



One91 Voluntary Prekindergarten(VPK) 2026-27 Full-Day at Diamondhead 4-year old Application

One91 Full Day Prekindergarten takes place at Diamondhead Education Center.
Families will be notified via email of student acceptance into 2026-27 VPK in late spring.

Children must be 4 years old by September 1, 2026
Children must be toilet trained.

Complete an Early Childhood Screening (required prior to start date). To make an appointment visit communityed.191.org/early-childhood/preschool pick your day and time.

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

Include:

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

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

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

School is held 5 days per week, Monday through Friday. Class meets 9 a.m.-3:30 p.m. There will be occasional Mondays off for early childhood staff professional development and meetings; a calendar is included in this application.

Student Name

Date of Birth

Please specify below if you will need wrap-around care before and/or after class.

Before Care Only
\$350/month

After Care Only
\$350/month

Before and After Care
\$650/month

Full day fills up quickly. Please Indicate your second option for half day VPK at your neighborhood school.

First Choice: AM PM

Second Choice: PM AM

Parent/Guardian Signature _____ Date _____

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

Diamondhead Education Center • 200 W Burnsville Parkway, Suite 100 (lower level) • Burnsville, MN 55337



Toilet Training Requirement for Preschool

For our program:

- Children must wear underwear.
- Pull-ups or diapers are not permitted.
- A child who has daily toileting accidents is not considered toilet trained.

Why is toilet training required?

- Independent toileting supports children's confidence, dignity, and readiness for a group learning environment.
- Our classrooms are not equipped for diapering or pull-up changes and must follow strict health and safety regulations.
- When a staff member is occupied with changing soiled clothing, it reduces supervision and learning time for all children.

What does "toilet trained" mean?

A toilet-trained child is able to:

- Communicate the need to use the restroom before needing to go
- Pause activities and go to the bathroom when needed
- Pull clothing down and back up independently
- Wipe after using the toilet (minimal assistance may be provided for 3-year-olds)
- Get on and off the toilet independently
- Wash and dry hands
- Wait briefly if the bathroom is occupied or if the class is away from the room

Teachers will regularly prompt children to use the restroom and provide appropriate support, but children are expected to complete toileting tasks with independence.

Accidents

We understand that even fully toilet-trained children may have occasional accidents, especially in a new environment. Accidents are considered infrequent and unusual events. In these situations:

- Teachers will assist children with changing clothes while encouraging independence
- Parents will be notified the same day

Please dress your child in clothing they can manage independently and send a complete, seasonally appropriate change of clothes to be kept at school and returned at the end of the year.

If your child is on an Individualized Education Plan (IEP), this may not apply.

Si su hijo/a tiene un Plan de Educación Individualizado (IEP), es posible que esto no aplique.
Haddii ilmahaagu ku jiro Qorshe Waxbarasho Shakhsiyeed (IEP), tani laga yaabee inaanay ku khusayn.



Adjustment period

We recognize that children reach this milestone at different times. Families will be allowed up to four (4) weeks from the first day of school for their child to demonstrate consistent toileting independence.

If, after this period, a child continues to have frequent or daily toileting accidents, and the situation is not manageable within the classroom setting, staff will meet with parents to discuss next steps.

A child will not be considered toilet trained for our preschool program if frequent toileting accidents continue beyond the four-week adjustment period.

By signing, you understand that if your child is not potty trained, they will not be accepted in programming and/or may not be able to continue programming until they have learned this skill.

Parent or Guardian Signature _____ Date _____

If your child is on an Individualized Education Plan (IEP), this may not apply.
Si su hijo/a tiene un Plan de Educación Individualizado (IEP), es posible que esto no aplique.
Haddii ilmahaagu ku jiro Qorshe Waxbarasho Shakhsiyeed (IEP), tani laga yaabee inaanay ku khusayn.



Late Pick-Up Policy

To ensure the safety of all children and to respect staff work hours, One91 Community Education has established the following Late Pick-Up Policy for Early Childhood Programs.

