

Registration Form - Please Print

Date _____

Student's Legal Name: _____
Last First Middle

Grade _____ Sex _____ Date of Birth _____ Social Security # _____

Telephone numbers: Home: _____

Emergency Contacts (Names/Phone Numbers):

Father's Work _____
Father's Cell _____
Mother's Work _____
Mother's Cell _____

Family Info:

Father, Stepfather, Guardian
Other _____

Address

City, State, Zip

E-mail Address

Mother, Stepmother, Guardian
Other _____

Address

City, State, Zip

E-mail Address

List the names of student's brothers and sisters (oldest first)

Name _____ Gender _____ Grade _____ DOB _____
Name _____ Gender _____ Grade _____ DOB _____
Name _____ Gender _____ Grade _____ DOB _____

Has student been in a Minnesota school? IF SO, when? _____ Grade _____

Last school attended: Name: _____ Dist # _____

City, ST _____ Phone # _____ FAX _____

Parent/Guardian Signature

Please complete reverse side

Military Family:

Yes
 No

Is student of Hispanic ancestry?

Yes
 No

Select all that apply. You may select more than one subcategory.

<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black
<input type="checkbox"/>	Hispanic /Latino
<input type="checkbox"/>	Native Hawaiian/Pacific Islander
<input type="checkbox"/>	White

"Emergency Medical Treatment. In case of a medical emergency, such as when the student becomes ill or injured and, in the reasonable judgement of the school, emergency medical treatment may be necessary, I authorize the school to seek medical attention from the medical facility or health care provider that the school deems appropriate. I understand that the school may need to seek such medical attention before they are able to contact or reach me (the student's parent/legal guardian or other emergency contact). I understand that I will be financially responsible for any care that is rendered by a medical facility or other health care provider in the event of a medical emergency."

Parent/Guardian Signature

Date

OFFICE USE ONLY

Student ID _____	Date Enrolled _____
Room # _____	Bus Pickup _____ Transportation Code _____ Bus Route _____
Transcript Requested _____	Kindergarten Age Verification _____

In accordance with the Federal Data Privacy Act of 1974 and the State of Minnesota Privacy Law (M.S. Section 13.43, you do not have to provide the social security number, our district will assign an unique number for the student.

Transportation Department Form

Student Name _____ SS # _____

Address _____ City _____

Parent Name _____

Home Phone _____ Birthdate _____

Are there other children in your family attending Aitkin Schools? Yes ___ No ___

If yes, name(s) _____

Will your child be transported to and/or from daycare? If so, which one _____

Does a school bus currently drive past your home? Yes ___ No ___ If yes, which one? _____

Directions to my home from school:

PLEASE COMPLETE THIS FORM TODAY

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. A parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: Last, First, Middle	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other English is indicated, your student will be screened for English language proficiency.

Parent/Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

*All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting at home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

Rippleside Elementary School

Volunteer Opportunities

Our goal is to encourage parents to become involved within the school.

Parents Name _____ DOB _____
Address _____ City _____ Zip _____
Phone Number _____ Email _____
Child's Name _____ Teacher _____
_____ Teacher _____

Classroom Based Volunteer Opportunities

_____ **General Classroom Helper** The general classroom helper will be matched with a teacher and assist with any necessary tasks. Duties may include cutting, pasting, putting up bulletin boards, completing book orders, and/working individually one on one or in a small group.

_____ **Individual Tutor** The tutor would usually work one on one with students who need extra help. The tutor may help reinforce skills that a student is having trouble with. The tutor may also help the students complete missing assignments or incomplete work.

_____ **Accelerated Reading Helper** An accelerated reading helper may take students down to the media center to test on a book that student has read. Volunteers will need some training on the accelerated reading computer program.

School Wide Volunteer Opportunities

_____ **Lunch Room Helper** The lunch room volunteer will assist in the cafeteria; working alongside a paid school staff member. The volunteer may be asked to wipe tables, pick up trash, assist children with opening milk cartons, and visiting with the students.

_____ **Playground Helper** A playground helper will assist paid school staff members for the time period of 11:20-1:10. The volunteer may be asked to monitor different areas of the playground. These volunteers will receive training.

_____ **Scholastic Book Fair** A scholastic book fair volunteer would help with the setting up/tearing down of the book fair, cashiering and stocking the shelves. The book fair usually runs for a full week in the fall.

