



Bert Raney Elementary School
555 7th Avenue
Granite Falls, MN 56241

Mrs. Hansen, Elementary Principal
320-564-4081, x114
lhansen@isd2190.org

Pre-school - 5th Grade Request for Records

STUDENT INFORMATION

Name: _____

Birthdate (MM/DD/YYYY): _____ Current Grade: _____ Start Date at BRE: _____

PREVIOUS SCHOOL INFORMATION

Name of School: _____

School Address/City/State/Zip: _____

Phone: _____ Fax: _____

PLEASE FAX OR EMAIL THE FOLLOWING ITEMS

- MARSS number _____
- Pre-school screening records
- Special Education records/ 504 plans
- Teacher, counselor, staff observations/reports
- Immunization record & pertinent health information
- Attendance record
- Discipline record
- MCA testing results or other standardized tests
- Report card
- Current class schedule/exit grades, if leaving in the middle of a grading period
- Other: _____

Attention: Nicole Kotek, Administrative Assistant

Email: nkotek@isd2190.org

Fax: 320-564-4781

Phone: 320-564-4081 x114

BIOLOGICAL PARENT/LEGAL GUARDIAN

Printed Name _____

Signature _____ Date _____

Bert Raney Elementary
555 7th Avenue
Granite Falls, MN 56241
BRE Office: 320-564-4081 x114
District Fax: 320-564-4781



STUDENT'S LEGAL NAME: Last, First, Middle (full)

Legal Gender: ___ Male ___ Female Date of Birth (mm/dd/yyyy): _____ Grade Entering: _____

Country/City/State of Birth: _____

Please provide a copy of the student's birth certificate.

STUDENT'S PRIMARY HOUSEHOLD:

Note: Please notify the school office and provide legal documentation if there is a custodial concern.

Student lives with (circle all that apply): **Mother** **Father** **Step-Parent** **Foster-Parent** **Other:** _____

Note: If the primary home address is outside YME District 2190, complete the General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education which may be obtained from the BRE office.

Parent/Guardian's Name:	Second Parent/Guardian's Name (if applicable):
Street Address:	Mailing Address (if different):
City:	State/Zip Code:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email Address:	Email Address:

STUDENT'S SECONDARY HOUSEHOLD (if applicable, will be included in all (e)mailings):

Parent/ Guardian's Name:	Second Parent/Guardian's Name (if applicable):
Street Address:	Mailing Address (if different):
City:	State/Zip Code:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email Address:	Email Address:

Cultural liaisons are available upon request. Los enlaces culturales están disponibles para ayudar a las familias que lo soliciten.

Turn over to complete, sign, and date registration. 

MCKINNEY VENTO HOMELESS EDUCATION ASSISTANCE ACT QUESTIONS:

Presently, are you and/or your family living in any of the following situations?

(Please check all that apply as you may be eligible for support.)

- ☐ Staying in a shelter (family, domestic or youth) or FEMA trailer
☐ Waiting for foster care placement
☐ Sharing the housing of others due to loss of housing, economic hardship or similar reason
☐ Living in a car, park, campground, abandoned building, or other inadequate accommodation
☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
☐ Living alone as a minor student without an adult (unaccompanied youth)

EARLY LEARNING INFORMATION:

Has your child completed Preschool Screening? Yes ☐ No ☐

If yes, where and what year? _____

Has your child attended any of the following:

☐ ECCE Classes ☐ Head Start ☐ Preschool ☐ Other? _____

SPECIAL EDUCATION SERVICES INFORMATION: Does your child have an IEP? Y/N

If yes, which services have they received or are they currently receiving? Please circle all that apply.

Learning Disabled

Emotional/Behavioral

Speech/Language

Hearing Impaired

Vision Impaired

Occupational/Physical Therapy

ADDITIONAL EDUCATIONAL SERVICES INFORMATION: Please circle all that apply.

504 Plan

Gifted & Talented

English Language Learner (ELL)

Title Support

Other: _____

CENSUS: Please list all other children in the student's household

Full Legal Name	Date of Birth (mm/dd/yyyy)	Gender	Grade	Enrolling at BRE (Y/N)

EMERGENCY CONTACT INFORMATION:

This information is being collected to provide for the student's health and safety at school. In the event of an emergency, if the school is unable to reach the parent/guardian, the school will secure emergency services (medical, dental, paramedic, ambulance) for the student, at the parent/guardian's expense. It is the parent's responsibility to update the school with any changes of address, phone numbers and emergency release contacts.

1. Emergency Contact's Full Name/Relationship to Student:	2. Emergency Contact's Full Name/Relationship to Student:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

BIOLOGICAL PARENT/LEGAL GUARDIAN

I certify the information given is true and complete to the best of my knowledge.

