xeev Zip

TUS XOVTUOJ _____ TUS FAX _____

EMAIL _____

Thov tso cov no nrog rau:

- Daim Ntawv Teev Cov Qhabee lossis Phau Ntawv Muaj Cov Cumulative Txhua Yam Tibsi** (hnub yug, niamtxiv/cov laus muaj cai lub npe, chaw nyob, cov hnub tuaj kawm ntawv, cov hoob tau kawm lawm, daim ntawv qhia tej qhabnee, tus qhabnee hauv nruab nrab, qib thaum nrho npe tsis kawm ntawv, thiab cov qhabnee rau kev xeem ntawv)
- Tej Kev txhaj Tshuaj Tivthaiv thiab qhov Health Plans Kho Mob** thiab lwm yam ntaub ntawv txog kev noj qab haus huv
- Tej Ntaub Ntawv Ntawm Kev Kawm Ntawv Tshwjxeeb:** Daim IEP Tamsim No, Kev Ntsuas Xyuas thiab Tej Ntaub Ntawv Txog Qhabnee
- Txoj Kevcai 504 plan thiab Daim Ntawv uas Qhia Tias Yeej Muaj Cai Txais Kev Pab,** yog muaj
- Cov Ntaub Ntawv Txog Kev Kawm EL: Daim WIDA, Daim ACCESS** lossis lwm yam kev xeem lus Askiv lossis cov qhabnee los ntawm kev kuaj ntsuas
- Txhuayamntaubntawvtxogmenyuamkevqhuabntuas** - Raws li nomtswv thiab lub lav txoj cai, ib lub cheebtsam tsev kawm ntawv uas xa ib tug menyuam cov ntaub ntawv rau ib lub cheebtsam tsev kawm ntawv uas tus menyuam yuav mus kawm rau yuav tsum xa cov ntawv kev qhuabntuas (discipline) uas tsev kawm ntawv tau txiav txim/rau txim rau thiab lwm yam kev txiav txim rau txhua yam kev txhaum tus menyuam tau ua tsis raws cai hauv tsev kawm ntawv thiab lwm yam kev txhaum tau ua lawm.

(Sau Niamtxiv Yug Lub Npe/Tus Laus Uas Muaj Cai Lub Npe) _____

(Suam Npe Los Ntawm Niamtxiv Yug/Tus Laus Uas Muaj Cai) _____ Date _____

Raws li kev hloov ntawm nomtswv thiab lub lav kev cai, sau ntawv los ntawm niamtxiv yug lossis tus laus uas muaj cai saib tsis tas yuav saib ntawv thiaj li xa tau cov ntawv (records) mus rau lub tsev kawm ntawv tshiab uas menyuam xav mus kawm.

Thov mua xa email tuaj (xav kom ua li no) lossis fax cov ntaub ntawv mus rau:

Osseo Area Schools #279 Enrollment Center
7051 Brooklyn Blvd.
Brooklyn Center, MN 55429-1371
Fax: 763-585-7368
EnrollmentCenter@district279.org

Osseo Area Schools #279 Enrollment Center Special Education Records (763) 585-7372 7051 Brooklyn Blvd.
Brooklyn Center, MN 55429-1371
Fax: 763-585-7368
SpecialEducationRecords@district279.org

EMERGENCY CONTACT/AUTHORIZED PICKUPS/HEALTH HISTORY FORM



OFFICE USE ONLY		STUDENT ID	NOTES				
NPE RAWS CAI	XEEM		NPE	MIDDLE NPE	GENDER	HNUB YUG (mm/dd/yyyy)	QIB YUAV KAWM

NIAMTXIV YUG/TUS LAUS UAS MUAJ CAI SAIB/LWM TUS LAUS uas nyob nrog tus menyuam

LEGAL NAME	XEEM	NPE	MIDDLE NPE	KEV SIB TXHEEB
XOVTOOJ HAUV TSEV		XOVTOOJ NTAWM TES		HAUJLWM TUS XOVTOOJ
LEGAL NAME	XEEM	NPE	MIDDLE NPE	KEV SIB TXHEEB
XOVTOOJ HAUV TSEV		XOVTOOJ NTAWM TES		HAUJLWM TUS XOVTOOJ
PRIMARY EMAIL ADDRESS - Please list only one		TUS KHO MOB/CHAW KHO MOB LUB NPE	YAM INSURANCE POLICY RAU KEV KHO MOB	TUS KHO MOB/CHAW KHO MOB TUS XOVTOOJ