_____ **Fundraiser Distribution** A fundraiser distribution volunteer would help with unloading the truck and helping parents pick up items. There are two fundraisers one in the fall one in the spring.

_____ **Band/Choir Concert** A band/choir concert volunteer would help with set up and tear down of the lunchroom and video taping of the concerts.

_____ **6th Grade Graduation** A 6th grade graduation volunteer will help set up the gym and lunchroom, help cut and serve cake, and tear down and clean up afterward.

_____ **Entrance Conferences** An entrance conference volunteer would assist in helping staff where necessary; potentially helping with greeting, vision/hearing screening, and clean up.

For any questions please contact our Parent Volunteer Coordinator, Bobbi Jo Bourassa at bbourassa@isd1.org or call 927-2115 X2460



Independent School District #1

Aitkin Public Schools

(218) 927-2115

*"A community in continuous pursuit
of educational excellence for all"*

Rippleside Elementary School

225 2nd Ave SW
Aitkin, MN 56431

JESSE PETERSON, Elementary Principal
KRISTA OLSON, Community Ed. Dir. / Elem. Dean of Students

To: Parents/Guardians of Students in Grades K-6

RE: Infinite Campus Parent Portal

To assist parents in monitoring their children's progress, enhance communication with parents and further promote educational excellence. Aitkin Public Schools is pleased to provide access to student information through our student management system, Infinite Campus. Through the Portal, parents will be able to view attendance, grades, assignments, immunizations and lunch balance information. The Parent Portal is available to parents/guardians at anytime and anywhere that an internet connection is available. Students in grade 6 will also have the opportunity to have their own account that will allow them to see only their own data.

Parents/guardians may request an activation key to setup their Portal Account. User accounts are provided on an individual basis. Each parent/guardian must request his/her own user account by completing the request form attached. This requirement is to protect the privacy of students' records. Aitkin Public School reserves the right to deny or cease access to the Parent Portal due to court order or any other legal proceedings that limit the availability or private education data. Please return the request form to the Rippleside office in person to receive your activation key code.

In addition, all students are issued a school email address in order to use Google docs. We ask that as a parent/guardian, you encourage the proper use of this email.

For more information, please login to the Aitkin Public Schools website (isd1.org). Questions not addressed there may be directed to the office at Rippleside 218.927.4838.

Sincerely,

Mr. Jesse C. Peterson
Elementary School Principal

AITKIN PUBLIC SCHOOLS PARENT PORTAL ACTIVATION KEY REQUEST FORM

Office Use Only:

Photo Identification Required: Driver's License, State ID Card, Passport, Other (please specify)

Approval Signature _____ Date: _____ Activation Key Issued? Y N

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

Address

City State Zip

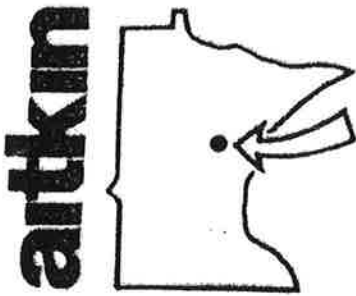
Home Phone Work/Cell Phone Email Address

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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Parent Signature _____ Signature witnessed by: _____ Date _____

*Must be signed in the presence of a Portal Administrator at the school



AITKIN, MINNESOTA 56431

City of Aitkin
Office of Police Department

May 28, 2015

To whom it may concern:

The street in front of Rippleside Elementary School is considered a school bus zone, which is to be used by school buses to drop off and pick up students. Over the years the Aitkin Police Department has allowed this zone to be used as a drop off zone, allowing parents to drop off students in the morning. However, this is creating too much congestion at this location.

In order to correct this problem, and to accommodate parents dropping off their kids, we need you to follow these guidelines. You may continue to drop off your children in this zone as long as you do not leave you vehicle unattended and you are there for a period of time adequate enough to allow your children to exit the vehicle and to have moved a safe distance from your vehicle.

If you need to exit your vehicle and go into the school, you will need to find a legal parking spot. Also, please keep in mind that double parking is never allowed. If you found to be in violation of the above, you will be issued a parking ticket.

Please realize that this procedure is necessary to ensure the safety of all students during this congested time of day. Thank you for your cooperation.

Sincerely,

Aitkin Police Department
109 1st Avenue NW
Aitkin, MN 56431
218-927-2133

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/Guardian Signature _____ Date _____

