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: Nicolle 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:
__ ECFE 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.

DEPARTMENT OF EDUCATION

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.

[1]Federal 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

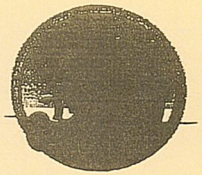
_____ Parent/Guardian _____ Mother's Name _____ Address _____ Phone

_____ 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*?

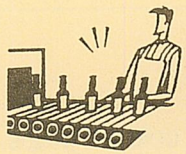
YES_____ NO_____ Not Sure_____

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



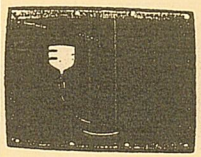
Fruit, vegetable, soybeans, sunflower, cotton, wheat, grain, sugarbeets, agricultural farms, ranches, fields, and vineyards.

☐



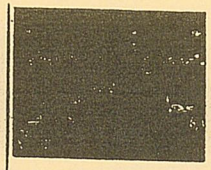
Food warehouse, processing plant or canneries, packing sheds, elevator and fertilizer plant, alfalfa, mill.

☐



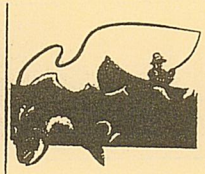
Dairies

☐



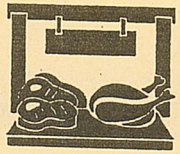
Poultry Farms

☐



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

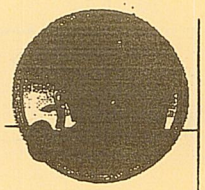
_____ _____ _____ _____
Padre/Guardián Fecha Domicilio Teléfono

_____ _____ _____ _____ _____
Estudiante Grado ID # Fecha de Nacimiento Profesor

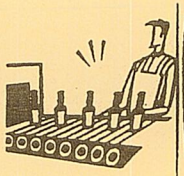
¿Se ha ***cambiado de domicilio*** (cuidad, estado o distrito escolar) usted o alguien de su familia durante los últimos tres años para ***buscar*** o ***hacer*** *trabajos temporarios de agricultura*?

Sí_____ No_____ No Se_____

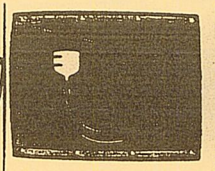
Si su respuesta es <u>Sí</u> por favor de indicar abajo marcando el cuadrito que mejor describa el trabajo que se hizo o se busco en



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



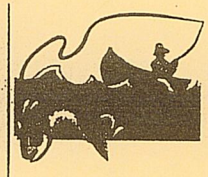
Depósito de alimentos, procesando planta, fábricas de conservas, embalando cobertizos, elevador y planta de fertilizante, alfalfa, molino. ☐



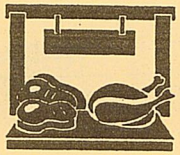
Lecherías ☐



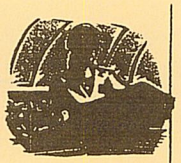
Pollerías ☐



Industria pescadera o en el recojo 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:

_____
_____
_____
_____

☐