

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"/> Mother	<input type="checkbox"/> Mother and Stepfather	Custody: <input type="checkbox"/> Joint Physical <input type="checkbox"/> Sole Physical <input type="checkbox"/> Joint Legal <input type="checkbox"/> Sole 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) – 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 _____

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 _____

2018-19 Application for Educational Benefits

Complete one application per household. Please use pen (not a pencil).

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.

Child's First Name	MI	Child's Last name	Birthdate	Grade	Foster Child
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

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 Case 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. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1.

Child Income	Weekly	Bi-weekly	2x Month	Monthly
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself) List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before deductions or taxes) for each source in whole dollars (no cents) 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.

Are you sure what income to include here? Flip the page and review "Sources of Income" for more information. "Sources of Income for Children" will help you with the Child Income section. "Sources of income for Adults" will help you with the ALL Adult household Members section.

Name of Adult Household Members (First and Last)	Earnings from Work	Weekly				Net income from Self-Employment	Monthly		All Other Income such as SSI, Unemployment, Public Assistance, Child Support, and others on page two	Weekly			
		Weekly	Bi-Weekly	2x Month	Monthly		Monthly	Yearly		Weekly	Bi-Weekly	2x Month	Monthly
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member XXX-XX-_____ Check if no SSN: **Total Household Members** (Children and Adults) _____

STEP 4: Contact information and adult signature. Mail Completed Form To: (School/District Information) _____

"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 Programs as allowed by state law.

Printed name of adult signing form _____

Signature of adult _____

Today's Date _____

Street Address (if available) _____

Apt# _____

City _____

State _____

Zip _____

Daytime Phone _____

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none"> • Earnings from work • Social Security <ul style="list-style-type: none"> ○ Disability Payments ○ Survivor's Benefits • Income from person outside the household • Income from any other source 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Salary, wages, cash bonuses (before deductions or taxes) • Net income from self-employment (farm or business) • If you are in the U.S. Military: <ul style="list-style-type: none"> ○ Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) ○ Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Social Security • Disability benefits • Regular income from trusts or estates • Annuities • Investment income • Rental income • Regular cash payments from outside household

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. **Ethnicity (check one):** Hispanic or Latino Not Hispanic or Latino

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

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.

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) online at: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, 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 form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410
fax: (202) 690-7442; or
email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out: For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Annualized	Household Size	Categorical Eligibility	Free	Reduced	Denied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Determining Official's Signature

Date

Confirming Official's Signature

Date

Selected for Verification -- attach Verification Tracker

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 <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>	Middle Name <input style="width: 95%;" type="text"/>
Address <input style="width: 95%;" type="text"/>		
City <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>	Zip <input style="width: 95%;" type="text"/>
Home Phone <input style="width: 95%;" type="text"/>	Work/Cell Phone <input style="width: 95%;" type="text"/>	Email Address <input style="width: 95%;" 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"/>
<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"/>
<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 <hr style="border: none; border-top: 1px solid black;"/>	Signature witnessed by: <hr style="border: none; border-top: 1px solid black;"/>	Date <hr style="border: none; border-top: 1px solid black;"/>
--	--	---

Approval Signature _____	e-mail confirmation sent:
	Activation Key Issued? Y N 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 – names, addresses, and telephone listings – 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 by **09/01/2018**. Please complete the lower portion of this form and return the entire form to your child's school if you do not want your child's directory information disclosed.

Dr. Charles Rick

Name

218-927-2115

Telephone Number

Interim Superintendent

Title

crick@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: _____

**AITKIN HIGH SCHOOL
PERMISSION TO PUBLISH DIRECTORY INFORMATION
for Specific School Purposes**



(See the Family Educational Rights and Privacy Act (FERPA))

Student/Parent Information

Today's Date

Student Full Name

Name of Parent filling out this form

Home Phone

Permission to Publish Directory Information

This form

- is a new permission form
 will replace a previous form

I have signed a FERPA form stating that the school may not use my student's directory information without my prior written consent. This form will be considered prior written consent for the items checked below. I give permission for the school to release directory information for the above named student for the following purposes: (Check all that apply)

Grade in School/Graduation Year

Sports Rosters

Height/Weight for Sports Rosters

Playbills or Programs

i.e. One Act Play, Musical, Honor Society, Graduation Program

Yearbook (name & photos)

Honor Roll, Honors/Awards Received

Other:

This form will be in effect beginning on the above date until the above named student graduates, or until a new form is filled out changing this information. PLEASE PRINT THIS FORM, SIGN IT AND RETURN IT TO THE HIGH SCHOOL OFFICE.

Parent Signature: _____