

AITKIN HIGH SCHOOL

306 SECOND STREET NW
AITKIN, MINNESOTA 56431-1289

ENROLLMENT FORM

Tel: 218-927-2115 Fax: 218-927-2630

FOR SCHOOL USE:

Student # _____

Locker # _____

- MacBook Permission/Pledge
- Mac Insurance
- FERPA Form
- Schedule Created

- Food
- Bus
- Health
- Transcript
- Emergency
- Cumulative File
- Portal
- Notices/emails
- Email Grades

Today's Date: _____

Student Information:

School Enrolling in: _____ Start Date: _____

Has student attended school in Aitkin before? Yes _____ No _____ (if yes, when and grade) _____

Student: First Name (legal)	Middle Name (legal)	Last Name (legal)	DOB	Gender
Student's Social Security Number		Student's Nickname		Grade

School most recently attended by student

School _____ District _____ Date Left _____ Last Grade Completed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

1. Do any court orders apply? Yes _____ No _____ (if yes provide copy)
2. Is student receiving special education services (has an IEP?) Yes _____ No _____
3. Does student have a 504 Plan? Yes _____ No _____
4. Has student attended a MN Public School before? Yes, School _____ No _____
5. Does your student have a Social Worker? Yes _____ No _____
If yes, name and phone number _____
6. What is student's country of birth? _____
If not in the United States, when did student first enter the USA? (mm/dd/yyyy) _____
7. Which language did your child learn first? English _____ Other (specify) _____
8. Which language is most often spoken in your home? English _____ Other (specify) _____
9. Which language does your child usually speak? English _____ Other (specify) _____
10. Has this student been receiving English Learner (EL) services? Yes _____ No _____
11. Is the student a member of a military family (parent or guardian is currently a Reservist, National Guard member, on Active Duty, or has recently retired from the armed forces)? Yes _____ No _____
If yes, is the military member actively deployed or expects to be actively deployed this school year Yes _____ No _____
12. Have you moved to this district for temporary seasonal agricultural or fishing work in the last 36 months? Yes _____ No _____
13. Will student use district transportation? (a.m. pick-up) Yes _____ No _____ (p.m. drop-off) Yes _____ No _____

If yes, pick-up location? _____

drop-off location? _____

Ethnicity/Race		List Additional Children Residing in the Home		
Is student Hispanic/Latino	Yes _____ No _____	First, Middle, Last Name & Birthdate (MM/DD/YYYY)	Gender	Pre K – 12 Grade
Please identify the race of your student by checking either				
“Yes” or “No” in any of the categories that apply.				
Yes _____ No _____American Indian or Alaska Native			
Yes _____ No _____Asian			
Yes _____ No _____Black or African American			
Yes _____ No _____Native Hawaiian or Pacific Islander			
Yes _____ No _____White			

Parent/Guardian Residing with Student

First Name	M.I.	Last Name	Relationship to Student
Home Phone (is this an unlisted #)	Cell Phone	Work Phone	Email Address

First Name	M.I.	Last Name	Relationship to Student
Home Phone (is this an unlisted #)	Cell Phone	Work Phone	Email Address

Student lives with: (Check all that apply)	<input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Relative <input type="checkbox"/> Homeless	<input type="checkbox"/> Mother and Stepfather <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> Alone <input type="checkbox"/> Other _____	Custody: <input type="checkbox"/> Joint Physical <input type="checkbox"/> Joint Legal <input type="checkbox"/> Foster Parent <input type="checkbox"/> Ward of the State	<input type="checkbox"/> Sole Physical <input type="checkbox"/> Sole Legal
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District 001 Address - Student's Primary Household (Where student is living)

House Number	Street Name	Apt. #	City	State	Zip
Do you use a PO Box?	PO Box #	City	State	Zip	

Current Address (if not in District 001) – An open enrollment form will be needed from the District Office

House Number	Street Name	Apt. #	City	State	Zip
Date expected to move into District:					

Second Mailing: List other parent/guardian for additional mailing and information

First Name	M.I.	Last Name	Relationship to Student		
Home Phone (is this an unlisted #)	Cell Phone	Work Phone	Email Address		
House Number	Street Name	Apt. #	City	State	Zip
Do you use a PO Box?	PO Box #	City	State	Zip	Custody: <input type="checkbox"/> Joint Physical <input type="checkbox"/> Joint Legal <input type="checkbox"/> Foster Parent <input type="checkbox"/> Ward of the State

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

Parent/Guardian Signature: _____ Date: _____

**Aitkin Public Schools
Annual Health Update**
(Please print off and complete both pages of the form)

Complete one form per child in your household. Please be thorough. This information is important for providing a safe and healthy environment for your child, pertinent health information will be shared with school staff that works directly with your child.

