

WINDOM AREA ELEMENTARY SCHOOLS

1200 17th St | P.O. Box 177 | Windom, MN 56101 | Phone: (507)831-6925 | Fax: (507)831-6932

Student Legal Name: _____ Grade _____
Students Address: _____
Date of Birth: _____ Sex: Male Female
Primary Phone #: _____

Has student previously attended a Minnesota School? Yes No
Last Day Student was in Previous School _____
Previous School _____ Grade _____
Address _____ Phone Number _____

Previous School if not in Minnesota _____ Grade _____
Address _____ Phone Number _____

Was Student Enrolled in Special Education Classes or on an IEP? Yes No
If yes, please list: _____

Did student receive English Language Learner services in previous school? Yes No

Child lives with:
____ Both Biological Parents
____ Mother/Stepfather
____ Father/Stepmother
____ Siblings Name/Grade: _____
____ Other Relative/s: _____
____ Court-appointed Guardian: (Attach Court Order) _____ Foster Parent(s) (Attach Social Services form)

If the student does **NOT** reside with biological parents, have parental rights been terminated? Yes No
If No, what school district do biological parents reside in _____

Who has legal custody rights?: ____ Father ____ Mother ____ Both (Attach copy of court order or decree)
If the parents do **NOT** have the same address, to whom shall we send mailings: Father / Mother / Both

Active Duty
In the past year, were any of the student's parents/guardians on active duty with the Army, Navy, Air Force, Marine Corps, or Coast Guard? This **does include** training as a member of any of the five branches, as well as active duty when deployed. It **does not include** National Guard duty.
Yes No

PARENTS/GUARDIANS

Household 1

Father/Stepfather _____ Mother/Stepmother _____

Address (If different from above) _____

Home Phone _____ Email Address _____

Father/Stepfather **Cellphone** _____ Mother/Stepmother **Cellphone** _____

Father/Stepfather **Workplace** _____ Mother/Stepmother **Workplace** _____

Internet access? **Yes** or **No**

Household 2

Father/Stepfather _____ Mother/Stepmother _____

Address (If different from above) _____

Home Phone _____ Email Address _____

Father/Stepfather **Cellphone** _____ Mother/Stepmother **Cellphone** _____

Father/Stepfather **Workplace** _____ Mother/Stepmother **Workplace** _____

Internet access? **Yes** or **No**

EMERGENCY CONTACTS

(Other than Parent/Guardian)

1st Contact

Name: _____

Relationship: _____

Cell Phone _____ Home Phone _____

Student can be picked up from school by the above listed contact? Yes No

2nd Contact

Name: _____

Relationship: _____

Cell Phone _____ Home Phone _____

Student can be picked up from school by the above listed contact? Yes No

Daycare Provider: _____

Address _____ Phone _____

Parent/Guardian Signature _____ **Date:** _____

(EXPIRES ONE YEAR FROM THE DATE SIGNED, UNLESS REVOKED EARLIER IN WRITING)



Technology at Home Survey

Thank you for participating in the Student Digital Equity (Technology at Home) Survey. This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. The data is being requested by the Minnesota Department of Education who may use the data to provide state and local level summary information without personal or identifying information.

Windom Area School may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside the classroom or school building. It is important that we gather accurate information from every student so that each student and family have the equipment, help and support needed.

Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your "home". **You should answer the questions below based only on the conditions at this address.**

Student Information

First name: _____

Last name: _____

Grade: _____

Student Primary Address: _____

Internet Access

1. Does the student have access to the internet on their primary learning device at home?

- Yes
- No – Not Available
- No – Not Affordable
- Other

2. What is the primary type of internet service used at the residence?

- Residential Broadband (e.g., DSL, Cable, Fiber)
- Cellular Network
- School Provided HotSpot
- Satellite
- Dial-up
- Other
- Unknown

3. Can the student stream a video on their primary learning device without interruptions?

- Yes – no issues
- Yes – but not consistent
- No

Digital Device Access

1. What device does the student most often use to complete schoolwork at home? (select only one)

- Desktop/Laptop
- Tablet
- Chromebook
- SmartPhone
- None
- Other

2. Who is the provider of the primary learning device?

- Personal
- School
- Other

3. Is the primary learning device shared or not shared with another individual?

- Shared
- Not Shared
- Unknown

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*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> 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*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> 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*):

- | | | | |
|--|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Chinese | <input type="checkbox"/> Karen | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Hmong | <input type="checkbox"/> 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*):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Ethiopian-Other | <input type="checkbox"/> Somali |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Liberian | <input type="checkbox"/> Other black |
| <input type="checkbox"/> Ethiopian-Oromo | <input type="checkbox"/> Nigerian | <input type="checkbox"/> 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 _____

