

KEV CUV NPE KAWM NTAWV RAU Osseo Area Schools

MENYUAM

Cov Ntaub Ntawv Yuav Tsum Tau Ua

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

Cov Ntawv Povthawj Yuav Tsum Muaj

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



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



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

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

7051 Brooklyn Blvd, Brooklyn Center, MN 55429
(763) 585-7350 enrollmentcenter@district279.org

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



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

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

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

HAIS TXOG VAJTSEV NYOB

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

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

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

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

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

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

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

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

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



School or Program _____ Grade _____ School Year _____

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

TXOG TUS MENYUAM (LUB NPE RAW S LI NYOB RAU HAU V DAIM NTAWV THAUM MENYUAM YUG)

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

NIAMTXIV YUG LOSSIS TUS TU QHOV CHAW NYOB #1

☐ TIB YAM LI QHOV CHAW NYOB UAS TAU SAU SAUD

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

NIAMTXIV YUG LOSSIS TUS TU QHOV CHAW NYOB #2

☐ TIB YAM LI QHOV CHAW NYOB UAS TAU SAU SAUD

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

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

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

ENROLLMENT Student Information



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

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

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

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

Cov Tubntxhais Muaj Hnub Nyoog Kawm Ntawv

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

☐ Gifted thiab Talented

☐ Kev Pab Kawm Lus Askiv, English Language Support (EL, ELL, ESL)

☐ Tus Social Worker hauv county lub npe thiab xovtoo

☐ Txoj Kevcai Kawm Raws Tus Qauv 504 Accommodation

☐ **IEP (Individualized Education Plan) rau Txoj Kev Kawm Ntawv Tshwjxeeb - thov kos txhua qhov uas raug rau koj**

☐ Autism Spectrum Disorders

☐ Developmental Cognitive Disability

☐ Developmental Delay

☐ Deaf – Hard of Hearing

☐ Emotional/Behavior Disorders

☐ Other Health Disabilities

☐ Physically Impaired

☐ Specific Learning Disabilities

Rau Cov Tubntxhais Kawm Qib Secondary Xwb

☐ Kawm cov hoob Advanced placement

☐ Raug ntes thiab tau ua kev txhaum lawm

☐ Raug Rho Tawm Hauv Tsev Kawm Ntawv Lawm qhov twg/thaum twg? _____

☐ Raug Rho tawm Hauv Tsev Kawm Ntawv Ib Ntus Tamsim No Lawm qhov twg/thaum twg? _____

☐ Speech/Language Impairments

☐ Severely Multiple Impaired

☐ Traumatic Brain Injury

☐ Visually Impaired

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

☐ Reading

☐ Behavior

☐ Speech/Language

☐ Credit Recovery

☐ Math

☐ Attendance

☐ Family Change

☐ Kev txhawjxeeb rau kev siv tshuaj chemical

☐ Writing

☐ Social Skills

☐ Mental Health

☐ Lwm yam _____

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

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

TXOJ KEV CUV NPE KAWM NTAUV Hais Txog Tsev Neeg



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

Koj tus menyuam puas tau kawm nyob rau hauv ib lub public school nyob tebchaws no dua li? Yes ☐ No ☐

Yog tias TSIS TAU, thawj hnuv uas koj tus menyuam pib kawm rau hauv ib lub public school nyob tebchaws no yog hnuv twg? _____

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

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

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

VAJTSEV NYOB (McKINNEY - VENTO)

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

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

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

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

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

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

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

COV NUSMUAG KAWM NTAUV UAS YAU DUA 21 XYOOS

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE (mm/dd/yyyy)	GRADE	SCHOOL
			☐ Male ☐ Female			
			☐ Male ☐ Female			
			☐ Male ☐ Female			
			☐ Male ☐ Female			
			☐ Male ☐ Female			
			☐ Male ☐ Female			

Niamtxiv/Tus Laus Raws Cai

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

Niamtxiv/Tus Laus Muaj Cai Sua Npe Kom Meej _____

Niamtxiv/Tus Laus Muaj Cai Suam Npe _____ Date _____

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



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

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

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

Cov ntaub ntawv yog xa los ntawm:

TSEV KAWM YAVTAS _____

CHAW NYOB _____
Nroog Xeev Zip

TUS XOVTUOJ _____ TUS FAX _____

EMAIL _____

Thov tso cov no nrog rau:

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

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

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

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

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

Osseo Area Schools #279 Enrollment Center

7051 Brooklyn Blvd.

Brooklyn Center, MN 55429-1371

Fax: 763-585-7368

EnrollmentCenter@district279.org

Osseo Area Schools #279 Enrollment Center Special

Education Records (763) 585-7372 7051 Brooklyn Blvd.

