

# 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.

**Aitkin Public School District #0001**  
**Aitkin, MN 56431**

(Name of Student)	(Birth Date)	(Grade)

**(Parent's or Legal Guardian's Signature)**

Please send all of the following records for the student/students listed above:

- Cumulative Folder Records
- Pupil Progress Reports
- Standardized Achievement & Aptitude Test Scores
- Health Records
- ViewPoint Reports
- Special Education Reports
- Special Services Reports
- Special Instruction Reports
- Medical Records
- Vision Records
- Hearing Records

The information indicated above should be sent direct to:

**Rippleside Elementary School**  
**225 2nd Ave SW**  
**Aitkin, MN 56431**

**Phone: 218.927.4838**  
**Fax: 218.927.4608**  
**Email: ljacobs@isd1.org**

Today's Date: \_\_\_\_\_

School last Attended \_\_\_\_\_

\_\_\_\_\_ Dist. #

**Note: IN ACCORDANCE WITH FEDERAL AND STATE STATUES, PERMISSION OF THE PARENT OR ADULT STUDENT IS NOT REQUIRED WHEN RECORDS ARE REQUESTED BY AUTHORIZED SCHOOL PERSONNEL.**

Per Federal 20 USC Sect. 1232g M.S. 13.32 (1980)

# Student Residency Form

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent (s) or guardian (s), use the caregiver authorization form to address guardianship issues.

**Part A:** Does the student live in a home that belongs to a parent/guardian (rented or owned) ?

\_\_\_\_\_ YES \_\_\_\_\_ NO *(If yes, go to Part B.)*

Where does the student stay at night?

\_\_\_\_\_ in a shelter \_\_\_\_\_ in another location that is not appropriate for people

(e.g., an abandoned building)

\_\_\_\_\_ in a motel/hotel \_\_\_\_\_ temporarily with more than one family in a house, mobile home,

or apartment (because the family does not have a place of its own)

\_\_\_\_\_ in a car \_\_\_\_\_ other (in an arrangement that is not fixed, regular, and adequate and adequate and is not described by the other choices)

\_\_\_\_\_ at a campsite

Name of School: Rippleside Elementary School

I, (name) \_\_\_\_\_

declare as follows:

I am the parent/legal guardian of (name of student) \_\_\_\_\_

Who is of school age and is seeking enrollment in (name of school district) ISD #1

Since (date) \_\_\_\_\_, our family has not had a permanent residence.

## Part B:

Name of Student : \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that , if called upon to testify, I would be competent to do so.

Name of person completing the form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

I can be reached for emergencies at: \_\_\_\_\_

## 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:

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**PLEASE COMPLETE THIS FORM TODAY**

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 wit 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](mailto:bbourassa@isd1.org) or call 927-2115 X2460

## Home Language Questionnaire

ED-01336-08E

*The following is to be completed by School District Personnel:*

STUDENT IDENTIFICATION INFORMATION		
Student's Full Name		
Date Of Birth	Age	Grade Level

  

DISTRICT INFORMATION/VERIFICATION INFORMATION		
School name	District number	
I hereby verify that the above information is true and accurate to the best of my knowledge and belief.		
_____ Name (Printed)		
_____ Signature – Responsible Authority	_____ Title	_____ Date

*The following is to be completed by Parent/Guardian:*

STUDENT LANGUAGE INFORMATION	
<i>Dear Parents and Guardians:</i> <i>In order to help your child learn, your child's teachers need to determine which language your child uses most. Please respond to the questions below by checking the appropriate box.</i>	
1. Which language did your child learn first?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
2. Which language is most often spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
3. Which language does your child usually speak?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____

PARENT/GUARDIAN INFORMATION	
I hereby verify that the above information is true and correct to the best of my knowledge and belief.	
_____ Name (Printed)	
_____ Signature – Parent/Guardian	_____ Date



# Independent School District #1

## Aitkin Public Schools

(218) 927-2115

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

### Rippleside Elementary School

225 2<sup>nd</sup> Ave SW  
Aitkin, MN 56431

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

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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](http://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 \_\_\_\_\_ Date \_\_\_\_\_  
 Signature witnessed by: \_\_\_\_\_

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

## Application for Educational Benefits – School Year 2017-18 School Meals • State and Federally Funded Programs

**Step 1** List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	MI	Child's Last Name	Birthdate	School	Grade	Foster Child? (An agency or court has legal responsibility for the child) If yes, fill in the circle.	Optional - Racial Identity * Fill in one or more circles for each child.
						<input type="checkbox"/>	<input type="checkbox"/> American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White
						<input type="checkbox"/>	<input type="checkbox"/> American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White
						<input type="checkbox"/>	<input type="checkbox"/> American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White
						<input type="checkbox"/>	<input type="checkbox"/> American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White

\* The full names of the racial categories are: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander and White.

**Step 2** Do any Household Members currently participate in any of these programs – SNAP, MFIP or FDIPIR? (Medical Assistance and WIC do not qualify.) If No > Go to STEP 3. If Yes > Write in the CASE NUMBER here  and check the program  SNAP  MFIP  FDIPIR. Then go to STEP 4.

**Step 3** A. List ALL Adult Household Members including yourself and report all incomes. (Skip STEP 3 if you answered "yes" to STEP 2 or if all participants are foster children.)

Adults - Full Name <small>For the purpose of school meal benefits, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member not listed in Step 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.</small>	Gross Pay from Work <small>Do not write in an hourly wage.</small>	Net income from Farm or Self-Employment <small>after business expenses. State if annual or monthly.</small>	Public Assistance, Child Support, Alimony <small>Payments received.</small>	All Other Incomes <small>Pension, retirement, disability, unemployment, Veterans benefits, etc.</small>
	Gross pay before deductions (not take-home pay).			
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**B. Do any of the children listed in Step 1 receive regular incomes such as SSI or wages?** C. Last four digits of signer's Social Security Number (SSN) or no SSN (required):  
 TOTAL incomes to children, if any:  Weekly  Bi-Weekly  2x Month  Monthly  
 Or  I don't have a Social Security number.

**Step 4** I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal and state funds and that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws. The information I provide may be shared with Minnesota Health Care Programs as allowed by state law, unless I have checked this box:  Do not share my information with Minnesota Health Care Programs.

Signature of Adult Household Member (required) \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Office Use Only Total Household Size: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ per \_\_\_\_\_ Approved:  Case Number – Free  Foster – Free  Income – Free  Income – Reduced-Price Denied:  Incomplete  Income Too High Signature of Determining Official: \_\_\_\_\_ 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 StomachAches   | <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, 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 1<sup>st</sup> Avenue NW  
Aitkin, MN 56431  
218-927-2133