Print/Save

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="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
2. My student speaks:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
3. My student understands:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
4. My student has consistent interaction in:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> 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:	<input type="checkbox"/> idioma(s) aparte del inglés. <input type="checkbox"/> inglés e idioma(s) aparte del inglés. <input type="checkbox"/> solo inglés.	
2. Mi estudiante habla:	<input type="checkbox"/> idioma(s) aparte del inglés. <input type="checkbox"/> inglés e idioma(s) aparte del inglés. <input type="checkbox"/> solo inglés.	
3. Mi estudiante entiende:	<input type="checkbox"/> idioma(s) aparte del inglés. <input type="checkbox"/> inglés e idioma(s) aparte del inglés. <input type="checkbox"/> solo inglés.	
4. Mi estudiante tiene una interacción consistente con:	<input type="checkbox"/> idioma(s) aparte del inglés. <input type="checkbox"/> inglés e idioma(s) aparte del inglés. <input type="checkbox"/> 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



WINDOM AREA SCHOOLS ANNUAL MEDICAL RELEASE FORM

Student Name: _____

Birthdate: _____ Grade: _____

All Health Office Contact information including Parent/Guardian daytime phone number and the alternate person/family name and contact number is obtained through Skyward. Thank you for keeping the information up to date.

Medical History

Any student that **needs** medication at school must follow the district policy which requires parent and physician signature. Forms are available in the health office or at <http://windom.ss13.sharpschool.com/>

Signed forms are required before medication can be administered.

Medical problems we should know about? Asthma, allergies, seizures, heart, diabetes, eyes, ears, dental, etc.

Explain: _____

Medication allergies? Yes No

Explain: _____

Non-medication allergies (Food, Latex, Bee Stings, Etc)? Yes No

Explain: _____

Does the student have an Epi-Pen? Yes No

Medications child takes every day at home? _____

Medications child takes every day at school? _____

Medications child takes as needed (Inhaler, Neb,etc.)? _____

Are immunizations up to date? Yes No

(Please verify with School Health office or check Skyward)

Name of Family Doctor/Clinic _____

The Doctor's Office Phone Number _____

Medical Insurance Company Name and Policy Number _____

No insurance _____

Dental Insurance? Yes No

Name of Family Dentist_____

Date of Last Dental Exam (Month/Year)_____

Name of Family Eye Doctor_____

Date of Last Eye Exam (Month/Year) if applicable_____

Other Medical Professional Name and Specialty_____

Date of Last Visit (Month/Year) if applicable _____

Health information will be kept confidential and may be shared with involved school staff and bus drivers. I hereby give permission to the staff of Independent School District 177, Windom, MN to give and receive immunization information with my child's doctor, medical clinic, or public health and to seek immediate medical attention for the child named above.

(Date)

(Signature of Parent or Guardian)

PALMER BUS SERVICE OF WINDOM

Parents and Guardians, my name is Kevin Heggeseth and I'm the Terminal Bus Manager for Palmer Bus Service. We are the Bus Company that serves the Windom School District. Please fill this bus Information Sheet out so that we know your transportation needs.

Student Name: _____

IN THE MORNING

WILL YOUR STUDENT NEED A RIDE TO SCHOOL? YES NO

IF YES, PLEASE LIST WHERE YOUR STUDENT WILL BE PICKED UP, AND CIRCLE WHAT DAYS:

HOME ADDRESS _____ M T W TH F

DAYCARE NAME AND ADDRESS _____ M T W TH F

IF STUDENT **DOES NOT** NEED A BUS RIDE TO SCHOOL:

STUDENT WILL BE DROP OFF BY PARENTS: M T W TH F

STUDENT WILL WALK TO SCHOOL: M T W TH F

IN THE AFTERNOON

WILL YOUR STUDENT NEED A RIDE HOME FROM SCHOOL? YES NO

IF YES, PLEASE LIST WHERE YOUR STUDENT WILL BE DROPPED OFF, AND CIRCLE WHAT DAYS:

HOME ADDRESS _____ M T W TH F

DAYCARE NAME AND ADDRESS _____ M T W TH F

IF STUDENT **DOES NOT** NEED A BUS RIDE HOME:

STUDENT WILL BE PICKED UP BY PARENTS: M T W TH F

STUDENT WILL WALK HOME: M T W TH F

Kevin Heggeseth

Manager

Bus Barn: 507-831-6924

Cell: 507-822-2903

