SENIOR HIGH

INDEPENDENT SCHOOL DISTRICT 595 – East Grand Forks Schools

STUDENT REGISTRATION FORM

SCHOOL INITIALS	TEACHER/**COUNSELOR**		STUDENT ID#	ROOM #
BUS #	BIRTH CERTIFICATE	IMMUNIZATIONS	PRESCHOOL SCREENING	RECORDS REQUESTED
RE-ENROLL? ☐ Yes ☐ No	START DATE	RES DIST #	LANGUAGE	
MARSS #	ALC ☐	POP	NEEDS TRANSPORTATION ☐ Yes ☐ No	LAST LOC
	ENTRY CODE	**ENTRY DATE**		

STUDENT INFORMATION

Legal Last Name	First Name	Middle Name	Nickname	*(voluntary)* ☐ Special Ed ☐ Active IEP ☐ Gifted/Talented ☐ ESL ☐ 504 ☐ Currently Expelled
Birth Date	Gender ☐ M ☐ F	Grade	Date moved to #595	
Major Health Concerns	Student lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian ☐ Foster Parents ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Other Relationship:_____			

Ethnicity: *(State of MN Mandate)*
Is this student Hispanic/Latino?
☐ Yes ☐ No
(Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture or origin, regardless of race)

Student's Race:
(Choose one or more)
☐ Amer. Indian/Alaskan Native
☐ Asian
☐ Native Hawaiian/Pacific Islander
☐ Black, African American
☐ White, not of Hispanic Origin

FAMILY INFORMATION

*** Primary Contact for District Announcements**

*** Primary Parent/Guardian #1:** Last Name	First Name	Relationship	Street Address	City, State, Zip	Home Phone ☐ Confidential	Work Phone
*** Primary Parent/Guardian #2:** Last Name	First Name	Relationship	Email (*used most often)*	Cell Guardian #1	Cell Guardian #2	Work Phone

Request Second Household Mailing: ☐ Yes ☐ No ☐ 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 ☐ Confidential	Work Phone
Parent/Guardian Second Household Last Name	First Name	Relationship	Email (*used most often)*	Cell Guardian (2nd household)	Cell Guardian (2nd 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

HOME LANGUAGE QUESTIONAIRE

First language learned by student other than English?		Language normally used by student with friends?	
Language normally used by student at home?		Can adult in the home read English?	☐ Yes ☐ No
What language do adults in the home speak?			

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

☐ Çentral 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

2020-21

PLEASE RETURN THIS FORM TO SCHOOL OF ATTENDANCE BY

JUNE 30, 2020

EAST GRAND FORKS PUBLIC SCHOOLS
1420 4TH AVE NW
EAST GRAND FORKS MN 56721
218-773-0476

STUDENT NAME:_____ GRADE:_____
(2020-21)

AM BUSING: ☐ Y or ☐ N

DUE BACK BY JUNE 30. 2020 TO GET A BUS ASSIGNMENT

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

_____
(address)
_____

To _____ School.
(school of attendance)

==========

PM BUSING: ☐ Y or ☐ N

DUE BACK BY JUNE 30, 2020 TO GET A BUS ASSIGNMENT

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

EFFECTIVE FOR THE SCHOOL YEAR 2020-21

This form must be completed and returned to the school of attendance by **June 30, 2020** in order for your student to get a bus assignment for the beginning of the school year. If your student is not going to need transportation to and from school, just write your student's name and circle N for AM and PM busing.

Your student can have up to two (2) after school addresses, example: home or daycare, home or grandparents, etc.. If your student does not have a bus assignment, they will need to find other transportation to and from school until a form is completed and turned into the transportation department.

