



# EARLY CHILDHOOD

ONE91

## ONE91 PRESCHOOL PLUS 2026-2027 APPLICATION

**Children must be 33 months by September 1, 2026.**

No transportation is available.

This is a unique, 2-day per week opportunity for parents and children to experience preschool together. Preschool Plus emphasizes learning through play and social emotional development. Each child progresses at their own pace, and independent toileting skills are not required. Sibling care is offered during the parent-child day in the afternoon class only. Please specify if needed.

**Classes are held 2 days per week on Tuesdays and Thursdays. Choose morning or afternoon.**

\_\_\_\_\_ Preschool Plus Mornings 9:30-11:30 am \_\_\_\_\_ Preschool Plus Afternoon 12:30-2:30 pm

Sibling Care requested (Thursday afternoons during Preschool Plus, \$25/month)  Yes  No

Space is limited. Complete the fee agreement and documentation form to determine your monthly payment. Return all documents to the preschool enrollment office at Diamondhead Education Center, fax to 952-707-4140, or email all forms and supporting documents to [preschool@isd191.org](mailto:preschool@isd191.org). Families will be notified by email of their child's placement.

Child's Full Name \_\_\_\_\_ Gender  Male  Female

Parent Name \_\_\_\_\_ Home/Cell Ph \_\_\_\_\_

Home Address \_\_\_\_\_ District Resident?  Yes  No

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Email Address \_\_\_\_\_

If applying for sibling care during Parent/Child Day:

Sibling Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender  Male  Female

All items required for this packet must be submitted to process your application.	Office Use
<b>Included in this packet to complete for students:</b>	
One91 Preschool Plus Application	
Fee Documentation and Agreement Form (with sliding fee scale)	
Family Information Form	
Student Information Form	
Ethnic and Racial Demographic Designation Form	
Minnesota Language Survey	
<b>Parents must also provide:</b>	
Birth Certificate	
Immunization Record	
Proof of Residency (Utility Bill addressed to parent, or copy of Lease Agreement)	
Proof of Income (Acceptance Letter of Qualified Service, or Income Tax Statement)	



## ISD 191 Fee Agreement and Documentation Form 2026-2027

### Income Documentation for Financial Assistance

You have two options for verifying your income. Choose only one of the two options.

**OPTION 1 – Provide a copy of your most recent program statement or invoice that your child(ren) is currently participating in one of the following public assistance programs below. If you qualify for one of these programs, please see level 1 about price.**

- |  |   |
|--|---|
| <input type="checkbox"/> Minnesota Family Investment Program (MFIP)  | <input type="checkbox"/> Child Care Assistance Program (CCAP) |
| <input type="checkbox"/> Free and Reduced-Price Lunch Program (FRLP) | <input type="checkbox"/> Food Support (SNAP)                  |
| <input type="checkbox"/> Child and Adult Care Food Program (CACFP)   |   |

*(If you choose Option 1 to verify income, please skip Option 2.)*

**OPTION 2 – To qualify for fee levels 1, 2, 3 and 4 provide proof of all income for each member of your household, including yourself, other parent or legal guardians (no proof required for level 5). All sources of income require proof of income (evidence). Proof of income may include a recent tax form, W-2 form, financial aid statement or a statement from your employer on company letterhead. Pay stubs are not accepted.**

**Out of district residents will pay the monthly fee listed under Level 5 of the graph below. No proof of income is necessary.**

### Preschool Plus Family Yearly Gross Income Table

Family Size	Income Level 1	Level 2	Level 3	Level 4	Level 5*
2	\$0-\$23,999	\$24-\$47,999	\$48-\$72,000	\$72-\$97,000	\$97,000 +
3	\$0-\$29,999	\$30-\$59,999	\$60-\$90,000	\$90-\$120,000	\$120,000 +
4	\$0-\$34,999	\$35-\$69,999	\$70-\$105,000	\$105-\$140,000	\$140,000 +
5+	\$0-\$39,999	\$40-\$79,999	\$80-\$120,000	\$120-\$160,000	\$160,000 +
<b>2-Day Preschool Plus</b>	<b>\$31</b>	<b>\$44</b>	<b>\$63.</b>	<b>\$94</b>	<b>\$125</b>
<b>Monthly Fee for Preschool Plus Sibling Care on Parent/Child Day (per child) \$25</b>					