Late Pick-Up Fees

Families will be charged a late fee of \$10 for each five-minute segment after the scheduled end of their child's school day.

- Payment will be collected by our Early Childhood Office.
- If pick-up occurs after office hours, the late fee will be assessed to the family's account and payment will be due the next business day when the child returns to school.

Repeated Late Pick-Ups

Frequent or habitual late pick-ups may result in additional action, which could include a conference with program administration and/or changes to enrollment status.

Questions

If you have questions regarding this policy, please contact the Community Education Early Childhood Office at 952-707-4110.

Scheduled Pick-Up Times by Program on the back side



Preschool Plus AM <ul style="list-style-type: none">• Pick-up time: 11:30 am	Preschool Plus PM <ul style="list-style-type: none">• Pick-up time: 2:30 pm
---------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

3–5 Preschool AM <ul style="list-style-type: none">• Pick-up time: 12:00 pm (noon)	3–5 Preschool PM <ul style="list-style-type: none">• Pick-up time: 3:55 pm
---------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

Full-Day Pre-K (Diamondhead) <ul style="list-style-type: none">• Pick-up time: 3:30 pm	Full-Day Pre-K with Wrap-Around Care <ul style="list-style-type: none">• Pick-up time: 5:30 pm
-------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

VPK at Elementary Schools AM <ul style="list-style-type: none">• Pick- up time: 12:00 pm (noon)	VPK at Elementary Schools PM <ul style="list-style-type: none">• Pick- up time: 3:55 pm
----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

By signing, you understand that you will be charged for late pick ups.

Parent or Guardian Signature _____ Date _____



Voluntary Prekindergarten (VPK) Qualification Form

(For students 4 years of age by September 1, 2026)

Dear Parent/Guardian,

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

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

<u>A. Statutory VPK Eligibility Criteria</u>	<u>B. ISD 191 School District At-Risk Criteria</u>
<p data-bbox="240 926 776 989"><input type="checkbox"/> Check here if your student qualifies for any of the listed at risk criteria below:</p> <ul data-bbox="256 1031 797 1808" style="list-style-type: none">• Qualifies for free or reduced-priced meals• Household income less than or equal to 67 percent of the state median income, adjusted for family size, and meets the requirements of section 119B.05; receive MFIP assistance; and are participating in employment and training services under chapter 256J; Minnesota \$125,645 \$39,201 \$51,263 \$63,325 \$75,387• Student is an English language learner as defined by section 124D.59, subdivision 2• Is American Indian• Family has experienced homelessness in the last 24 months, as defined under the federal McKinney-Vento Homeless	<p data-bbox="860 919 1396 982"><input type="checkbox"/> Check here if your student qualifies for any of the listed at risk criteria below:</p> <ul data-bbox="876 1024 1404 1801" style="list-style-type: none">• Student has not had a preschool experience in 191 educational programs• No previous experience in an any Early Childhood programming• Shortage of childcare in the area• Lives in rural area further than 5 miles from the school• Student referred for Special Education but does not qualify for direct services• Student has 504 Plan• Student has an IEP• Student has a disability• Student has vision impairment• Student has hearing impairment• Student has one or more developmental delays

<p>Assistance Act, United States Code, title 42, section 1143a</p> <ul style="list-style-type: none"> ● Student was identified as having a potential risk factor that may influence learning through health and developmental screening under sections 121A.16 to 121A.19 ● Student is in foster care; is in kinship care, including children receiving Northstar kinship care assistance under chapter 256N; or is in need of child protection services ● Student has a parent who is a migrant or seasonal agricultural laborer under section 181.85 ● Parent who is, or has been, incarcerated 	<ul style="list-style-type: none"> ● Student knows fewer than 18 uppercase letters in English ● Student knows fewer than 15 lowercase letters in English ● Student knows fewer than 5 letter sounds in English ● Parent/s with high school diploma or less for an educational background ● Parent/s experiencing under employment or unemployment ● Parent/s with history of substance abuse ● Parent/s physically or mentally disabled ● Family dysfunction ● Family does not own a home ● Student is a member of a historically underrepresented minority group ● Family experiencing a divorce or separation ● Student resides in a single parent household ● Student comes from a single child household ● Multiple students from the same family in childcare causing financial hardship for families to afford program ● Lack of reliable transportation ● Student qualifies for county services and support ● Other: Parent/s or guardians met with 191 Early Childhood staff to identify other factors categorized as at-risk for their student and family
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



2026-2027 VPK Sliding Fee Scale

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

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

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



Future Ready. Community Strong.