A few other reminders:

1. It is the parent/guardian's responsibility to have their student at the bus stop five (5) minutes prior to the scheduled pickup time. Our driver's are on a tight schedule to get students picked up and to school on time.
2. Student addresses and daycares are not designated in-town bus stops. If you are concerned about the visibility of the bus stop from your home/daycare, you will need to make arrangements to have someone with your student at the bus stop.
3. All changes to your students after school transportation must be done in writing and submitted to me **three (3) days prior to the change.** Once the change is approved, you will be notified and you will then need to contact the student's teacher. If it is an emergency we will work with you, but otherwise, we cannot change the bus assignment for your student.
4. Safety is our number one priority. We want your child to have a safe and enjoyable ride to and from school. Positive behavior will be enforced on our buses.
5. **RIDING A SCHOOL BUS IS A PRIVILEGE, IT IS NOT A RIGHT.**

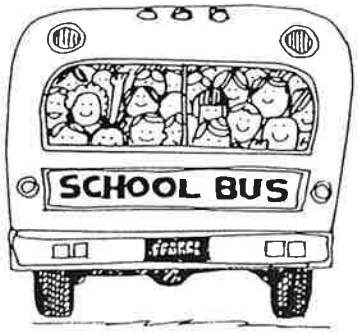
REMEMBER TO COMPLETE THE BUS REQUEST FORM AND RETURN TO THE SCHOOL OF YOUR STUDENT'S ATTENDANCE BY **JUNE 30, 2020.**

If you have any questions please feel free to give me a call at 218-773-0476.

Thank you.

Debbie Delisle
Transportation Director
ddelisle@egf.k12.mn.us

A copy of the Transportation Policy can be found online at www.egf.k12.mn.us under transportation department.



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.

EGF Public Schools

1420 4th Avenue NW, East Grand Forks, Minnesota 56721 773-3494

PARENTS OF EAST GRAND FORKS PUBLIC SCHOOL STUDENTS
TELEPHONE CONSUMER PROTECTION ACT

Background Information:

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 expressed 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 complaint 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's request to do so

Parent Name: _____

Oldest ISD 595 Student Name and Grade: _____

Approved Call Phone Numbers:

_____

_____

_____

_____

Signature: _____

District #595 is an equal opportunity affirmative action employer and is in compliance with Title IX of the Education Amendments of 1972

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 <u>two</u> of the following (check which is used):

	Drivers Licence		Purchase Agreement-if it denotes residency
	Voter Registration		Moving Bill
	Insurance Forms		Utility Bill
	Lease Agreement		Other-Specify:

<u>Please Read Carefully</u>

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 **<u>EXCLUDED</u>** 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_____

DEPARTMENT OF EDUCATION

2020-21 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). **Mail or return completed form to: (*School/District Information*)** _____

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. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (√)

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance **does not** qualify. **If NO** > Go to STEP 3.
If YES >Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) ___ ___ ___ ___ ___ ___ ___ ___ ___ then go to STEP 4 (Do not complete STEP 3)

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

A. **Last Four Digits of Social Security Number (SSN)** of Adult Household Member: **XXX-XX-** ☐☐☐☐ Or Check if Adult has **No SSN**: ☐ **Total Number of All Household Members** (Children + Adults) ☐

B. **Child Income.**
Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
$	☐	☐		

C. **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.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			Any Other Gross Income				
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.	Weekly	Bi-weekly	2x Month	Monthly	Report income **before deductions or taxes** in whole dollars (no cents).	Monthly	Yearly	**Net income** from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
					$	☐		$	☐	☐	☐	☐	$
					$			$	☐	☐	☐	☐	$
					$			$	☐	☐	☐	☐	$
					$			$	☐	☐	☐	☐	$

STEP 4: Contact information and adult signature. "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is give 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 prosecuted under applicable State and Federal laws."
☐ I have checked this box if I *do not* want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form Daytime Phone

Street Address (if available) Apt# City Zip

SIGN HERE: Signature of Household Adult Date

Do Not Fill Out: For School Office Use Conversions to Annualize All Income:	X52	X26	X24	X12	X1	☐ **Verified? Attach Tracker**	No change ☐	Free After Verified ☐	Reduced After Verified ☐	Denied After Verified ☐
All Total Income (Include child and adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annualize	**Household Size:**	Categorical Eligibility	Free	Reduced	Denied
$	☐						☐			
Determining Official Signature:								**Date:**		
Confirming Official Signature:								**Date:**		

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form. Do not mail to the Minnesota Department of Education or United States Department of Agriculture.