Printed Name _____ Signature _____ Date _____

Minnesota Language Survey

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

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

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	
2. My student speaks:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	
3. My student understands:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	
4. My student has consistent interaction in:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

Encuesta sobre los Idiomas de Minnesota

Minnesota es el hogar de hablantes de más de 100 idiomas diferentes. La capacidad de hablar y entender varios idiomas es valorada. La información que usted proporcione será utilizada por el distrito escolar para ver si su estudiante es multilingüe. En Minnesota, los estudiantes que son multilingües pueden calificar para un sello multilingüe tras una previa evaluación. Además, la información que usted provea determinará si su estudiante debe tomar una prueba de habilidad del idioma inglés. Basado en los resultados de la prueba, su estudiante puede tener derecho a instrucción de desarrollo del idioma inglés. **El acceso a la instrucción es requerido por la ley federal y estatal. Como padre o tutor, usted tiene el derecho de rechazar la instrucción de clases de Aprendiz de Inglés (English Learner) en cualquier momento.** Cada estudiante que se matricula debe recibir la Encuesta sobre los Idiomas de Minnesota durante la inscripción. La información solicitada en este formulario es importante para poder servir a su estudiante. Su ayuda para completar la Encuesta sobre los Idiomas de Minnesota es muy apreciada.

Información del estudiante	
Nombre completo del estudiante: (Apellido, Nombre, Segundo Nombre)	Fecha de nacimiento o identificación del estudiante:

	Marque la frase que mejor describe a su estudiante:	Indique el (los) idioma (s) aparte del inglés en el espacio provisto:
1. Mi estudiante primero aprendió:	☐ idioma(s) aparte del inglés. ☐ inglés e idioma(s) aparte del inglés. ☐ solo inglés.	
2. Mi estudiante habla:	☐ idioma(s) aparte del inglés. ☐ inglés e idioma(s) aparte del inglés. ☐ solo inglés.	
3. Mi estudiante entiende:	☐ idioma(s) aparte del inglés. ☐ inglés e idioma(s) aparte del inglés. ☐ solo inglés.	
4. Mi estudiante tiene una interacción consistente con:	☐ idioma(s) aparte del inglés. ☐ inglés e idioma(s) aparte del inglés. ☐ solo inglés.	

El uso del lenguaje por sí solo no identifica a su estudiante como aprendiz de inglés. Si se indica un idioma que no sea el inglés, se evaluará a su hijo para determinar el dominio del idioma inglés.

Información del padre/tutor	
Nombre del padre/tutor (en letra de imprenta):	
Firma del padre/tutor	Fecha:

* Todos los datos en este formulario son privados. Solo se compartirán con el personal del distrito que necesite dicha información para atender mejor a su estudiante y para los informes requeridos legalmente sobre el idioma del hogar y elegibilidad del servicio al Departamento de Educación de Minnesota. En el distrito y en el Departamento de Educación de Minnesota, esta información no se compartirá con otras personas o entidades, excepto si están autorizadas por ley estatal o federal para acceder a la información. El cumplimiento de esta solicitud de información es voluntario.

Minnesota Language Survey
Spanish

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select "yes" or "no" to this question.]

☐ **Yes** *[If yes, go to Question A.]*

☐ **No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| ☐ Decline to indicate | ☐ Guatemalan | ☐ Salvadoran | ☐ Other Hispanic/Latino |
| ☐ Colombian | ☐ Mexican | ☐ Spaniard/Spanish/
Spanish-American | ☐ Unknown |
| ☐ Ecuadorian | ☐ Puerto Rican | | |

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

☐ **Yes** *[If yes, go to Question 1a.]*

☐ **No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| ☐ Decline to indicate | ☐ Cherokee | ☐ Other North American Indian Tribal Affiliation |
| ☐ Anishinaabe/Ojibwe | ☐ Dakota/Lakota | ☐ Unknown |

Go to Question 2.

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
- ☐ Asian Indian
- ☐ Burmese

- ☐ Chinese
- ☐ Filipino
- ☐ Hmong

- ☐ Karen
- ☐ Korean
- ☐ Vietnamese

- ☐ Other Asian
- ☐ Unknown

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
- ☐ African-American
- ☐ Ethiopian-Oromo

- ☐ Ethiopian-Other
- ☐ Liberian
- ☐ Nigerian

- ☐ Somali
- ☐ Other black
- ☐ 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 _____

Yellow Medicine East Migrant Survey

Today's Date _____

Parent/Guardian _____

Mother's Name _____

Address _____

Phone _____

Student _____

Grade _____

ID # _____

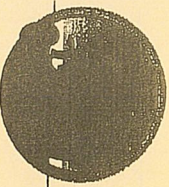
Date of Birth _____

Teacher _____

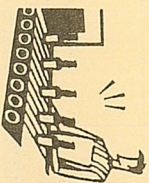
In the past 3 years have you or anyone in your family ***moved*** (city, state or school district) so that you or a family member could ***seek*** or ***obtain*** seasonal / temporary agricultural work?

