

Cuyuna Range Elementary School Student Enrollment

Students Legal Name:		M <input type="checkbox"/>	Grade:
		F <input type="checkbox"/>	
Place of Birth:	Birthdate:	Age:	
Legacy Codes: 1 - American Indian 2 - Asian or Pacific Islander 3 - Hispanic 4 - Black 5 - White Please circle if also applies: Hispanic/Latino American Indian/Alaska Native Asian Black/African American Native Hawaiiin/Pacific Islander White			

We want to keep you informed. We have implemented an electronic system that will notify families of school cancellations, and early school dismissals due to storms. Please provide complete, detailed information so we may keep you updated.

Mother or Guardian	Home Phone:
Home Address	Cell/Business Phone:
Father or Guardian	Home Phone:
Home Address	Cell/Business Phone:
Email Address:	

Student Lives with: () Mom () Dad () Both () Other _____

Last School Student Attended	Phone:
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EMERGENCY NUMBERS IN EVENT PARENTS CANNOT BE REACHED

Friend/Relative	Home Phone
	Cell Phone
Friend/Relative	Home Phone
	Cell Phone

Have you moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? Yes No

Previous School Information

Please check in the appropriate blank identifying your child's previous school

_____ Homeschool	_____ Out of State
_____ Private School	_____ Other

Last School Attended: _____ City/State: _____

Has your child previously attended Crosby-Ironton High School/Cuyuna Range Elementary	Yes	No
Is your child open-enrolling? (Do you live outside the Crosby-Ironton School District)	Yes	No

I understand my records are protected under State & Federal regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand I have the right to revoke this consent at any time and, this right may be exercised pursuant to the instructions outlined in the HIPAA Notice of Privacy Practices and, in any event this consent expires automatically as described below*. I understand access to information from ISD 182 is limited to staff whose work assignments reasonably require access to data within the purposed specified in the services provided. I understand this information may be redisclosed if needed for treatment.

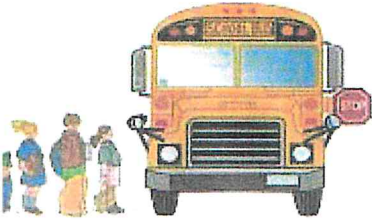
Signature of Parent or Guardian _____ Date: _____

Crosby - Ironton Transportation, Inc.

849 8th St NE
Crosby, MN 56441
218-546-6156

Today's Date: _____

Start Date: _____



Busing Information

*** Required information**

Name of Student* _____ Grade*: _____

Date of Birth _____ Gender: **M** **F**

School District* **Crosby- Ironton Schools** **Crosslake Community School**

Parent or Guardian/ Primary Contact*: _____ Relationship*: _____

Other Household Contact _____ Relationship: _____

Physical Address*: _____

Primary Phone Number*: _____

Other Phone Number: _____

Email Address*: _____

Any Additional Contact: _____ Relationship: _____

Phone Number: _____

Primary Pick Up & Drop Off Location(s)*: Home: AM: M TU W TH F PM: M TU W TH F (circle all days that apply)

Daycare: AM: M TU W TH F PM: M TU W TH F (circle all days that apply)

Other: AM: M TU W TH F PM: M TU W TH F (circle all days that apply)

Daycare/ Other Name: _____

Address: _____

Phone Number: _____ POC: _____

Does your child have any medical condition or disability the bus driver should be aware of: Yes No

If Yes, please explain: _____

Other Sibling(s) Needing Transportation:

Name of Sibling(s): _____

Sibling(s) Grade: _____

Sibling(s) Date of Birth: _____



Student Digital Equity Survey

District Instructions

You may use this survey to facilitate data collection from students and their families. Districts are encouraged to consider how best to collect this information from every student (especially those lacking access to the Internet) which may include a combination of using the parent portal, digital survey, paper survey or interview.

To ensure consistent data collection, the survey questions should be used as written and not edited or changed.

Because circumstances around digital equity can evolve, districts should collect this information from students at least once a year. Districts should use the provided crosswalk in the Digital Equity handbook to facilitate entry of data into the student information system.

Survey Information

Thank you for participating in the Student Digital Equity Survey. This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. [DISTRICT OR SCHOOL NAME] 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 has the equipment, help and support needed.

The information you provide in this survey will be reported to the Minnesota Department of Education (MDE). MDE may provide state- or school-level summary data—without personal, identifying information—to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. [DISTRICT OR SCHOOL NAME] will not share your personal, identifying information provided in this survey with others without your consent.

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.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

Student Information

First name: _____

Last name: _____

Grade: _____

Student Primary Address: _____

Digital Device Access

1. Does the student use an electronic device like a computer, tablet or smart phone to complete homework?

No (skip to question 2)

Yes (continue to 1a)

a. If yes, what type of electronic device does the student usually use to complete homework?

(select ONLY one)

- Desktop or Laptop
- Tablet
- Chromebook
- Smart phone
- Other

b. Is the electronic device (from 1a) provided by the school?

- Yes
- No

c. Is the electronic device shared with anyone else in the home?

- Yes
- No

Internet Access

2. Can the student access the Internet on their electronic device at home?

- No – Internet is **not** available at home (skip to end of survey)
- No – Internet is **not** affordable at home (skip to end of survey)
- No – Other (skip to end of survey)
- Yes (continue to 2a)

a. If yes, what kind of Internet service do you have at home?

- Residential broadband (e.g. Cable, Fiber, DSL)
- Cellular network
- School-provided hotspot
- Satellite
- Dial-up
- Other
- I am not sure.

b. Can the student stream a video on their electronic device without pauses?

- Yes – with **no** pauses or buffering
- Yes – with **some** pauses or buffering
- No – streaming doesn't work

Instructions to District

You may include additional questions that would become part of your local data. These are not included in the digital equity Ed-Fi data elements and are not reported to MDE but may be useful to your local digital inclusion efforts. Examples: Include the results from MN Broadband Speedtest if known: _____Mbps Upload, _____Mbps Download; What else would you like us to know about Internet or device access at this or another place?