

# 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 # \_\_\_\_\_

- iMac Parent
- iMac Student
- iMac Insurance
- iMac Ins. \$ paid
- iMac Video
- Schedule Created

- Food
- Bus
- Trans
- Health
- Emergency
- Portal
- Notices
- Cum. File

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

<b>Student lives with:</b> (Check all that apply)	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Mother and Stepfather	<b>Custody:</b> <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"/> Guardian	<input type="checkbox"/> Father	<input type="checkbox"/> Father and Stepmother	
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Alone	
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Homeless	<input type="checkbox"/> Other _____	

**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)**

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	<b>Custody:</b> <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: \_\_\_\_\_

**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 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: \_\_\_\_\_

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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.

# AITKIN PUBLIC SCHOOLS 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:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approval Signature \_\_\_\_\_

e-mail confirmation sent:

Activation Key Issued? Y N

Date:

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