



Lake Marion Elementary

19875 Dodd Blvd Lakeville, MN 55044
952-232-2700

December 15th, 2015

Dear Parents of 2016-2017 Kindergarten Students,

You are receiving this letter because we have your child on a list of potential Kindergarteners for the 2016-17 school year. If you will **not** be sending your child, please call 952-232-2700 and let us know so we can update our records.

If you are coming, welcome to Lake Marion Elementary School!
We are excited to have your child come and learn with us in 2016-2017!

You and your child are invited to our Kindergarten Information Night at **6:30 p.m. on Tuesday, January 26th, 2016**. Kindergarten Information Night provides you with an opportunity to learn more about the school your child will attend. It also gives your child a chance to explore the excitement of kindergarten! This is a special time for new kindergarten students and parents, therefore, we ask that you refrain from bringing siblings.

Kindergarten Information Night Schedule

Your child will have an opportunity to experience a short kindergarten session with our teachers, which we have found greatly reduces any anxiety children may have about coming to kindergarten. While your child is with our teachers, you will meet with our principal, Mr. Bret Domstrand, to discuss the kindergarten curriculum, transportation, and kindergarten options. Please bring your child to the kindergarten classrooms by 6:30 p.m., and then attend the meeting in the Commons.

Kindergarten Forms

Starting school is a major event in your child's life and there are many forms and schedules to complete. Please plan on bringing most of these completed forms with you on January 26th.

You have three options to obtain the forms:

- 1 – from our website at: <http://isd194.org/lake-marion/>
- 2 – Stop at the school and pick them up
- 3 – Call the office at 952-232-2700 and we can mail them to you

Forms Due

It is important for you to return the following forms by the dates below:

January 26 th	*Registration form
	*Health Inventory form
	*Copy of your child's birth certificate
July 1 st	*Pupil Health Immunization Record
August 1 st	* Preschool Screening Records

Pupil Health Immunization Record

Another important part of registration is the immunization record. We have made this easy for you! You may take the Pupil Immunization form with you to your child's kindergarten physical and have your physician complete the form and fax it back to us **at 952-469-7180**. Your physician may also fax the information on their own form. It may take several months to get an appointment for your child's physical, so we encourage you to call now! The immunization form is due **July 1**.

Preschool Screening Records

Kindergarten students will not be placed in a class until the preschool screening records are received. If your child has not been screened, please call **952-232-3000 #3 immediately** to schedule an appointment. If your child went through preschool screening in Lakeville, we will receive those records from our Early Childhood Department. However, if your child was screened in another school district, please contact that district to get a copy sent to us, or you may make a copy of your records. This is a state requirement, so please be sure to act on this as soon as possible.

If you have any questions on the registration process or Kindergarten Information Night, or if you are **not sending your child to Lake Marion** next year, please call Krista Yuronich at 952-232-2701 or email to: krista.yuronich@isd194.org. We are looking forward to meeting you and your child on January 27th!

Sincerely,

Bret Domstrand, Principal
Cheryl Johnson, Kindergarten Teacher
Christie Hopkins, Kindergarten Teacher
Kristy Saunders, Kindergarten Teacher
Shari Sloane, Kindergarten Teacher
Krista Yuronich, Office Manager