YES _____ NO _____ Not Sure _____

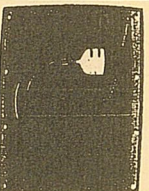
If your answer is YES, please place a check in the appropriate box that best describes the work that was done (or sought) in



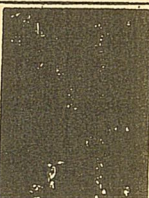
Fruit, vegetable, soybeans, sunflower, cotton, wheat, grain, sugarcane, agricultural farms, ranches, fields, and vineyards.

☐


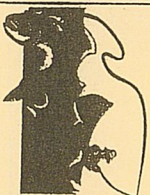
Food warehouse, processing plant or canneries, packing sheds, elevator and fertilizer plant, alfalfa mill.

☐


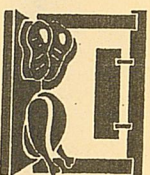
Dairies

☐


Poultry Farms

☐


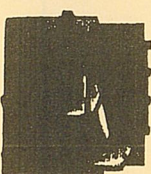
Fisheries

☐


Slaughter Houses, Beef, Pork, Poultry

☐


Forestry industry, Plant Nurseries and Orchards.

☐


Hauling from field to silo/ elevator, agricultural products (corn)

☐

Write
Type
Of
Work:

☐

Yellow Medicine East

Encuesta de Migrantes

Today's Date _____

Padre/Guardián

Fecha

Domicilio

Teléfono

Estudiante

Grado

ID #

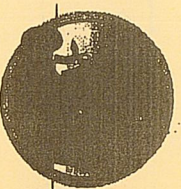
Fecha de Nacimiento

Profesor

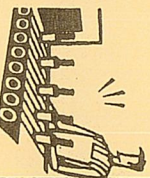
¿Se ha ***cambiado de domicilio*** (cuidad, estado o distrito escolar) usted o alguien de su familia durante los últimos tres años para ***buscar*** o ***hacer trabajos temporarios de agricultura***?

Sí _____ No _____ No Se _____

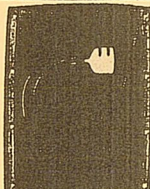
Si su respuesta es Sí por favor de indicar abajo marcando el cuadrito que mejor describa el trabajo que se hizo o se busco en



Fruta, verdura, sojas, girasol, algodón, trigo, grano, sugarbeets (remolachas), granjas agrícolas, ranchos, campos, y viñedos.

☐


Depósito de alimentos, procesando planta, fábricas de conservas, embalando cobertizos, elevador y planta de fertilizante, alfalfa, molino.

☐


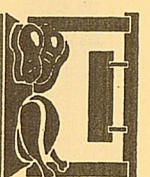
Lecherías

☐


Pollerías

☐


Industria pescadera o en el recinto de camarones.

☐


Casas de Matanza, Carne de pollo, pavo, puerco (cerdo), res (vaca), ave.

☐


La industria forestal, Invernaderos de plantas o árboles.

☐

Otro tipo de empleo:

☐
☐

BERT RANEY ELEMENTARY FIELD TRIP PERMISSION FORM

All grades participate in various field trips, Intergenerational activities, end of year picnics, etc., during the course of the school year. Classroom teachers will inform you of the date/time these events will occur. Rather than send a permission slip with your child each time, please sign below giving permission for your child to participate in school sponsored activities that occur off the school property. (Certain events, such as overnight camps, will require additional parent permission signature forms which you will receive at that time.)

I hereby give my child, _____ permission to participate in
(Student's first and last name)
school sponsored field trips/activities that require him/her to leave the school grounds either by bus, car, or by walking. I understand all activities will be supervised by the classroom teacher and/or other adult supervisors and I will not hold the school or those supervising the experience responsible for accidents/injuries. If such an incident would occur, I give permission to administer first aid.

Parent/Guardian Signature

Date

BERT RANEY ELEMENTARY PICTURE/VIDEO PERMISSION

During the course of the school year, classroom teachers, student teachers, and/or the local newspaper reporters may need to photograph students while on field trips or while working on special projects. Students may also be videotaped in any of these settings. Pictures and videos may be published in the newspaper, District Newsletter, student yearbook, on the school district's and teacher websites, in the local classroom and in classrooms at Southwest Minnesota State University, partner school for teacher training. If you have questions, please contact our office.

Please indicate by checking "yes" or "no" whether or not you give permission for the above named child for the following:

My child may be videotaped or photographed for classroom/newspaper/yearbook use.	Yes _____	No _____
My child's work may be published on the school website.	Yes _____	No _____
My child's first name or initials may be used on the school website.	Yes _____	No _____
My child may be included in a group photo on the school website.	Yes _____	No _____

Parent/Guardian Signature

Date

***These agreements will remain in effect for the duration of your child's enrollment at BRE.
If your preference should ever change, please contact the elementary school office.***