### Payment Agreement

By signing this form, you are authorizing ISD 191 to debit your account for your tuition payment on the 15<sup>th</sup> of each month for a total of nine tuition payments beginning September 15, 2026, with the final payment due in May of 2027. This authority will remain in effect unless you cancel it in writing. **Please provide a credit or debit card with an expiration date after June of 2027.**

Monthly Payment \$\_\_\_\_\_

**All families enrolled in the Diamondhead program must register in the system prior to your child's first day of school.** Here's how to register:

- 1- Complete the registration before your child's first day of school.
- 2- Go to <https://isd191.arux.app/> to create an account for yourself (parent).
- 3- Under Relationships, enter your child's information.
- 4- Enter a valid method of payment (expiration date for the credit card must be no sooner than June of 2027). You will be enrolled in an automatic payment system.



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 <input type="checkbox"/> F <input type="checkbox"/>		
				M <input type="checkbox"/> F <input type="checkbox"/>		
				M <input type="checkbox"/> F <input type="checkbox"/>		
				M <input type="checkbox"/> F <input type="checkbox"/>		
				M <input type="checkbox"/> F <input type="checkbox"/>		
				M <input type="checkbox"/> F <input type="checkbox"/>		
				M <input type="checkbox"/> F <input type="checkbox"/>		
				M <input type="checkbox"/> F <input type="checkbox"/>		

**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 <input type="checkbox"/>	Yes <input type="checkbox"/>
Are you currently a homeowner?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Are you currently renting?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you share a household with another family or friends?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Are you living at one of the following? <input type="checkbox"/> Hotel or motel <input type="checkbox"/> Emergency Shelter / Transitional Housing <input type="checkbox"/> Unsheltered (cars parks, campgrounds, temporary)		

How did you hear about 191 schools?
<input type="checkbox"/> From a friend or family <input type="checkbox"/> Google search <input type="checkbox"/> Social Media <input type="checkbox"/> Postcard / flyer in the mail <input type="checkbox"/> Print / Newspaper <input type="checkbox"/> Other:

**Student Legal Name as listed on birth record.**

<b>Student First Name</b>	<b>Student Last Name</b>	<b>Middle Name</b>	<b>Student ID</b>
<b>Date of Birth</b>	<b>Grade Level</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Birth Country</b>	<b>Birth City</b>		

**Please answer the following questions regarding the student.**

Has the student moved to the United States from another country?	No <input type="checkbox"/> Yes <input type="checkbox"/>	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 <input type="checkbox"/> Yes <input type="checkbox"/>	

**Educational History**

If entering Kindergarten, has your child received an early childhood screening?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, where?
Has your child ever attended District ONE91 Schools?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, where?
Has your child attended another Minnesota Public School?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, where?

Does this student participate in special services or programs?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the student have a current IEP?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does this student have a current 504 Plan?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does this student participate in English Learner Services?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Does your child participate in (check all that apply)	Honors Courses	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Accelerated Courses	No <input type="checkbox"/> Yes <input type="checkbox"/>
	AVID	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Other	No <input type="checkbox"/> Yes <input type="checkbox"/>

If other, please list here:
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**Please provide previous school attended information for the past two years.**

School Name	City / State	Country	Grade	School Year Attended

<b>Transportation</b>	
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 <input type="checkbox"/> Yes <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>

**Student Health Information**

Asthma	No <input type="checkbox"/> Yes <input type="checkbox"/>
Diabetes	No <input type="checkbox"/> Yes <input type="checkbox"/>
Seizures	No <input type="checkbox"/> Yes <input type="checkbox"/>
Hearing Concerns	No <input type="checkbox"/> Yes <input type="checkbox"/>
Vision Concerns	No <input type="checkbox"/> Yes <input type="checkbox"/>