Student Name _____ DOB _____ M/F _____ Grade _____

Health Care Provider and Clinic _____ Phone _____ Last Exam _____

Specialist and Clinic _____ Phone _____ Last Exam _____

Dentist and Clinic _____ Phone _____ Last Exam _____

Eye Care Provider and Clinic _____ Phone _____ Last Exam _____

Medical History (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Physical handicap | <input type="checkbox"/> Dental Problems |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Stomach Aches | <input type="checkbox"/> Frequent Sore Throats |
| <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Anorexia/Bulimia |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Eczema | <input type="checkbox"/> Seizures/Epilepsy |
| <input type="checkbox"/> Speech Problems | <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Convulsions with Fever |
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Kidney/bladder problems | <input type="checkbox"/> AIDS/HIV |
| <input type="checkbox"/> Orthopedic Conditions | <input type="checkbox"/> Mental health diagnosis | <input type="checkbox"/> Emotional/Behavioral Concerns |
| <input type="checkbox"/> Other (Please use back if needed) _____ | | |

If you marked any of the above, please explain _____

Allergies (check all that apply) Plant Food Drugs Animals Bee/insects Other
Please describe the specific trigger, reaction and interventions that you have found to be helpful: _____

Medication

Is medication needed for any condition: At home? Yes No At School? Yes No

Please list name, amount and time of day (use back if needed) _____

If medication is to be disbursed at school, please complete the "Parent Request for School Personnel to Dispense Medication for Minors" form. This can be found on the school website at <http://www.aitkin.k12.mn.us/> Click on *District - School Nurse - Medication Policy* or you may contact the office for a form.

Other Medical Information

List any operations, injuries, hospitalizations, or prolonged illnesses with dates _____

Please describe any restrictions or modifications needed (Gym, sports, diet, etc.) _____

Does your child wear glasses? Yes No Contact Lenses? Yes No

Please list any other information that you feel will help the school staff to better understand and work with your child (use the back if needed) _____

Parent/Guardian Release of Information and Consent

The information on the front and back of this form may be released to school personnel as needed to provide a safe and healthy learning environment for my child. My child has permission to be administered minor first aid on school grounds during the school day by school personnel. The school may share vaccination information back and forth with area clinics and public health.

Parent/Gaurdian Signature _____ Date _____

**Aitkin Public Schools
Annual Health Update
(Please complete front and back of form)**

Use this side of the page to go into greater detail about any of the questions on the other side of the page: _____

Basic first aid will be provided for your child. Medical referrals may be made. 911 will be called in the case of an emergency. The following products may be used while providing First Aid. Please check any product that your child *cannot* come in contact with:

- Sterile saline-eye and wound irrigation
- Clinical Care Wound Cleanser – Benzethonium chloride 0.1%
- Caldyphen lotion – Promoxine HCL 1% /Zinc Acetate 0.1%/-skin itching and irritation
- Rubbing alcohol
- Hydrogen Peroxide
- Triple Antibiotic Ointment – Polymyxin B Sulfate/Bacitracin Zinc/Neomycin Sulfate
- Jergens lotion – dry skin
- Starburst mints may be offered to help soothe a sore throat or stomachache. All other over the counter medications including cough drops and pain relievers must be provided by the parent/guardian along with necessary consent.

SCHOOL EMERGENCY INFORMATION
AITKIN PUBLIC SCHOOLS

To Parent or Guardian:

The welfare of your child is the **FIRST** consideration of school authorities. In case of an emergency the school will contact you at once. It is your responsibility to make arrangements for proper care in case your child should meet with an accident or become too ill to remain in school at a time when you are away from home.

THIS INCLUDES:

1. Designating a neighbor or relative to care for your child in their home until you can be reached.
2. Arranging for a person to care for your child when parents or guardians work or are routinely away from home when it is necessary for the school to send the child home because of illness.
3. Provide transportation home or to the doctor's office if necessary.
4. Please complete the SCHOOL EMERGENCY INFORMATION below and return to the school promptly. If you have a change of address during the school year, notify the school. This information will help the school authorities speed emergency care to your child according to your wishes.

Pupil's Name _____ Birthdate _____ Grade _____

Parent's Name _____ Phone _____ Dad's Work _____

Address _____ Mom's Work _____

City _____ State _____ Zip _____

Please explain unique living arrangements _____

Home E-mail Address: (if available) _____

If parent/guardian cannot be reached in case of illness, please call:

Name	Friend or Relative	Phone
or:		

Name	Friend or Relative	Phone

In case of serious accident or illness, and parent/guardian cannot be reached, I authorize the school to obtain necessary treatment.

I have read the rules and regulations on this paper. _____
Signature of Parent or Guardian Date

Aitkin Independent School District No. 1
Family Educational Rights and Privacy Act (FERPA)
Annual Notice for Disclosure of School Directory Information

Dear Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a federal law that requires the school district, with certain exceptions, to obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. However, the school may disclose some student information without written consent when the information is designated "Directory Information" unless you have advised the district to the contrary in accordance with district procedures.