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Step Two: Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
• Earnings from work • Social Security a. Disability Payments b. Survivor's Benefits • Income from person outside the household • Income from any other source	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security • A Parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
• Salary, wages, cash bonuses (before deductions or taxes) • Net income from self-employment (farm or business) • If you are in the U.S. Military: a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) b. Allowances for off-base housing, food and clothing	• Cash Assistance from State or local government • Supplemental Security Income • Unemployment benefits • Worker's compensation • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security • Disability benefits • Regular income from trusts or estates • Annuities • Investment income • Rental income • Regular cash payments from outside household

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

Nondiscrimination statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, you have two options: 1. Complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at Filing a Program Discrimination Complaint as a USDA Customer, http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office; or, 2. Write a letter addressed to USDA; provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by one of the following methods:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) Fax: 202-690-7442; or
(3) Email: program.intake@usda.gov.
This institution is an equal opportunity provider.

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

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	□ 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 _____

Are Your Kids Ready?

Minnesota's Immunization Law

Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. The table on the back shows the ages when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years (3) For Kindergarten	Age: 7 through 11 years For 1st through 6th grade	Age: 12 years and older For 7th through 12th grade
Hepatitis A (Hep A) ✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B (7) ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT (4) ✓✓✓✓✓	✓✓✓**tetanus** and **diphtheria** containing doses (6)	✓**Tdap** (8) & at least 2 tetanus and diphtheria containing doses
Polio ✓✓✓	Polio (5) ✓✓✓✓	Polio ✓✓✓	Polio ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal (9) ✓ & booster
Pneumococcal (1) ✓✓✓✓			
Varicella (2) ✓	Varicella (2) ✓✓	Varicella (2) ✓✓	Varicella ✓✓

Immunizations recommended but not required:

Influenza Annually for all children age 6 months and older	
Rotavirus For infants	**Human papillomavirus** At age 11-12 years

(1) Not required after 24 months.

(2) If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form confirming disease.

(3) First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.

(4) Fifth shot of DTaP not needed if fourth shot was after age 4. Final dose of DTaP on or after age 4.

(5) Fourth shot of polio not needed if third shot was after age 4. Final dose of polio on or after age 4.

(6) Need proof of at least three tetanus and diphtheria containing doses. If up to date on DTaP/DT series, no additional doses needed.

(7) An alternate two-shot schedule of hepatitis B may also be used for kids age 11 through 15 years.

(8) One dose of Tdap is required beginning at 7th grade. Also need proof of at least two tetanus and diphtheria containing doses (DTaP/DT/Td). If a child received Tdap prior to 7th grade, another dose of Tdap is not needed.

(9) One dose is required beginning at 7th grade. The booster dose is usually given at 16 years.

Exemptions

To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption.

Parents may file a medical exemption signed by a health care provider or a non-medical exemption signed by a parent/guardian and notarized.

