



Kindergarten Enrollment Checklist

Enrollment Instructions

In order to help expedite your enrollment process, we need you to fill out the following paper work:

- **Kindergarten Enrollment Packet** (one per student)
- Contents of the **Kindergarten Enrollment Packet** are:
 - Student Enrollment Form (2 pages)
 - Home Language Questionnaire
 - Enrollment Survey
 - McKinney-Vento Questionnaire
 - Student and Parent – Internet Use Agreement Form
 - Request for Student Records
 - Student Immunization Form (2 pages)
 - K-8 Annual Health & Emergency Contact Form
 - Daycare/Alternate Address 2014-2015

Please bring the following items to the Enrollment Center, along with the completed packet:

- **Birth Certificate** - The original or copy of the child's birth certificate, passport or other government issued document.
- **Proof of Residency** – rental agreement, purchase agreement, utility bill, etc.
- **Immunization Records** - Up-to-date immunization records, as required by state law.
- **Early Childhood Screening Records** - Early Childhood Screening records (early childhood screening is required for admission into the Pre-Kindergarten program). If your child has not been screened, please call 651-748-7289 to schedule an appointment.

* A teen parent is a student who has a minor child or children for which the teen parent has either custody or joint custody; or is pregnant.

** A displaced homemaker is a parent whose youngest dependent child will become ineligible to receive assistance under Part A of Title IV of the Social Security Act, not later than 2 years after the date on which the parent applies for assistance under this title; and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

Home Language Questionnaire

ED-01336-08E

The following is to be completed by School District Personnel:

STUDENT IDENTIFICATION INFORMATION		
Student's Full Name		
Date Of Birth	Age	Grade Level

DISTRICT INFORMATION/VERIFICATION INFORMATION		
School name	District number	
I hereby verify that the above information is true and accurate to the best of my knowledge and belief.		
_____ Name (Printed)		
_____ Signature – Responsible Authority	_____ Title	_____ Date

The following is to be completed by Parent/Guardian:

STUDENT LANGUAGE INFORMATION	
<p><i>Dear Parents and Guardians:</i> <i>In order to help your child learn, your child's teachers need to determine which language your child uses most.</i> <i>Please respond to the questions below by checking the appropriate box.</i></p>	
1. Which language did your child learn first?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
2. Which language is most often spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
3. Which language does your child usually speak?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____

PARENT/GUARDIAN INFORMATION	
I hereby verify that the above information is true and correct to the best of my knowledge and belief.	
_____ Name (Printed)	
_____ Signature – Parent/Guardian	_____ Date



Enrollment Survey

Please answer to the best of your ability.

Yes No

1. Has this student ever been retained? If so, what grade? _____ Yes _____ No _____
2. Has this student ever been absent more than 10 days per year?
 If yes, why? _____ Yes _____ No _____
3. Has this student ever received special help for any subject?
 If yes, what type of help or program? _____ Yes _____ No _____
4. Has this student ever been tested by educational specialists for
 which parental permission was obtained? _____ Yes _____ No _____
5. Has this student participated in ESL or ELL programs?
 If yes, which grade(s)? _____ Yes _____ No _____
6. Was this student ever placed in a special program? IEP? Y/N
 If yes, please indicate:
 ECSE LD EBD DCD 504 Speech
 Hearing Impaired Visually Impaired Other _____ Yes _____ No _____
7. Has the student ever been tested for or participated in a gifted and talented
 program? Has the student skipped a grade level or been accelerated in a
 subject area? If yes, please indicate:
 Tested Participated Skipped a grade, which grade? _____
 Accelerated in a subject, which subject(s)? _____ Yes _____ No _____
8. Are there any known problems of academic, social, physical, or
 emotional adjustments? Has the student been receiving counseling
 services? If yes, please list: _____ Yes _____ No _____
9. Does the student have a probation officer?
 If yes, please provide name and phone number: _____ Yes _____ No _____
10. Has there been any discipline issues (suspension, expulsion)?
 If yes, please explain: _____ Yes _____ No _____

Parent/Guardian Signature

Date

ISD 622 McKinney-Vento Questionnaire

Your child may be eligible for additional educational services through Title I Part A, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire. The purpose of this information is to ensure the rights of your children and youth under the McKinney-Vento law. This information is confidential. Please contact the number listed above with questions.

Presently, are you and/or your family in any of the following situations? (Check all that apply)

- Staying in a shelter (youth, domestic violence, or family shelter)
- On the street
- Temporary or emergency foster care, or waiting for foster care placement
- Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up
- Living in a car, park, campground, public space, abandoned building, substandard housing or similar
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- Migrant worker
- Living in one of the situations listed above and without a guardian (unaccompanied youth)

You do not need to complete this form if you have not checked any of the above boxes. If you lose your housing during the school year please contact your child's school social worker or counselor for assistance.

