



EDGERTON PUBLIC SCHOOLS

"Flying Dutchmen"

PO Box 28, 423 FIRST AVENUE WEST EDGERTON, MN. 56128 PHONE:
507-442-7881 FAX: 507-442-8541



Keith Buckridge
Superintendent/PK-5 Principal
kbuckridge@edgertonpublic.com

Brian Gilbertson
6-12 Principal
bgilbertson@edgertonpublic.com

Eric Schultz
Athletic Director
eschultz@edgertonpublic.com

March 2, 2025

Dear Parents/Guardians,

Edgerton Public Elementary School is excited to welcome you and your child to Kindergarten Round-Up, which will be held on **Monday, March 16, and Tuesday, March 17.**

During your visit, you will have the opportunity to meet our teachers, tour the kindergarten classroom and school, learn about a typical kindergarten day, and ask any questions you may have. This time also allows our teachers to begin learning about your child's strengths and individual needs as we prepare for a successful start to the school year.

Children who will be enrolling in kindergarten at Edgerton Public for the 2026–2027 school year will participate in a 15-minute session with a parent or guardian. To schedule your appointment, please visit:

<https://www.myconferencetime.com/edgerton/> and select *Kindergarten Round-Up*.

If you do not have internet access or need assistance scheduling, please call the school office at 507-442-7881. Appointment times are scheduled on a first-come, first-served basis, so we encourage you to sign up early to secure your preferred time.

Please enter the school through Kindergarten Door #14, located on the northeast side of the building along Main Street.

We look forward to meeting you and your child! If your child will not be attending kindergarten at Edgerton Public this fall, please let us know. If you have any questions or need assistance, feel free to contact the school office at the number listed above.

Sincerely,

Keith Buckridge
Elementary Principal/Superintendent

Checklist (For those that are new to our district and/or your child did not attend our preschool program)

Please have these items filled out before you attend your child's Kindergarten Round-Up time. Also, please remember to bring a copy of your child's birth certificate.

- Student Enrollment Form
- Ethnic and Racial Demographic Designation Form
- Medical and Non-Medical Exemptions
- Student Health Record Information
- Immunization Form
- Bring a copy of your child's birth certificate

Checklist (For those that attended the Little Dutchmen Preschool)

- No forms needed unless changes have occurred. If so, please fill out the appropriate form.

PARENT AND/OR LEGAL GUARDIAN INFORMATION

Student Lives With: Both Parents _____ Father _____ Mother ___ Other _____

PRIMARY LEGAL PARENT/GUARDIAN

Legal Name _____ Relationship _____
(Last) (First) (M.I.)

Home Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

This will be used for school communication including newsletters

Employer _____ Employer Phone _____

PRIMARY LEGAL PARENT/GUARDIAN

Legal Name _____ Relationship _____
(Last) (First) (M.I.)

Home Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

This will be used for school communication including newsletters

Employer _____ Employer Phone _____

CENSUS INFORMATION

List brothers, sisters, and other children living in same household

Name _____ DOB _____ Grade _____ Gender: Male / Female

Name _____ DOB _____ Grade _____ Gender: Male / Female

Name _____ DOB _____ Grade _____ Gender: Male / Female

Name _____ DOB _____ Grade _____ Gender: Male / Female

PARENT'S SIGNATURE _____ DATE _____

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*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> 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*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal 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 _____

Print/Save

Edgerton School District 581 Nurses

Renee Krosschell, RN, BAN, PHN

Cell: 507-220-1369

Email: rkrosschell@edgertonpublic.com

Carmen Fey, RN, BSN, PHN

Cell: 507-360-2457

cfey@edgertonpublic.com

Dear Parents,

Minnesota's School Immunization Law requires children to have documentation of certain immunizations before starting school. Immunization requirements for kindergarten are listed on the enclosed information. Please read carefully so when your child is seeing a medical provider, you can be sure to get all of the necessary immunizations during that medical visit.

If your child will not receive any of these immunizations for medical reasons or because of your conscientiously held beliefs, written proof of exemption is required. Exemption information is included on the enclosed forms.

If your child has attended preschool in Edgerton, we have those immunizations on file with the school district. We will then just need kindergarten shot updates prior to school starting.