Lakeville Area Public Schools

Student Enrollment Form

Student Information			
Student Last Name:	First Name:	Middle Name:	Nickname:
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Entering Grade:	Start Date:
Resident District (if not Lakeville Area Public Schools):		If not a resident of ISD194, has an Open Enrollment Agreement been completed and sent to Student Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Early Childhood Screening is required for your child's entry into public school kindergarten. Has your child completed screening (3-5 years old) with ISD194?		<input type="checkbox"/> Yes <input type="checkbox"/> No - In which District was your child screened?	
Has your child previously attended a Minnesota School?		<input type="checkbox"/> Yes - Name of District: _____ <input type="checkbox"/> No Year(s): _____	
Has your child ever registered under a different name?		<input type="checkbox"/> Yes - Previous name: _____ <input type="checkbox"/> No	
Federal Designations			
*Racial/Ethnic Background of Student (Check ONLY one box): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin		* Home Primary Language (see information on reverse side) In order to help your child learn, your child's teachers need to determine which language your student uses most. Please answer the following questions: Which language did your child learn first? <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____ Which language is most often spoken in your home? <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____ Which language does your child usually speak? <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____	
Federal Race/Ethnicity categories required by No Child Left Behind. Complete Parts A and B: Part A – Check ONLY one: <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino Part B – Check ALL that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Country of Birth: If born outside of USA: Date of entry to USA: _____ Date of first enrollment in USA School: _____ Has this student completed three or more years of school in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Student Information (Optional)			
Is this student: <input type="checkbox"/> Homeless <input type="checkbox"/> Ward of the State <input type="checkbox"/> Immigrant <input type="checkbox"/> Foreign Exchange <input type="checkbox"/> Military-Connected Youth	Does your child receive any services in the following areas? Check all that apply: <input type="checkbox"/> Special Education - Individual Education Plan (IEP) <input type="checkbox"/> ADA Section 504 Plan <input type="checkbox"/> Title-I <input type="checkbox"/> English Learner (EL) <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Other _____		

Please Complete and Sign Back of Form ➤

Primary Household					Date Moved In:	
Address:			City:	State:	Zip:	Home Phone:
Primary Household Adult 1						
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Relationship to Student:			Date of Birth:	E-mail Address:		
Primary Household Adult 2						
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Relationship to Student:			Date of Birth:	E-mail Address:		
Other Children/Members in Primary Household						
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Student:	Birth Date:	
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
Additional Household					Date Moved In:	
Address:			City:	State:	Zip:	Home Phone:
Additional Household Adult 1						
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Relationship to Student:			Date of Birth:	E-mail Address:		
Additional Household Adult 2						
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Relationship to Student:			Date of Birth:	E-mail Address:		
Other Children/Members in Additional Household						
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Student:	Birth Date:	
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
Emergency Contacts (Other than those listed above)						
Name:	Work Phone:	Cell Phone:	Home Phone:	Relationship to Student:		

I hereby verify that the above information is true and correct to the best of my knowledge and belief. I understand that completing this form enrolls my student in the Lakeville Area Public Schools and grants permission to obtain all student records pertaining to my child.

Parent/Guardian Signature:

Date:

EXPLANATION OF PRIVATE INFORMATION REQUESTED ON THIS FORM

In accordance with the Federal Data Privacy Act of 1974 and the State of Minnesota Privacy Law, you are not required to provide the information noted with an asterisk (*). There will be no adverse affect on you or your student if you do not choose to provide it. However, your cooperation in providing this information will ensure its accuracy and help to facilitate equitable educational opportunities for all students. Be assured that we will use the information in a manner that respects the privacy of our students and families.

***Home Primary Language:** In order to assist school districts to provide equal opportunity for a meaningful education to all students, Minnesota law requires that schools count and report the primary language of their students.

* **Racial/Ethnic Background:** This information is needed to comply with state and federal reporting requirements relating to equity in education. Your cooperation in providing this information will ensure that we have accurate data on your child.

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

- () Complete; booster required in _____
- () In process; 8 mos. expires _____
- () Medical exemption for _____
- () Conscientious objection for _____
- () 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						
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday						4th dose not required if 3rd dose was given on or after the 4th 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> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <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> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <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> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <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> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <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> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of parent or legal guardian</p> <p>_____ Date</p> <p>Subscribed and sworn to before me this: _____ day of _____ 20____</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <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>	
<hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of parent or legal guardian</p>	<hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Date</p>

LAKEVILLE AREA PUBLIC SCHOOLS ISD 194 STUDENT HEALTH INVENTORY

Student name- last, first, middle	Sex	Birth date	School	Grade
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This information is needed to keep your child healthy and safe at school. If your child has a life threatening health condition; it is the parent/guardian’s responsibility to notify the school nurse prior to school attendance so that an appropriate plan of care is developed.