List all children or youth living in the situation marked above:

First	Middle	Last	School

The undersigned certifies that according to information provided above, the students listed meet eligibility under the McKinney- Vento Act (Subtitle B, Sect. 725) of July 1, 2002.

Print Parent/Guardian Name
(Student and District Liaison in case of unaccompanied youth)

Signature

Date

Enrollment Center Staff Use Only

School(s): _____

- Copy of McKinney-Vento questionnaire and school enrollment letter sent to school

*Please fax or mail this form with copy of the enrollment form to Title I-Homeless Education (651-748-7558-fax)



Student and Parent/Guardian User Agreement

Internet/Bring Your Own Technology (BYOT)

Important Parent/Guardian Information

Acceptable Use Policy

- It is expected that all parents/guardians review the Internet Acceptable Use Policy with their student prior to signing this Internet/Bring Your Own Technology User Agreement. Policy **EM-020.21** is available online at <http://www.isd622.org> under About Us → District Policies → Ends, and is included under General Information in the printed District Calendar, which is mailed to each household prior to the start of the school year. Paper copies of policy **EM-020.21** are also available upon request from the main office at your child's school.

Parent/Guardian Responsibility

- Outside of school, parents/guardians bear responsibility for the same guidance of Internet use as they exercise with information sources such as television, telephones, radio, movies and other possibly offensive media. Parents/guardians are responsible for monitoring their student's use of the school district system and of the Internet if the student is accessing the School District from home or a remote location.

Student Use of Electronic Communications

- District 622 is a Google Apps for Education District. In order for students to have full access to these collaborative tools an individual Google account will be issued to each student.

Alternative Educational Activities Option

- Parents/Guardians have the option to request alternative educational activities not requiring Internet and/or Google Apps for Education access.

Student BYOT Information

In an effort to enhance their educational experience, students of the North St. Paul-Maplewood-Oakdale School District 622 are invited to bring their own personal technology to school. Technology includes, but is not limited to, a wireless network capable device. This agreement outlines the District expectations on the use of personal technology. Students must also adhere to the School Board approved, **EM-020.21 Internet Acceptable Use Policy & Internet Use Agreement**.

- Use of personal devices in the classroom is at the teacher's discretion.
- Students are not permitted to connect any personal devices to the District 622 wired network.
- Personal device use must support the instructional activities currently occurring in the classroom/lab.
- Students are responsible for their devices at all times while at school. District 622 is not responsible for any lost, stolen or damaged personal devices.
- Use of personal mobile WiFi hotspots on school grounds in District 622 is prohibited.
- It is not permissible to circumvent the District 622 Web content filter.

***Please see back side of this user agreement for required student and parent signatures**

7. No district level technical support will be available for personal devices.
8. Students are allowed to use District 622 provided Gmail only, for email communication, while using the district network.
9. Website block/unblock requests will only be reviewed when made by faculty or staff and for instructional purposes.
10. Violations to these guidelines/agreement or misuse of a personal device could result in the loss of networking privileges and/or disciplinary actions.
11. Any use of a personal device that interferes with or disrupts the normal procedures of the school or classroom is prohibited. This prohibition extends to activities that occur off school property and outside of the school day if the result of that activity causes a substantial disruption to the educational environment.

Student Internet/BYOT User Agreement

I have read and understand the School District policy related to safety and acceptable use of the School District computer system and the Internet and agree to abide by it. I further understand that should I commit any violation, my access privileges and/or device may be revoked, school disciplinary actions may be taken, and/or appropriate legal action may be taken.

User's Full Name (please print): _____

User Signature: _____ Date: _____

Student ID: _____ Graduation Year: _____

Parent/Guardian Internet BYOT User Agreement

As the parent or guardian of this student, I have read the School District policies related to safety and acceptable use of the School District computer system and the Internet. I understand that this access is designed for educational purposes. The School District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the School District to restrict access to all controversial materials and I will not hold the School District or its employees or agents responsible for materials acquired on the Internet. Further, I accept full responsibility for supervision if and when my student's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent or Guardian's Name (please print): _____

Parent or Guardian's Signature: _____ Date: _____



Request for Student Records

The following student has registered at North Saint Paul-Maplewood-Oakdale ISD 622:

Anticipated Enrollment Date: _____ Grade: _____

Student Name: _____ Date of Birth: _____

Previous School Information

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

School Phone: _____ School Fax: _____

Parent/Guardian Signature _____

Date _____

Previous School - Please forward the following information:

- Transcripts of records and grades - all academic records (Please fax ASAP)
- Special Education records - including IEP/504 Plan, current Evaluation Report & other assessments (Please fax ASAP)
- Standard Test Results
- MN Basic Standard Test Results
- Legal Documents
- Attendance Records
- Discipline Records
- Health Records - including Immunizations and Sports Physical
- ELL/ESL Records

Carver Elementary 2680 Upper Afton Rd Maplewood MN 55119 651-702-8200 651-702-8291 FAX	Castle Elementary 6675 50th St N Oakdale MN 55128 651-748-6700 651-748-6791 FAX	Cowern Elementary 2131 N Margaret St North St Paul MN 55109 651-748-6800 651-748-6891 FAX	Eagle Point Elementary 7850 15th St N Oakdale MN 55128 651-702-8300 651-702-8391 FAX	Oakdale Elementary 821 Glenbrook Ave N Oakdale MN 55128 651-702-8500 651-702-8591 FAX
Richardson Elementary 2615 1st St N North St Paul MN 55109 651-748-6900 651-748-6991 FAX	Skyview Elementary 1100 Heron Ave N Oakdale MN 55128 651-702-8100 651-702-8191 FAX	Weaver Elementary 2135 Birmingham St Maplewood MN 55109 651-748-7000 651-748-7091 FAX	Webster Elementary 2170 E 7th Ave North St Paul MN 55109 651-748-7100 651-748-7191 FAX	John Glenn Middle 1560 E County Rd B Maplewood MN 55109 651-748-6300 651-748-6391 FAX
Maplewood Middle 2410 Holloway Ave Maplewood MN 55109 651-748-6500 651-748-6591 FAX	Skyview Middle 1100 Heron Ave N Oakdale MN 55128 651-702-8000 651-702-8091 FAX	North High 2416 E 11th Ave North St Paul MN 55109 651-748-6000 651-748-6087 FAX	Tartan High 828 Greenway Ave N Oakdale MN 55128 651-702-8600 651-702-8691 FAX	North St. Paul Community School 2300 North St Paul Drive North St Paul MN 55109 651-748-7600 651-748-7609 FAX
Next Step Transition 2586 E 7th Ave North St Paul MN 55109 651-621-1900 651-621-1991 FAX	Harmony Learning Center 1961 E County Rd. C Maplewood MN 55109 651-748-6200 651-748-6251 FAX	Student Services 2520 E 12th Ave North St. Paul MN 55109 651-748-7450 651-748-7449 FAX	Enrollment Center 2520 E 12th Ave North St. Paul MN 55109 651-748-7550 651-748-7558 FAX	Student records should be sent: Attn: _____ at the school circled.

Student Immunization Form

Student Name _____

Birthdate _____ Student Number _____

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

FOR SCHOOL USE ONLY	
<input type="checkbox"/>	Complete; booster required in _____
<input type="checkbox"/>	In process; 8 mos. expires _____
<input type="checkbox"/>	Medical exemption for _____
<input type="checkbox"/>	Conscientious objection for _____
<input type="checkbox"/>	Parental/guardian consent _____

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

School Personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of Vaccine	DO NOT USE (✓) or (✗)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT) • for children age 6 years and younger • final dose on or after age 4 years						
Tetanus and Diphtheria (Td) • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above						5th dose not required if 4rd dose was given on or after the 4th birthday
Tetanus, Diphtheria and Pertussis (Tdap) • for children in 7th - 12th grade						
Polio (IPV, OPV) • final dose on or after age 4 years						4th dose not required if 3rd dose was given on or after the 4th birthday
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday						
Hepatitis B (hep B)						
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required						
Meningococcal (MCV, MPSV) • for children in 7th - 12th grade • booster given at age 16 years						
Recommended						
Human Papillomavirus (HPV)						
Hepatitis A (hep A)						
Influenza (annually for children 6 months and older)						

Additional exemptions:

- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- **Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- **Students 18 years of age or older:** Do not need polio vaccine.