Other Medical Conditions (e.g. ADD/ADHD, surgeries, emotional concerns, GI issues, etc.) **PLEASE ENTER N/A IF DOES NOT APPLY-**

Allergies (e.g. bee stings, food, latex, pollen, etc.) **PLEASE ENTER N/A IF DOES NOT APPLY-**

List ALL Medications- **PLEASE ENTER N/A IF DOES NOT APPLY-**

Special Diet Restrictions (e.g. gluten, dairy, fruit, etc.) **PLEASE ENTER N/A IF DOES NOT APPLY-**

**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>**

<b>Physician/Clinic Name (optional)</b>	<b>Phone #</b>

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 \_\_\_\_\_

## 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.<sup>1</sup>

*[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/

Unknown

Ecuadorian

Puerto Rican

Spanish-American

*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.*

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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**Question 2. Is the student American Indian from South or Central America?**

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**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.<sup>1</sup>

**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.

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**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.<sup>1</sup>

**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.

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**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.<sup>1</sup>

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

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**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.<sup>1</sup>

**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	
<b>Student's Full Name:</b> (Last, First, Middle)	<b>Birthdate or Student ID:</b>

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

\* 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.



# CONSENT TO RELEASE EDUCATIONAL DATA

1 <sup>st</sup> Request: _____	Office Use:	2 <sup>nd</sup> Request: _____
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## STUDENT INFORMATION

Student First Name	Student Last Name	Middle Name
Date of Birth	Grade Level	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

## 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 Statute 120A.22 Subd. 7(c).

## PLEASE RELEASE RECORDS TO THE DESIGNATED ISD 191 SCHOOL:

	School Name:	Email	Phone	Fax
<input type="checkbox"/>	ONE91 Virtual Academy Elementary	191va-elementary@isd191.org	952.707.2900	
<input type="checkbox"/>	Edward Neill Elementary	edwardneill@isd191.org	952.707.3100	952.707.3102
<input type="checkbox"/>	Gideon Pond Elementary	gideonpond@isd191.org	952.707.3000	952.707.3002
<input type="checkbox"/>	Harriet Bishop Elementary	harrietbishop@isd191.org	952.707.3900	952.707.3902
<input type="checkbox"/>	Hidden Valley Elementary	hiddenvalley@isd191.org	952.707.3800	952.707.3802
<input type="checkbox"/>	Rahn Elementary	rahn@isd191.org	952.707.3600	952.707.3602
<input type="checkbox"/>	Sky Oaks Elementary	skyoaks@isd191.org	952.707.3700	952.707.3702
<input type="checkbox"/>	Vista View Elementary	vistaview@isd191.org	952.707.3400	952.707.3402
<input type="checkbox"/>	William Byrne Elementary	williambyrne@isd191.org	952.707.3500	952.707.3502
<input type="checkbox"/>	Eagle Ridge Middle School	eagleridge@isd191.org	952.707.2808	952.707.2802
<input type="checkbox"/>	Nicollet Middle School	nicollet@isd191.org	952.707.2608	952.707.2602
<input type="checkbox"/>	ONE91 Virtual Academy Middle School	191va-elementary@isd191.org	952.707.2808	952.707.2802
<input type="checkbox"/>	Burnsville High School	bhsrecords@isd191.org	952.707.2108	email only
<input type="checkbox"/>	Burnsville Alternative High School	bahs@isd191.org	952.707.4020	952.707.4024
<input type="checkbox"/>	ONE91 Virtual Academy High School	191va-secondary@isd191.org	952.707.2108	email only
<input type="checkbox"/>	District Enrollment Center	enrollmentcenter@isd191.org	952.707.4180	952.707.4181

Parent/Guardian Signature	Date
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Designated School District Staff (if parent signature not obtained)	Date
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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 \(www.cdc.gov/vaccines/imz-schedules/index.html\)](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.

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](http://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 1<sup>st</sup> 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](http://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](http://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](http://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>