Also enclosed is a Student Health Information Form that we would like to have completed for all incoming kindergartners.

If you need any additional assistance or have questions, please do not hesitate to call.

Thank you!

Your District Nurses,

Mrs. Krosschell and Mrs. Fey

Updated 3-2-26

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 \(www.cdc.gov/vaccines/imz-schedules/index.html\)](https://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 \(www.health.state.mn.us/people/immunize/miic/records.html\)](https://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 \(www.health.state.mn.us/people/immunize/basics/kids.html\)](https://www.health.state.mn.us/people/immunize/basics/kids.html)

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.

- 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.
- 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)		
Pneumococcal (PCV)		
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)

STUDENT HEALTH RECORD INFORMATION

Edgerton School District 581

Today's Date	
--------------	--

Student's Name	Student's Date of Birth	Current Grade
Student's Address		
Father's Name	Father's Phone Number	
Mother's Name	Mother's Phone Number	

STUDENT HEALTH RECORD INFORMATION		
All student health information should be obtained through parents/guardians. It is unlawful for us to obtain any health information from a medical provider without your consent. Please share information that will help us keep your child safe while at school.		
Does the student wear glasses?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Comments:
Does the student wear contact lenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Comments:
Does the student have hearing issues?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Comments:
Does/has the student had tubes in their ears?	<input type="checkbox"/> YES (CURRENT) <input type="checkbox"/> IN PAST <input type="checkbox"/> NO	Comments:
Is the student prone to ear infections?	<input type="checkbox"/> YES (CURRENT) <input type="checkbox"/> IN PAST <input type="checkbox"/> NO	Comments:
Has the student had any broken or fractured bones?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Comments:
Has the student had any surgeries?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Comments:
Does the student have epilepsy (seizures)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what type?
		If yes, is it well controlled?
Does the student have diabetes?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how old were they when they were diagnosed?
		If yes, how is it managed? (meters, pods, shots, etc.)
		If yes, is it well controlled?
Does the student have any allergies? (foods, medications, insect bites, environmental)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what are they allergic to and what is the reaction?
Does the student have an Epi-Pen?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, will the student carry it in their backpack or will it be kept at school in the office?

<p>Does the student have asthma?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, what triggers the asthma?</p>	
	<p>If yes, is it well controlled?</p>	
<p>Does the student have an inhaler?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, will the student carry it in their backpack?</p>	
<p>Does the student take any medications on a regular basis?</p> <p>It is important for the nurse to be aware of all medications taken, even if it is not taken at school, as it may affect treatment of a child if they become ill at school.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes...</p> <p>Medication name _____</p> <p>Medication dose _____ Frequency (when is it taken) _____</p> <p>Reason for taking medication _____</p>	
	<p>Medication name _____</p> <p>Medication dose _____ Frequency (when is it taken) _____</p> <p>Reason for taking medication _____</p>	
<p>Does the student have any other health conditions or health related concerns that the nurse needs to be aware of?</p> <p>(cardiac/heart issues, bowel/GI issues, implanted devices, ADHD, learning issues, etc.)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Comments:</p>	

INFORMED CONSENT

By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, hepatitis B, and hepatitis C. Although serious injuries are not common, and the risk of disease transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risks. Participants must obey all safety rules, report all physical hygiene problems, and follow directions from teachers/coaches. Please notify a supervisor of any equipment malfunction that might cause harm/injury.

Thank you for sharing this information. We care about your child's health and well-being. Please contact us if you have any questions or concerns.

Edgerton School District 581 Nurses

Renee Krosschell, RN, BAN, PHN

Cell: 507-220-1369

Email: rkrosschell@edgertonpublic.com or nurse@edgertonpublic.com

Carmen Fey, RN, BSN, PHN

Cell: 507-360-2457

Email: cfey@edgertonpublic.com or nurse@edgertonpublic.com

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____ Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<input type="text"/>	
Meningococcal (MCV4)				<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: 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: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them 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. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

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

This document was acknowledged before me on _____ (date) by _____ (name of parent or guardian)

Notary Signature: _____

Notary Stamp

STATE OF MINNESOTA, COUNTY OF _____

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

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