LWM TUS YOG MUAJ KEV TI TES TI TAW/KEV TSO CAI TUAJ TOS - yog tau tso ob tug neeg

LEGAL NAME	XEEM	NPE	MIDDLE NPE	KEV SIB TXHEEB
XOVTOOJ HAUV TSEV		XOVTOOJ NTAWM TES		HAUJLWM TUS XOVTOOJ
LEGAL NAME	XEEM	NPE	MIDDLE NPE	KEV SIB TXHEEB
XOVTOOJ HAUV TSEV		XOVTOOJ NTAWM TES		HAUJLWM TUS XOVTOOJ
LEGAL NAME	XEEM	NPE	MIDDLE NPE	KEV SIB TXHEEB
XOVTOOJ HAUV TSEV		XOVTOOJ NTAWM TES		HAUJLWM TUS XOVTOOJ

TXHUA YAM KEEBKWM TXOG KEV MOB NKEEG RAU KEV NOJ QAB HAUS HUV

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING OF THE FOLLOWING CHRONIC CONDITIONS? Check all that apply	<input type="checkbox"/> ADD/ADHA <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Hearing Loss <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hepatitis <input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Sickle Cell/Disease Trait <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Vision Loss <input type="checkbox"/> Wheelchair Type_____
TUS MENYUAM POS MUAJ ALLERGIES? SAU COV ALLERGIES: <input type="checkbox"/> Yes <input type="checkbox"/> No			
TUS MENYUAM POS MUAJ EPI-PEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Epi-Pen (Prescribed)-will be kept in the nurse's office	<input type="checkbox"/> Epi-Pen (Prescribed)-student will self-carry their Epi-pen
TUS MENYUAM POS MUAJ ASTHMA? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Inhaler/Neb (Prescribed)-will be kept in the nurse's office	<input type="checkbox"/> Inhaler-student will self-carry their inhaler
TUS MENYUAM POS TAU PW HAUV TSEV KHO MOB VIM MOB, RAUG PHAIS, LOSSIS RAUG MOB? YOG TAU, THOV PIAV: <input type="checkbox"/> Yes <input type="checkbox"/> No			
TUS MENYUAM POS NOJ TSHUAJ? YOG NOJ, SAU COV TSHUAJ: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Kev Tsocai thaum Muaj Xwm Ceev, Kev Noj Qab Haus Huv, thiab MIIC

Qhov kuv suam npe rau hauv qab no, yog kuv ua povhawj tias tagrho txhua yam ntawv sau tas yeej meej thiab nws yog kuv lub luag haujlwm qhia rau tsev kawm ntawv paub yog tias muaj tej yam kev hloov twg.

Tej yam no tau muab sau tseg rau kuv tus menyuam txoj kev noj qab haus huv thiab kev nyabxees thiab yuav tsis pub qhia rau leej twg paub, tsuas pub qhia rau cov uas tsim nyog "yuav tsum paub" xwb lossis rau cov neeg pab thaum muaj xwm ceev xwb.

Kuv tso cai rau tsev kawm ntawv hu thiab pomzoo rau tus neeg ua tau kev tso cai lawm, thaum muaj xwm ceev, tuaj tos kuv tus menyuam yog hais tias hu tsis tau kuv. Yog tias hu tsis tau kuv lossis tus neeg tau pomzoo no thaum muaj xwm ceev, kuv tso cai rau tsev kawm ntawv tshawb nrhiav txhua yam kev pabcuam (xws li rau kev mob kheeg, kev kuaj hniav, lwm yam) rau kuv tus menyuam, kuv mam yog tus them tej nqi.

Ntxiv li ntawd, kuv pomzoo thiab tso cai rau cov neeg ua haujlwm nyob rau hauv ISD 279 saib tau thiab kho kuv tus menyuam tej ntaub ntawv rau Minnesota Immunization Information Connection (MIIC) dua tshiab. Kuv totaub tias txoj kev cuv npe rau kuv tus menyuam kawm ntawv yuav tsis tiav yog nws cov ntaub ntawv txog txoj kev txhaj tshuaj tivthaviv no tsis tiav.

(Suam Npe Los Ntawm Niamtxiv Yug/Tus Laus Uas Muaj Cai) _____

Name Printed _____ Date _____