HAS YOUR CHILD BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING: CIRCLE &/OR CHECK “YES” OR “NO”, THEN EXPLAIN ALL “YES” ANSWERS

DOES YOUR CHILD HAVE?	YES	NO	EXPLANATION
ADD/ ADHD medication? dose?			
Allergies: drugs, foods, insects, latex?			
Arthritis or joint pain			
Asthma, mild moderate severe meds?			
Autism			
Birth defects			
Bladder concerns			
Bleeding disorder: type?			
Brain injury/ unconsciousness?			
Cancer: type? Remission?			
Cerebral palsy: identify type/limbs			
Cystic Fibrosis			
Depression: medication/counseling?			
Developmental delays			
Diabetes: age at diagnosis?			
Dietary restrictions			
Down’s Syndrome			
Ear or hearing concerns			
Eating disorder: over/ underweight			
Emotional or psychological concern			
Eye or vision concerns			
Heart condition: restrictions?			
Intestinal/bowel concerns: soiling?			
Kidney disease			
Migraines or severe headaches			
Prematurity: weeks? Apgars?			
Seizures: type, meds, last seizure?			
Skin concerns			
Speech/communication concerns			
Spina bifida			

OVER

CONFIDENTIAL

Student name _____

HAS YOUR CHILD HAD?

SPECIFY TYPE AND DATE

Serious Injury? NO YES _____
 Serious Illness? NO YES _____
 Surgery? (Operation) NO YES _____
 Chemical health treatment? NO YES _____
 Mental health treatment? NO YES _____

Does your child have any other specific illness, disability or limiting condition? Explain: _____

DOES YOUR CHILD	YES	NO	EXPLAIN or CIRCLE	
Wear glasses?			Distance	Reading
Wear contacts?			Distance	Reading
Wear an eye patch?			Left Eye	Right Eye
Wear hearing aides?			Left Ear	Right Ear
Require medical procedures or adaptive equipment at home/school?				
Have physical or medical limitations?				
Have a condition that prevents full participation in PE?				
Receive therapies or treatments?				
Wear diapers?				
Have condition requiring emergency treatment/meds at school?				

Has your child ever taken medication for an extended period of time? YES NO

If yes, please explain _____

Does child currently take any medications? YES NO If yes, please complete

Medication	Dose	Time(s)	Reason	Side effects	Prescribing Physician

ISD 194 requires written authorization from a licensed health care provider and parent before medication, prescription or over the counter, may be taken at school.

Do you have concerns about your child's physical health, behavior or emotional well being? _____

Would you like to discuss your child's health, emotional well-being or behavior with school staff?

Please circle: Licensed School Nurse Teacher Counselor Principal

I understand that the information provided above will be shared in a confidential manner with appropriate staff members who need to know in order to provide for the health needs and safety of my student. I will keep the school informed of any changes in health status or contact information. Information provided on this form is true and accurate.

Parent//Guardian Signature: _____ date _____

LSN Signature: _____ date _____



Transportation

Lakeville Area Public Schools bus transportation is provided by Schmitt and Sons Bus Company. There is a fee for students who live less than two miles from school. The fee is \$150 per student per year with a maximum charge per family of \$450. Parents/Guardians will receive notification of this charge in mid-May. Payment is due mid-July. To pay your student(s) transportation fee, please visit our Online Fee Payment system.

Contact

If you have questions or need additional clarification, please contact:

- Purchasing Coordinator, Pam Lundberg-Schmidt – 952-232-2030 or Pamela.Lundberg-Schmidt@isd194.org
- Schmitt & Sons Bus Company – 952-469-2256 or visit the [Schmitt and Sons website](#).