Brooklyn Center, MN 55429-1371

Fax: 763-585-7368

SpecialEducationRecords@district279.org

EMERGENCY CONTACT/AUTHORIZED PICKUPS/HEALTH HISTORY FORM



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

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

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

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

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

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

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

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

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

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

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

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

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

Name Printed _____ Date _____

Lub Xeev Minnesota Luj Kev Hais Lus

Lub xeev Minnesota yog qhov chaw nyob rau cov neeg hus tshaj li ntawm 100 hom lus uas sib txawv. Txoj kev txawj hais thiab nkag siab ntau hom lus yeej saib muaj nqis. Cov xov uas koj qhia tuaj yuav raug siv los cov tsev kawm ntawv koj soj ntsuam saib koj tus tub/ntxhais kawm ntawv puas txawj ntau hom lus. Nyob rau hauv lub xeev Minnesota, cov tub/ntxhais kawm ntawv uas txawj ntau hom lus kuj yuav tsim nyog tau lub kas Txawj Ntau Hom Lus (Multilingual Seal) thaum luj mus ntxiv. Txuas ntxiv, cov xov uas koj qhia yuav paub tau hais tias saib koj tus tub/ntxhais puas tsim nyog tau mus xeeb saib puas txawj lus Meskas txaus. Nyob ntawm saib txoj kev xeeb mus tau zoo li cas, tej zaum koj tus tub/ntxhais kawm ntawv kuj yuav tsim nyog tau kev qhia kom txawj lus Meskas. **Kev tau txais kev qhia mas muaj kev cai tswj los ntawm cov cai hauv tej chaws meskas thiab hauv lub xeev. Yog niam/txiv los yog tus neeg muaj cai tswj, koj muaj cai tsis kam txais txoj kev Qhia Lus Meskas thaum twg los tau.** Txhuas tus tub/ntxhais kawm ntawv uas muaj npe yuav tsum tuaj luj lub xeev Minnesota Cov Lus (Minnesota Language Survey) thaum kawm ntawv. Cov xov uas thov kom qhia nyob rau daim ntawv no yog cov xov tseem ceeb koj peb pab tau koj tus tub/ntxhais kawm ntawv. Koj txoj kev pab koom tes los teb cov lus txog kev luj (Minnesota Language Survey) mas muaj kev ua tsaug heev.

Xov Txog Tus Tub/Ntxhais Kawm Ntawv	
Tus Tub/Ntxhais Lub Npe: (Xeeb, Npe, Nrub Nrab)	Hnub Yug los yog Tus Lej Cim ID:

	Khij qhov uas qhia meej tshaj txog koj tus tub/ntxhais kaw ntawv:	Qhia cov lus dhau li ntawm lus Meskas rau qhov no:
1. Kuv tus tub/ntxhais kawm ntawv xub xyaum hom lus:	____ cov lus uas tsis yog lus Meskas. ____ Meskas thiab lwm hom lus uas tsis yog lus Meskas. ____ lus Meskas xwb.	
2. Kuv tus tub/ntxhais hais hom lus:	____ cov lus uas tsis yog lus Meskas. ____ Meskas thiab lwm hom lus uas tsis yog lus Meskas. ____ lus Meskas xwb.	
3. Kuv tus tub/ntxhais nkag siab hom lus:	____ cov lus uas tsis yog lus Meskas. ____ Meskas thiab lwm hom lus uas tsis yog lus Meskas. ____ lus Meskas xwb.	
4. Kuv tus tub/ntxhais yeej sib txuas lust as mus li yam siv hom lus:	____ cov lus uas tsis yog lus Meskas. ____ Meskas thiab lwm hom lus uas tsis yog lus Meskas. ____ lus Meskas xwb.	

Cov lus nws siv nkaus tsis qhia tau hais tias nws yog tus tub/ntxhais kawm lus Meskas. Yog hais tias hais lwm hom lus es tsis yog lus Meskas, koj tus tub/ntxhais kawm ntawv yuav coj mus xeeb tus xeeb saib puas txawj lus Meskas.

Xov Txog Niam/Txiv/Tus neeg Muaj Cai Tswj	
Niam/Txiv/Tus neeg Muaj Cai Tswj Lub Npe (sau):	
Niam/Txiv/Tus neeg Muaj Cai Tswj Kos Npe:	Hnub:

* Txhua covxov no yuav ceev tsis pub lwm tus pom. Tsuas yog muab qhia rau cov neeg ua hauj lwm hauv tsev kawm ntawv kom los pab tau koj tus tub/ntxhais kawm ntawv thiab kom qhia raws txoj kev cai hais txog hom lus siv hauv tsev thiab tau txais cov kev pab kom tsim nyog los ntawm chav Minnesota Department of Education. Nyob tom tuam tsev kawm ntawv thiab tom chav Minnesota Department of Education, cov xov no yuav tsis qhia rau cov tib neeg los yog lwm cov koos haum, yuav tsum yog tau kev tso cai los ntawm lub xeeb los yog teb chaws meskas. Ua raws li txoj kev thov no mas yus yeem yus xwb.