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

<p>1. Certify Immunization Status. Complete A or B to indicate child's immunization status.</p>	
<p>A. Received all required immunizations: I certify that this student has received all immunizations required by law.</p> <p>_____</p> <p>Signature of Parent / Guardian OR Physician / Public Clinic</p> <p>_____ Date</p>	<p>B. Will complete required immunizations within the next 8 months:</p> <p>I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.</p> <p>The dates on which the remaining doses are to be given are:</p> <p>_____</p> <p>Signature of Physician / Public Clinic</p> <p>_____ Date</p>

<p>2. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption.</p>	
<p>A. Medical exemption: No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement: I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):</p> <p>_____</p> <p>Signature of physician/nurse practitioner/physician assistant</p> <p>_____ Date</p> <p>*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)</p> <p>_____</p> <p>Signature of physician/nurse practitioner/physician assistant (If disease occurred before September 2010, a parent can sign.)</p>	<p>B. Conscientious exemption: No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized: I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):</p> <p>_____</p> <p>Signature of parent or legal guardian</p> <p>_____ Date</p> <p>Subscribed and sworn to before me this: _____ day of _____ 20____</p> <p>_____</p> <p>Signature of notary</p>

<p>3. Parental/Guardian Consent to Share Immunization Information (optional):</p> <p>Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.</p> <p>I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system:</p> <p>_____</p> <p>Signature of parent or legal guardian Date</p>	
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In order to receive a class schedule, student or parent/guardian MUST submit this Health/Emergency Card

Elementary/Middle School Form

ISD 622 ANNUAL HEALTH & EMERGENCY INFORMATION

Date: _____

Custody Issue*: _____
*see back side if checked

Resides with: Parent 1/Guardian
 Parent 2/Guardian
 Both
 Other

School: _____

Student: _____ Grade: _____ Gender: _____ Birthdate: ____/____/____
Last (legal) First M

Primary Address: _____ City: _____ State: ____ Zip: _____ Phone: (____) _____

Parent 1/Guardian Student Resides with **(Print)** Place of Employment Work/Cell Number

Parent 2/Guardian Student Resides with **(Print)** Place of Employment Work/Cell Number

Email: Parent 1/Guardian _____ Parent 2/Guardian _____

Emergency Contact(s) if Parent/Guardian cannot be reached **(Print)** Relationship Work/Cell Number

List any health conditions/needs, allergies, dietary needs, and/or physical restrictions.

Parent 1/Guardian Signature	Parent 2/Guardian Signature
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over
→

Elementary/Middle Form

ISD 622 ANNUAL HEALTH & EMERGENCY INFORMATION

Family Doctor/Clinic: _____ Phone: (_____)_____ Hospital Preference:_____

Dentist: _____ Phone: (_____)_____

Please Note: *The information on this card will be requested annually and will be made available to appropriate staff members. In case an EMERGENCY our procedure will be to attempt to contact the parent/guardian at home or work. The Paramedics or local police may be called for assistance. Your student will be taken to the most appropriate hospital for emergency service if no other arrangements have been made.*

***If custodial issues are involved, please provide the information requested below:**

Are there any restrictions legally placed upon non-custodial parent's/guardian's right to information about, or dealing with, the student named above? ___Yes ___No **If yes, a copy of decree needs to be on file at the school.** Please send it to the principal.

If separated or divorced, which parent(s) or person has legal custody of student: ___Parent 1/Guardian ___Parent 2/Guardian ___Both ___Other

May we contact non-custodial parent/guardian in emergency? ___Yes ___No **If no, a copy of decree needs to be on file at school.**

Is student allowed to leave with non-custodial parent/guardian? ___Yes ___No **If no, a copy of decree needs to be on file at school.**



School District 622

NORTH ST. PAUL | MAPLEWOOD | OAKDALE

Ready for tomorrow

Daycare/Alternate Address 2014-2015

Transportation is only provided to and from a student's home. The Daycare/Alternative Address Information form is for parents/guardians of students who want to designate an alternate location for bus pick up and/or drop off. The request must be consistent and pick up/drop off must be within the school's attendance area. For joint custody situations, a schedule is required and only two (2) different addresses are allowed per student. Submit the completed form to the Transportation Department by mail at the above address or fax.

NOTE: If we do not receive this form your child/children will be assigned to a stop relative to the child's home address.

STUDENT INFORMATION

Student Name: _____

Home Address: _____

City: _____ Zip: _____

Parent/Guardian Name: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Parent/Guardian Address: _____

City: _____ Zip: _____

School Student Attends: _____ Grade: _____

MORNING

Alternate Site Name: _____

Alternate Address: _____

City: _____ Zip: _____

Alternate Site Phone: _____ Contact Name: _____

AFTERNOON

Alternate Site Name: _____

Alternate Address: _____

City: _____ Zip: _____

Alternate Site Phone: _____ Contact Name: _____

Allow five (5) days to process your request. The Transportation Office will notify you of your child's bus information. Your child may NOT ride the alternate site bus until approved by transportation.

Parent/Guardian Signature: _____ Date: _____

Alternative Transportation Request Approved Denied Date: _____