The primary use for Directory Information by the district is to include this type of information in certain school publications. It is generally not considered harmful or an invasion of privacy if released. Examples of school publications are:

- A playbill or program, showing your child's role in a drama or music production
- The annual yearbook
- Honor roll or other recognition lists published at school or in newspapers
- Graduation programs
- Sports statistics listed in programs, such as football which may include height and weight of team members
- School or district website

Directory information can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to:

- Other schools the student is seeking to attend (transcripts, etc.)
- Class ring manufacturers
- State or federal authorities auditing, evaluating programs or enforcing state or federal laws
- A court by order of a subpoena

The school district has designated the following as Directory Information:

Student Name	Degrees, honors and awards received	Major field of study	Grade level
Address	Most recent educational agency or institution attended	Dates of attendance	
Telephone #	Participation in school-sponsored activities and sports	Photograph	
E-mail address	Weight and height of members of athletic teams	Date and place of birth	

Two federal laws require school districts that receive assistance under the No Child Left Behind Act of 2001 to provide military recruiters, upon request with three Directory Information categories – name, address and telephone listing – unless parents have notified the district that they do not want their child's information disclosed without their prior written consent.

If you **do NOT** want the district to disclose Directory Information about your child without your prior written consent, you must notify the district in writing. This will take effect the day the form is received in the office. Please complete the lower portion of this form and return the entire form to your child's school only if you do not want your child's directory information disclosed.

Brad Kelvington

Name

218-927-2115

Telephone Number

Superintendent

Title

bkelvington@isd1.org

E-mail Address

Parent: **ONLY** complete and return this entire form **IF you DO NOT give your consent** for the release of School Directory Information. Use a separate form for each child and return it to the child's school.

Name of Student: _____ School: _____ Date: _____

Name of Parent/Guardian _____ Signature of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail Address: _____

Office use only: Date Received _____ by _____

Is this form required?

This form must be completed to apply for free or reduced-price school meals, unless:

- (1) Your school provides free school meals to all students without applications from households (*Community Eligibility Provision, Provision 2 or Provision 3*) or
- (2) You were notified that your children have been directly certified for school meal benefits based on foster care status or participation in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR).

Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information, but if you do not we cannot approve your child for free or reduced-price school 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 are not required when you apply on behalf of a foster child, or you provide an MFIP, SNAP or FDPIR assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information that you provide on this form. We will use your information to determine if your child qualifies for free school meals, and for administration and enforcement of the school meal programs. We *may* share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

Please provide the requested information about children's race and ethnic identity. This information is not required and does not affect approval for program benefits. We use the percentages of participants in each racial/ethnic category to check that our program is operated in a nondiscriminatory manner in compliance with federal civil rights laws

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to the Minnesota Department of Education (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.

Information provided on this form may be shared with Minnesota Health Care Programs, unless the person completing this form has checked the box in Step 4 to not share information for that purpose.

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, complete the *USDA Program Discrimination Complaint Form (AD-3027)* found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and 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 discrimination complaint form or letter to USDA by: (1) Mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or (2) Fax to (202) 690-7442 or (3) Email to program.intake@usda.gov. This institution is an equal opportunity provider.

Office Use Only: Verification

Date Verification Sent: _____ Response Due: _____ 2nd Notice: _____

Result: No Change Free to Reduced-Price Free to Paid Reduced-Price to Free Reduced-Price to Paid

Reason for Change: Income Case number not verified Foster not verified Refused Cooperation Other: _____

Signature of Confirming Official: _____ Date: _____ Signature of Verifying Official: _____ Date: _____

AITKIN PUBLIC SHOOOLS PARENT PORTAL ACTIVATION KEY REQUEST FORM

PLEASE READ & INITIAL THE STATEMENTS BELOW

- I have read and understand page 1 of Campus Portal Handout, including the "Campus Portal Acceptable Use and Safety Policy"
- I understand that although data is in "real time" that student attendance and grades may not be updated daily.
- My computer meets the Computer System Hardware and Software Requirements outlined in the Campus Portal Handout
- I understand that the school cannot support technical computer questions not related to the Campus program.

Please print or type Parent/Guardian Information below:

First Name	Last Name	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address		
<input style="width: 98%;" type="text"/>		
City	State	Zip
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Phone	Work/Cell Phone	Email Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 98%;" type="text"/>

Please list the names of the students you expect to have access to (only children you are the legal guardian of):

First Name	Last Name	Grade	Relationship	School
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

*Parent Signature	Signature witnessed by:	Date
<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>

Approval Signature _____	e-mail confirmation sent:
	Activation Key Issued? Y N Date: _____