Lub Xeev Minnesota Luj Kev Hais Lus

Lub xeev Minnesota yog qhov chaw nyob rau cov neeg hus tshaj li ntawm 100 hom lus uas sib txawv. Txoj kev txawj hais thiab nkag siab ntau hom lus yeej saib muaj nqis. Cov xov uas koj qhia tuaj yuav raug siv los cov tsev kawm ntawv koj soj ntsuam saib koj tus tub/ntxhais kawm ntawv puas txawj ntau hom lus. Nyob rau hauv lub xeev Minnesota, cov tub/ntxhais kawm ntawv uas txawj ntau hom lus kuj yuav tsim nyog tau lub kas Txawj Ntau Hom Lus (Multilingual Seal) thaum luj mus ntxiv. Txuas ntxiv, cov xov uas koj qhia yuav paub tau hais tias saib koj tus tub/ntxhais puas tsim nyog tau mus xeeb saib puas txawj lus Askiv txaus. Nyob ntawm saib txoj kev xeeb mus tau zoo li cas, tej zaum koj tus tub/ntxhais kawm ntawv kuj yuav tsim nyog tau kev qhia kom txawj lus Askiv. Kev tau txais kev qhia mas muaj kev cai tswj los ntawm cov cai hauv tej chaws meskas thiab hauv lub xeev. Yog niam/txiv los yog tus neeg muaj cai tswj, koj muaj cai tsis kam txais txoj kev Qhia Lus Askiv thaum twg los tau. Txhuas tus tub/ntxhais kawm ntawv uas muaj npe yuav tsum tuaj luj lub xeev Minnesota Cov Lus (Minnesota Language Survey) thaum kawm ntawv. Cov xov uas thov kom qhia nyob rau daim ntawv no yog cov xov tseem ceeb koj peb pab tau koj tus tub/ntxhais kawm ntawv. Koj txoj kev pab koom tes los teb cov lus txog kev luj (Minnesota Language Survey) mas muaj kev ua tsaug heev.

Xov Txog Tus Tub/Ntxhais Kawm Ntawv	
Tus Tub/Ntxhais Lub Npe: (Xeem, Npe, Npe Nrub Nrab)	Hnub Yug los yog Tus Lej Cim ID:

	Khij qhov uas qhia meej tshaj txog koj tus tub/ntxhais kaw ntawv:	Qhia cov lus dhau ntawm lus Askiv rau ntawm qhovv no:
1. Hom lus kuv tus/ntxhais pib kawm ua ntej tshab yog:	☐ Ib hom lus ua tsis yog Askiv. ☐ Askiv thiab lwm hom lus ua tsis yog Askiv. ☐ lus Askiv xwb.	
2. Kuv tus tub/ntxhais hais:	☐ Ib hom lus ua tsis yog Askiv. ☐ Askiv thiab lwm hom lus ua tsis yog Askiv. ☐ lus Askiv xwb.	
3. Kuv tus tub/ntxhais to taub/nkag siab:	☐ Ib hom lus ua tsis yog Askiv. ☐ Askiv thiab lwm hom lus ua tsis yog Askiv. ☐ lus Askiv xwb.	
4. Kuv tus tub/ntxhais feem ntau hais:	☐ Ib hom lus ua tsis yog Askiv. ☐ Askiv thiab lwm hom lus ua tsis yog Askiv. ☐ lus Askiv xwb.	

Cov lus nws siv nkaus tsis qhia tau hais tias nws yog tus tub/ntxhais kawm lus Askiv. Yog hais tias hais lwm hom lus es tsis yog lus Askiv, koj tus tub/ntxhais kawm ntawv yuav coj mus xeeb tus xeeb saib puas txawj lus Askiv.

Xov Txog Niam/Txiv/Tus neeg Muaj Cai Tswj	
Niam/Txiv/Tus neeg Muaj Cai Tswj Lub Npe (sau):	
Niam/Txiv/Tus neeg Muaj Cai Tswj Kos Npe:	Hnub:

* Txhua covxov no yuav ceeb tsis pub lwm tus pom. Tsuas yog muab qhia rau cov neeg ua hauj lwm hauv tsev kawm ntawv kom los pab tau koj tus tub/ntxhais kawm ntawv thiab kom qhia raws txoj kev cai hais txog hom lus siv hauv tsev thiab tau txais cov kev pab kom tsim nyog los ntawm chav Minnesota Department of Education. Nyob tom tuam tsev kawm ntawv thiab tom chav Minnesota Department of Education, cov xov no yuav tsis qhia rau cov tib neeg los yog lwm cov koos haum, yuav tsum yog tau kev tso cai los ntawm lub xeev los yog teb chaws meskas. Ua raws li txoj kev thov no mas yus yeem yus xwb.

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal MembershipThe individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparentIf the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335