

STUDENT REGISTRATION FORM

STUDENT INFORMATION

Legal Last Name		First Name		Middle Name		Nickname		(voluntary) <input type="checkbox"/> Special Ed <input type="checkbox"/> Active IEP <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> ESL <input type="checkbox"/> 504 <input type="checkbox"/> Currently Expelled		Ethnicity: (State of MN Mandate) Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No (Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture or origin, regardless of race) Student's Race: (Choose one or more) <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black, African American <input type="checkbox"/> White, not of Hispanic Origin	
Birth Date		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Grade		Date moved to #595					
Student Cell#:		Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Other Relationship: _____									
Major Health Concerns:											

FAMILY INFORMATION

* Primary Contact for District Announcements

* Primary Parent/Guardian #1: Last Name	First Name	Relationship	Street Address	City, State, Zip	Cell Guardian #1	Work Phone
* Primary Parent/Guardian #2: Last Name	First Name	Relationship	Email Guardian #1	Email Guardian #2	Cell Guardian #2	Work Phone
Request Second Household Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Homeless, living in a shelter or motel, living with friends or family, temporary foster care, etc.						
Parent/Guardian Second Household Last Name	First Name	Relationship	Street Address	City, State, Zip	Home Phone <input type="checkbox"/> Confidential	Work Phone
Parent/Guardian Second Household Last Name	First Name	Relationship	Email (used most often)	Cell Guardian (2 nd household)	Cell Guardian (2 nd household)	Work Phone

Previous School (s) Attended

Name of School	City	State	Dates
Name of School	City	State	Dates

Other Siblings under 21 in home

Last Name	First Name	Gender	Birth date	School attending
Last Name	First Name	Gender	Birth date	School attending
Last Name	First Name	Gender	Birth date	School attending

United States Entry Date: _____

Country of Origin: _____ Parent/Guardian Signature: _____

EGF Public Schools



REQUEST FOR RELEASE OF EDUCATION RECORDS

School Last Attended: _____ Phone: _____

Address: _____

Student Name: _____
Last First Middle

Date of Birth: _____ Grade: _____

Student Name: _____
Last First Middle

Date of Birth: _____ Grade: _____

Student Name: _____
Last First Middle

Date of Birth: _____ Grade: _____

Please send:

- _____ Health Records
_____ Regular Records
_____ Special Needs Records (i.e. Title, Basic Skills, ESL)
_____ Special Education Records (i.e. Speech, Psychological, SLD, EBD, DCD)

I authorize you to send my child(s) records to:

- ☐ New Heights Elementary School, 1427 6th Avenue NW, East Grand Forks, Minnesota 56721
Phone: 218-773-0908 Fax: 218-773-3150
- ☐ South Point Elementary School, 1900 13th Street SE, East Grand Forks, Minnesota 56721
Phone: 218-773-1149 Fax: 218-773-4392
- ☐ Central Middle School, 1827 Bygland Road SE, East Grand Forks, Minnesota 56721
Phone: 218-773-1141 Fax: 218-773-9112
- ☐ Senior High School, 1420 4th Avenue NW, East Grand Forks, Minnesota 56721
Phone: 218-773-2405 Fax: 218-773-3070

Signature of Parent/Guardian

Date

A school district in which a student enrolls may request student records from a school the student has attended without a parent signature of approval. See "Privacy Act," Section 438, subsection (b) (1), parts A & B, page 97, as amended in 1976, 20 U.S.C. Section 123g(b) (1) (A)

STUDENT INFORMATION FORM

Student _____ **Date of Birth** _____ **Grade** _____

Contact (Parents/Guardians)

Contact: #1 _____ Relationship: _____

Phone Number: _____ Work Number: _____

Contact: #2 _____ Relationship: _____

Phone Number: _____ Work Number: _____

Emergency Contact (Family member or friend)

Contact: _____ Relationship: _____

Phone Number: _____ Work Number: _____

Storm Home Information for Rural Route Students Only

Contact: _____ Phone Number: _____

EGF Street Address: _____

(Must be within city of EGF)

A. Medical History: (circle the ones that apply to your son/daughter)

Asthma Orthopedic Condition Bleeding Problems Heart Disease Diabetes

Seizure Disorder Fainting Spells Skin Problems Kidney/Bladder Disorder

Depression Anemia Speech Problem Hearing Problems Vision Problems Glasses/Contacts

Allergies Migraines Frequent Stomach Aches

Frequent Ear Aches Eating Disorder Cancer Dental Problems ADD/ADHD/OCD

Learning Disability Frequent Sore Throat Menstrual Problems

If you have circled any of the above, or if any condition exists, please explain and give dates:

B. Allergies: (Circle) Plants Foods Bees/Insects Animals Medications Other

Explain: _____

C. Is medication needed for any condition: At Home: ____ Yes ____ No At School: ____ Yes ____ No

(If medication is needed at school the Medication Authorization Form must be completed and returned to school before the medication can be administered) For what condition?

CMS/Sr High students only - Permission to administer medication: Acetaminophen ____ Ibuprofen ____ as directed on bottle. Please check which medication(s).
--

D. Is there a condition that may limit participation in: (circle the ones that apply)

Classroom Activity Physical Education Swimming Competitive Sports

Explain: _____

I agree this confidential information may be shared with faculty and staff of ISD #595 on an as need to know basis so that comprehensive care may be provided to my child. The legal guardian may revoke permission at any time. This expires at the end of the school year.