Information and forms

Available on the ISD194.org website

- [Online Fee Payment](#)
- [Transportation Form 2015](#)
- [Transportation Fee Waiver Release Form](#)
- [Attendance Area Finder](#)

- [Free Student Transportation Policy](#)
- [Free Student Transportation Safety Policy](#)
- [Student Services Special Transportation Request](#)
- [Physician Documentation of Need for Special Transportation](#)

For information on start and end times please check your schools webpage.

Busing Q&A

Q: Who is eligible for fee for service?

A: All students who live less than 2 (two) miles from the school are eligible for bus service for a fee. Distances are calculated by the District using computer-aided measurements taken from the school site at the point where buses turn off of the street into the school driveway to the home address farthest driveway-side edge of the property line.

Q: How much is the pay for service fee?

A: The fee is \$175 per student with a family cap of \$525 if paid after July 15th. After May 15th but prior to July 15th, the fee is \$150 per student with a family cap of \$450. Registration before July 15th helps us establish bus routes and stops. It also allows bus passes to be distributed on time. It can take up to five days to process late registrants and receive a bus pass. Late registrants will be given a bus assignment as space is available on existing buses and at existing stops.

Q: Why isn't everyone charged a fee to ride the bus?

A: State law requires public school districts to provide free transportation to all students living two or more miles from their school.

Q: How do I register?

A: You can register at the [District Web Store](#) using your debit or credit card. If you choose to pay by check, you will need to register on paper and mail your application to Schmitt & Sons School Bus, 22750 Pillsbury Avenue, Lakeville, Minnesota 55044. You must have your child's transportation ID number (TIN) to register by either method. The transportation ID number is on the letter you received notifying you of eligibility for paid bussing.

Q: Does the fee cover costs?

A: No, the actual average cost to transport a student in the Lakeville District is \$355 per student. The balance is covered by funding from the general education budget for the district.

Q: What about non-public school transportation?

A: All transportation policies and procedures, including pay for service, apply equally to private schools as required by law.

Q: What if I am a new student?

A: Students newly enrolled in the district will be eligible to pay for transportation without being assessed a late fee. New students enrolled on or prior to January 31st of the current school year will be charged the full annual fee. New students enrolled after January 31st of the current school year will be charged 50% of the annual fee.

Q: Are there opportunities for financial assistance?

A: Yes, families who qualify for Free and Reduced Educational Benefits can receive a fee waiver. Applications for Educational Benefits are available at your child's school, at the District Nutrition Service Office (952-232-2061) or on the [Nutrition Service Free and Reduced Price Lunch Program Website](#). If you have not applied for Free and Reduced benefits, you must pay the fee. If you are approved for benefits, your fee will be refunded.

Q: My family receives a waiver on bus service fees because we are eligible for free lunch. Do I still have to apply for bus service?

A: Yes. You must submit the transportation application to receive the bus pass.

[Printable Transportation Form](#)

[Transportation Fee Waiver Release Form](#)

Q: Do part-time riders pay less?

A: There are no reduced fees if you don't choose to use the service morning and afternoon. Transportation services are based on the daily student count. Costs do not go down for children who ride the bus only one way or do not ride every day. There are no reduced fees for part-time riders.

Q: What about daycare?

A: The district will follow existing policy and administrative procedure. Bus stop location determines the pay for service status. If your daycare is within pay zone, you will pay for service.

Q: Are there alternate stops?

A: We will follow existing policy and administrative procedure. The bus stop location determines the pay for service status.

Q: What are the rules for Inter-district Open Enrollment?

A: The closest existing stop to home determines the pay for service status for those requesting transportation.

Q: Are there prorated payments or refunds?

A: No, costs will not be prorated for current residents requesting transportation at any point beyond the start of the school year. Also, refunds will not be provided for non-use or discontinued use of the service after the first day of school.

Q: Do other districts charge fees for transportation?

A: Yes. Burnsville ISD 191, Farmington ISD 192 and Rosemount ISD 196 all charge fees for transportation, though the details and fees vary.