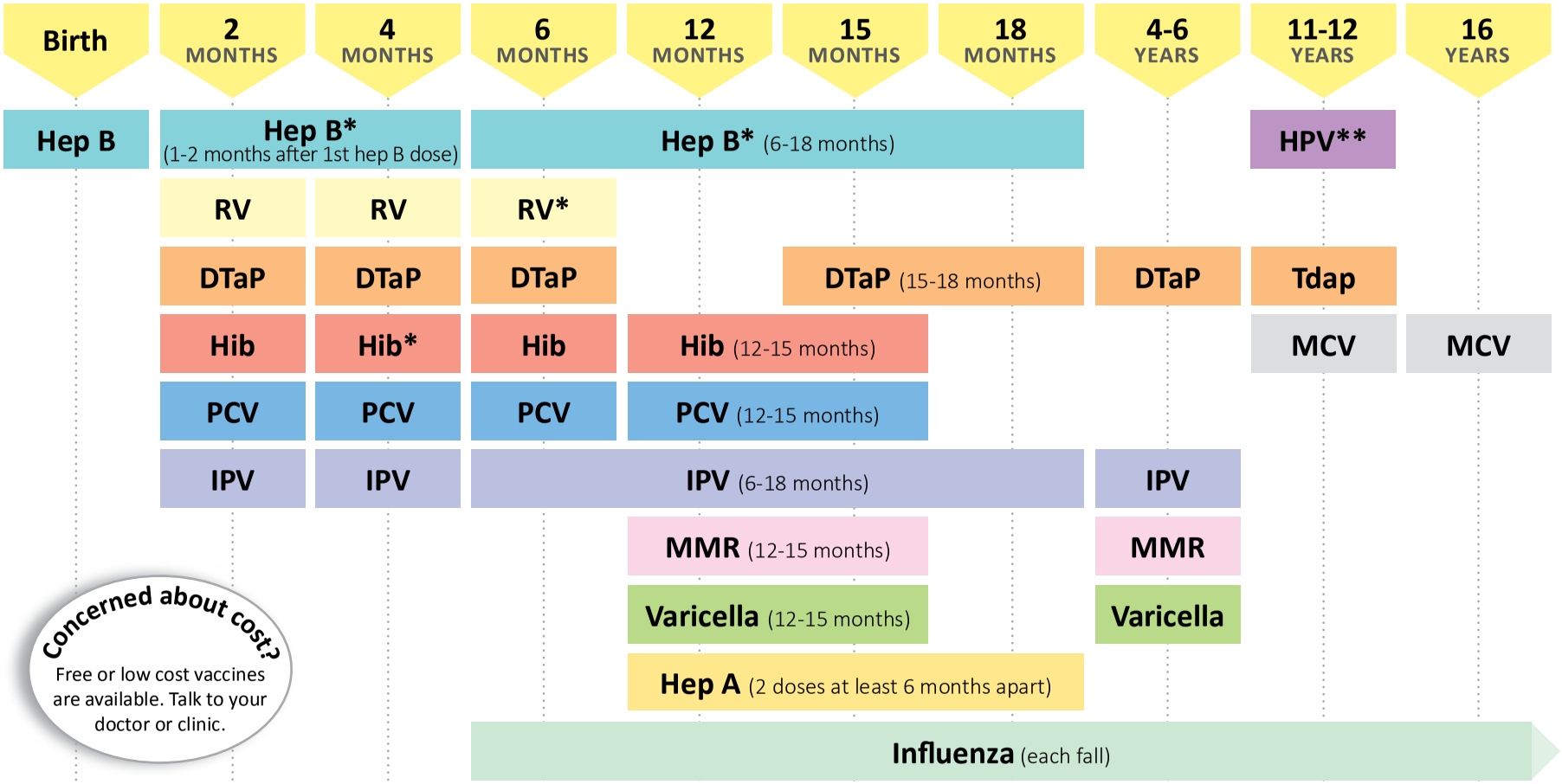
Looking for Records?

For copies of your child's vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980.

Minnesota Department of Health, Immunization Program

ID# 52799 (4/2017)

When to Get Vaccines
Birth to 16 Years



It's not too late! If your child has fallen behind on their vaccinations, talk to your doctor or clinic to catch them up.

Minnesota law requires written proof of certain vaccinations for children in child care, early childhood programs, and school. However, if a child has a medical reason or if his/her parents are conscientiously opposed to any or all of the vaccinations, a legal exemption is available.

Children with certain medical conditions may need additional vaccines (e.g., pneumococcal or meningococcal). Talk to your doctor or clinic.

Pregnant? Protect yourself and your baby from whooping cough, get a Tdap vaccination between 27 and 36 weeks gestation. Talk to your doctor.

*The **number of doses** depends on the product your doctor uses.

**Two doses for 9 to 14 year olds; three doses for 15 to 26 year olds.

For copies of your child's **immunization records**, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980.

Key to vaccine abbreviations

DTaP/Td/Tdap = diphtheria, pertussis, tetanus		Hib = Haemophilus influenzae type b	
Hep B = hepatitis B	Hep A = hepatitis A	IPV = polio	MCV = meningococcal
MMR = measles, mumps, rubella		PCV = pneumococcal	RV = rotavirus

DEPARTMENT OF HEALTH

Immunization Program
651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize

ID# 52799 (4/2017)