Enrollment Checklist

School Year _____

The following checklist is provided to assist you in gathering and completing all information that is needed to successfully enroll your child. Please complete one registration packet per child and return all documents to the Early Childhood Programs office in person, by email preschool@isd191.org, or fax 952-707-4140.

Student Name _____

School _____

Item and Description	Required	Office Use
ONE91 Registration Form Includes: 1. Checklist 2. Family Information form 3. Student Information form 4. Ethnic/Racial Demographic Designation Form 5. Minnesota Language Survey 6. Consent to Release Educational Information 7. Digital Equity Survey 8. Additional Form Descriptions	X	
Proof of Legal Name and Birth Date – e.g. birth certificate, passport, I-94 or hospital birth record, etc	X	
Proof of Residency – e.g. home purchase agreement, rent/lease agreement or utility bill	X	
Pupil Immunization Record – State or Health Care Provider form	X	
Proof of Income – tax statement or acceptance letter from one of the assistance programs listed on fee agreement	X	
Pupil Immunization Conscientious Objection		
Additional Forms		
Application for Educational Benefits (completed annually)		
Early Childhood Screening		
Student Child Care Information		
Statewide Open Enrollment Form		
Variance Request Form		
Custody or Parenting Plan Documents		
Guardianship / Foster Documents: Required when enrolling guardian is not the birth parent.		
District Communication Log (for office use only)	Student ID:	
	Start:	
	School:	
	Grade:	
	Last Loc:	
	OE: Y / N	
	Var: Y / N	
	Intake:	
Data Entry:		

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.

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

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:

Please provide previous school attended information for the past two years.				
School Name	City / State	Country	Grade	School Year Attended

Transportation	
If eligible, does your student require transportation? *NOTE – Students in grades 9-12 MUST opt in online for transportation. See additional form descriptions page for more information.	No <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>

Physician/Clinic Name (optional)	Phone #

Minnesota Statutes and rules require the school district to keep accurate and updated records for all students. All data on this form is confidential and will only be shared with authorized district personnel. The information will become a part of the student’s permanent cumulative record. Certain information, known as “directory information”, is available to the public unless the district receives a written request from a legal guardian indicating otherwise.

I understand that I may refuse to provide the requested information and acknowledge that by doing so, school personnel may be unable to contact me in the event of an emergency and as a result will contact 911. I verify that all information provided is accurate to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

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/

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.

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 [Go to Signature.]

No [Go to Signature.]

Parent(s)/Guardian Name _____

Date _____

Parent(s)/Guardian Signature _____

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

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



CONSENT TO RELEASE EDUCATIONAL DATA

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

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
---------------------------	------

Designated School District Staff (if parent signature not obtained)	Date
---------------------------------------------------------------------	------

In accordance with MN State Statute 120A.22 Subd. 7(a), written permission of the parent/guardian is not necessary in the transfer of records to a school in which the student intends to enroll.

Are Your Kids Ready?