Parent/Guardian Signature _____ Date _____

SCHOOL BUS REQUEST FORM

2019-2020

This form must be completed and turned into your classroom teacher before May 15, 2019

EAST GRAND FORKS PUBLIC SCHOOLS

1420 4TH AVE NW

EAST GRAND FORKS MN 56721

218-773-0476

STUDENT NAME: _____ **GRADE:** _____
(2019-2020)

AM BUSING: Y or N (circle)

BUS #: _____ **PICKUP TIME:** _____

To be completed by transportation department

REQUEST BUS TRANSPORTATION IN THE AM FROM: (please print)

(address)

To _____ School.
(school of attendance)

=====

PM BUSING: Y or N (circle)

BUS #: _____

To be completed by transportation department

REQUEST BUS TRANSPORTATION IN THE PM FROM: (please print)

_____ School

To: _____
(address)

If going to a daycare after school, please write daycare person and phone number

PARENT/GUARDIAN SIGNATURE/PHONE NUMBER

**PLEASE RETURN TO YOUR CLASSROOM TEACHER PRIOR TO
MAY 15, 2019**

TEACHER: _____

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 AND Student ID:

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

Language 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.

Parents of East Grand Forks Public School Students

Telephone Consumer Protection Act

Background: The Federal Communications Commission (FCC) created the Telephone Consumer Protection Act (TCPA) in 1991. The rules, among other things, prohibit calls made using automatic telephone dialing equipment or a prerecorded message to any telephone number assigned to a cell phone or any service for which the called party is charged for the call without prior express consent unless the call is for emergency purposes which is defined by the TCPA Rules as a call made necessary in any situation affecting the health or safety of consumers. The FCC considers a text message to be a call.

Recent Updates: The FCC met in June 2015 to clarify the TCPA. The ruling approved at this meeting reaffirmed many of the prior provisions of the law and clarified, among other things, the definition of an auto-dialer. The FCC reiterated the need for callers to ensure they have the consent not of the intended recipient of a call, but of the current subscriber, or non subscriber customary user, of the number being called. Mass Communication from Schools: While we believe the informational, non-commercial nature of School Messenger messages that ISD 595 will be using for parent notification are compliant with the law, We will be implementing the following processes:

- Obtaining express consent to send messages to each specific contact number via an Affirmative action (also known as opting-in) at the time of collecting contact information
- Never sending commercial messages
- Immediately blocking contact numbers upon recipient request to do so

Parent Name: _____

Oldest ISD 595 student name and grade: _____

Approved call phone numbers:

_____	_____
_____	_____
_____	_____

Signature: _____

RESIDENCY VERIFICATION AFFIDAVIT

I.S.D. 595-East Grand Forks
1420 4TH AVE. NW
EAST GRAND FORKS, MN 56721

By signing this affidavit you are affirming that the address given on all enrollment forms is the legal residence of the parent or guardian enrolling the student AND is the residence of the student.

If you are living in the home of another person without a rental or lease agreement, that person must sign this document and prove their residency. If you are under 18 years of age and not living with a parent, legal documentation of guardianship must accompany this affidavit. Minnesota statute 540.18 states that a parent or guardian of a minor is responsible for injuries or damages caused by the minor up to \$1,000.

Verification of residency may be made with any two of the following (check which is used):

<input type="checkbox"/>	Drivers Licence	<input type="checkbox"/>	Purchase Agreement-if it denotes residency
<input type="checkbox"/>	Voter Registration	<input type="checkbox"/>	Moving Bill
<input type="checkbox"/>	Insurance Forms	<input type="checkbox"/>	Utility Bill
<input type="checkbox"/>	Lease Agreement	<input type="checkbox"/>	Other-Specify:

Please Read Carefully

Should the district learn that this is not the residence and the parent lives outside the boundaries of the East Grand Forks School District, the student will be **EXCLUDED** immediately from the district.

Further, the district will require payment of tuition for the time in attendance as a non-resident and will take any legal steps to recover same.

Student Name _____ Date _____

Parent/Guardian _____ Phone _____

Relationship to Student _____

Street Address _____

City/State/Zip _____

Parent/Guardian Signature _____ Date _____

District Employee Signature _____



2019-20 Application for Educational Benefits

Complete one application per household. Please use pen (not a pencil).

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information.

Child's First Name	MI	Child's Last name	School	Grade	Birthdate	Foster Child (v)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDIPIR? Medical assistance **does not** qualify.

If YES > Enter SNAP, MFIP or FDIPIR Case Number _____ then go to STEP 4 (Do not complete STEP 3)

If NO > Go to STEP 3.

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1.

Child Income	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report.

Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Name of Adult Household Members (First and Last)
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.

Gross earnings from Work	Weekly	Bi-Weekly	2x Month	Monthly
Report income before deductions or taxes, for each source in whole dollars (no cents).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Net income from Self-Employment	Monthly	Yearly
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

All Other Gross Income	Weekly	Bi-Weekly	2x Month	Monthly
such as SSI, Unemployment, Public Assistance, Child Support, and others on Page 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member XXX-XX-____ Check if no SSN: ☐ Total Household Members (Children and Adults) _____

STEP 4: Contact information and adult signature. Mail or return completed form to: (School/District Information)

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be penalized."

☐ I have checked this box if I do not want my information shared with Minnesota Health Care Programs as allowed by state law.

Printed name of adult signing form _____

Street Address (if available) _____ Apt# _____ City _____ Zip _____

Do not fill out: For School Use Only

Annual Income Conversion:

Weekly x 52

Bi-Weekly x 26

Twice a Month x 24

Monthly x 12

All Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Annualize	Household Size	Categorical Eligibility	Free	Reduced	Denied
(Include child and adult income)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$										

☐ Selected for Verification – attach Verification Tracker



2019-20 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/ | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | Spanish-American | |

Go to Question 1.

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

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

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

☐ **No** *[If no, go to Question 2.]*

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

- | | | |
|--|--|---|
| <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*):

☐ Decline to indicate

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

☐ **Yes** [If yes, go to Question 4a.]

☐ **No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____