



*A Program of:*

**Bagley Public Schools ISD #162**  
202 Bagley Avenue NW  
Bagley, MN 56621

Program Director: Corrie Uhlir

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May 1st, 2020

Dear Parent/Guardian,

School Readiness registration for the 2020/21 school year will open on May 5th. To register please call 694-3232, or mail the enclosed application and paperwork to the address on the registration form. Enrollment is provisional, however, pending receipt of the required documentation and verification of eligibility.

Your child must be 4 by 9/1/2020.

Classes have tentatively been planned. All classes are full days, and either 5 days/week or part time.

Please fill out the enclosed forms and include the following:

- \*Emergency contact phone numbers
- \*A copy of your child's birth certificate
- \*A copy of your child's immunization records

**Class schedules are subject to change based on state funding. We appreciate your understanding in this matter.** Space and class availability is based according to district criteria. Regular district transportation is available. Tuition and lunch fees are based on free & reduced lunch status. Scholarships may be available.

The School Readiness staff makes every effort to provide your child with the best possible early childhood experience and is excited to welcome you and your child to our programs.

Please call 694-3232 with questions.

Sincerely,

Corrie Uhlir  
Community Education Director



**Bagley Early Childhood Pre-School and  
Voluntary Pre-Kindergarten (VPK)  
Registration Information 2020/21**

- 1. Complete pre-registration form below.**
- 2. Mail or drop off pre-registration form to:**  
Bagley Public School  
Early Childhood: Registration  
202 Bagley Ave NW  
Bagley, MN 56621
- 3. Below is our district's enrollment procedure:**
  1. 4 year olds in the district on first come, first serve basis until August 1st.
  2. 4 year olds out of district if there are siblings already attending on first come, first serve basis until August 1st.
  3. 4 year olds that are children of district staff on a first come, first serve basis until August 1<sup>st</sup>.
  4. After August 1st; first come, first serve for a 4 year-olds who live out of district
  5. Students who will be 5 by September 1<sup>st</sup> are kindergarten eligible and accepted into VPK will be reviewed at the discretion of teachers, and administration.
- 4. You will be notified by mail of your child's class schedule in August.**
- 5. For more information regarding Preschool or VPK, please contact Jen Haman at 218-694-3232.**

**VPK Program**

1. VPK is a School Readiness preschool program. VPK is for children who will be entering Kindergarten in fall of 2021. Your child must be 4 years of age by September 1<sup>st</sup> of 2020 to attend VPK.

Date\_\_\_\_\_

Name of child:

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Name of parent/guardian

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Address\_\_\_\_\_ City: \_\_\_\_\_

Zip\_\_\_\_\_

Is this address located in the Bagley district Yes:\_\_\_\_\_ No:\_\_\_\_\_ (list:\_\_\_\_\_ )

Home phone: \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Age of child: \_\_\_\_\_ Birthdate \_\_\_\_\_

Any additional information about your child the school should be aware of (IEP's, special concerns, food allergies, transportation, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Class schedules are subject to change based on state funding. We appreciate your understanding in this matter.

**Please indicate your 1<sup>st</sup> & 2<sup>nd</sup> choices.**

\_\_\_\_\_ 5 days/week

\_\_\_\_\_ Part time

Please note that bus transportation is available for class on the regular morning and afternoon routes. Preschool Open Gym is also available beginning at 7:30 AM for preschoolers in the Elementary Small Gym.

Early Learning Scholarships: Please indicate below if you would like to receive an application to apply for an Early Learning Scholarship. \_\_\_\_\_Yes \_\_\_\_\_No

Application is due by May 18<sup>th</sup> to assist with planning for program needs. Your timeliness is greatly appreciated.

## Bagley Preschool Enrollment Form

202 Bagley Ave NW - Bagley, MN 56621

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 (Please print student's legal name.)

Birthdate \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Home address: \_\_\_\_\_  
 Street Address (DO NOT LIST PO BOX) City Zip

Mailing Address: \_\_\_\_\_  
 (If different from above) Street Address (CAN LIST PO BOX) City Zip

Email Address: \_\_\_\_\_

In case of school closure my child should go \_\_\_\_\_ Home \_\_\_\_\_ Daycare \_\_\_\_\_ Other (list name and address below)

Emergency Name \_\_\_\_\_ Emergency Address \_\_\_\_\_

Health Concerns (list medications) \_\_\_\_\_

Does student have an IEP through Special Education? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please indicate primary disability \_\_\_\_\_

Early Childhood Screening	City	Date Completed	Has child attended preschool before?	Name and phone number of school.
Y / N			Y / N	

Name of Parent (If you are NOT the biological parent of the child, please see next section.)	Student resides with (X)	Employer	Daytime Phone	Cell Phone	Home Phone
Mother:					
Father:					
Step Mother:					
Step Father:					
SECOND PARENT ADDRESS (If different from above.)		City	State	Zip	

Guardian Name ____ Foster Parent ____ Legal Guardian	Physical/Mailing Address (if different from student's)	Phone Number	Case Manager Name & Phone Number

Please list all children in household under the age of 5 not currently enrolled in school.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Bagley Public Schools**  
**Bus Registration Information for 2020-2021**

**Student/Family Information**

Student Name (please print) \_\_\_\_\_

**Choose all that apply:**

\_\_\_\_\_ **YES**, my child needs transportation **to school**. If yes, please complete all the information below.

\_\_\_\_\_ **YES**, my child needs transportation **from school**. If yes, please complete all the information below.

\_\_\_\_\_ **NO**, my child **does not** need transportation **to school**. I will be dropping student off.

\_\_\_\_\_ **NO**, my child does not need transportation **from school**. I will be picking student up.

Primary parent: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Before School Pickup Address \_\_\_\_\_

After School Drop off Address \_\_\_\_\_

**Daycare Information: If pick up or drop off address is a daycare (which is other than home), please complete all felids below.**

Daycare Provider Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

**If split household, please complete this section:**

Secondary Parent Name: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

My child needs transportation to and from this address: YES \_\_\_\_\_ NO \_\_\_\_\_

## 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.<sup>1</sup>

*[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/<br>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.

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

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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.<sup>1</sup>

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.

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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.<sup>1</sup>

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.

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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.<sup>1</sup>

Yes [Go to Question 6.]

No [Go to Question 6.]

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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.<sup>1</sup>

Yes

No

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

# 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="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.



## Bagley Public School District Student Residency Questionnaire

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Person completing form:

- Parent or guardian       Unaccompanied youth (a youth that does not live with a parent or guardian)  
 Youth       Other: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.**

1. Is the student's address a temporary living arrangement?  Yes  No  
 2. Is the student's living arrangement due to loss of housing or financial hardship?  Yes  No

**If the answer to any of the above is YES, please complete the following:**

Where is the student identified above currently living? (Please check one)

- In a motel or hotel due to loss of housing or financial hardship  
 In an emergency shelter, transitional housing facility, or abandoned in a hospital  
 Sharing another family's house or apartment  
 In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building  
 In a bus or train station  
 Moving from place to place (couch surfing)  
 In a public or private place not meant to be used as a regular place for people to sleep  
 Other: \_\_\_\_\_

Last school the student attended:

School: \_\_\_\_\_ District: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Parent, Guardian or education decision maker:

Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

OR

Student (if an unaccompanied youth that is homeless):

Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

### OFFICE USE ONLY

Date Completed:	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative:	Comments:
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