Child Care and Early Childhood Programs Immunization Law

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

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

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

Recommended but not required for child care or early childhood programs

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

<https://www.isd191.org/enroll/application-for-educational-benefits>

Early Childhood Screening: Required for Kindergarten or 1st grade entry. This can be completed anytime between the ages of 3-7. You may schedule an appointment by calling 952-707-4117 or completing the online form at:

<https://communityed.isd191.org/early-childhood/early-childhood-screening>

Student Child Care Information: If your student attends a before- or after-school childcare program, such as Project KIDS, Kindercare, or any other individual provider any day of the week during the school year, please complete the Childcare Information Form. To complete the online google form click here:

<https://www.isd191.org/discover/departments/transportation>

Paper forms are available at the Enrollment Center or on the Transportation webpage at: www.isd191.org

Transportation for Students in Grades K-8

District 191 provides safe and efficient transportation to special education students, and regular education students who qualify:

- Grades K–5 students who live 1 mile or more from school
- Grades 6–12 students who live 1.5 miles or more from school

The walking distance is defined as the shortest distance from the child’s residence by public walkway, street or highway to the assigned entrance of the school the student attends as measured by the District’s computerized GIS map.

Once enrolled, transportation will automatically be setup for students who qualify. Busing information can be viewed in your ParentVue Account under the Student Information section.

High School Transportation for Students in Grades 9-12

All District 191 students in grades 9-12 will be **required** to opt-in (register) to receive transportation to and from school. Students who are not registered will not receive transportation. You may register for transportation at anytime during the school year.

You may complete the online form by clicking the Opt In button on the transportation website:

<https://www.isd191.org/discover/departments/transportation>

MyStop App: District 191 Transportation uses a service called MyStop, a system that uses GPS to track all Burnsville-Eagan-Savage School District 191 buses and shares that information through a website.

The service provides parents and students with a better idea of where a bus is along its route and about what time it will arrive at their stop. Parents and students can log in to the website by downloading the MyStop app (android or iOS) to a smartphone or tablet. They can view a map of their specific bus route, an approximate location of the bus, and an estimated arrival time at their bus stop. <https://www.isd191.org/discover/departments/transportation/mystop>

Statewide Open Enrollment Form: Used to request enrollment into a District ONE91 school when living outside of District ONE91's boundary area. Paper forms are available at the Enrollment Center or on the Enrollment webpage at:

www.isd191.org/enroll

Variance Request Form: Used to request enrollment into a District ONE91 school other than the school serving your residential area.

Paper forms are available at the Enrollment Center or on the Enrollment Center webpage at: www.isd191.org/enroll

Guardianship/Foster Documents: To ensure the safety and security of our students these documents are required when the enrolling parent/guardian is not the birth parent. Please provide the Enrollment Center with supporting documentation stating you are the legal custodial guardian for the student you are registering along with a photo ID.

Custody or Parenting Plan: If there is a current custody or parenting plan in place for the student you are registering please provide a copy to the Enrollment Center. This helps to ensure the safety and security of our students in the school they will be attending.

ParentVue: All parents in ONE91 will have access to create a ParentVue account in which they will be able to view their student's information online or on the mobile app. A valid email address must be on file in order for your account to be activated. If you do not receive your activation code once your student is enrolled, you may email the ParentVue team and they can assist you.
parentvue@isd191.org

Meal Accounts and Payments: When a student registers in District 191, the Food and Nutrition Services department creates a meal account for the student with a unique personal identification number (PIN). The student enters this PIN into a keypad at the cashier station in the cafeteria to pay for meals and a la carte foods and beverages. Students keep the same PIN from year to year while enrolled in the district. Your child's school will inform them of their PIN number. Student PIN numbers can also be found in your ParentVue account under Other Information

Pay Online: Depositing money into accounts is best accomplished using [PayPAMS](#). It takes between 24 and 72 hours to get funds into the student account at the school. There is no fee to parents/guardians for using the online payment system.

<https://paypams.com/>

Pay by Check: Checks may also be sent to school with your student and placed in the check deposit box or given to the Food Service Manager. Checks should be made out to ISD 191 Food Service. Please write the name of the student and their PIN on the memo line of your check. Cash may also be sent with your student; however, we discourage this practice.

Medication Authorization:

All medications require:

- A physician's authorization.
- Written permission from parent/guardian.
- Come in the original prescription bottle or over the counter packaging.

To download the form go to: <https://www.isd191.org/discover/departments/health-services>