

# Rippleside Elementary School

225 2<sup>ND</sup> AVE SW  
AITKIN, MINNESOTA 56431-1289

## ENROLLMENT FORM

Tel: 218-927-2115 Fax: 218-927-4608

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

### For School Use:

Student # \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> MacBook Permission/Pledge form      | <input type="checkbox"/> Food forms                      |
| <input type="checkbox"/> Mac Insurance form                  | <input type="checkbox"/> Teachers contacted              |
| <input type="checkbox"/> FERPA form-optional                 | <input type="checkbox"/> Health & Emergency Contact form |
| <input type="checkbox"/> Schedule created                    | <input type="checkbox"/> Transcript                      |
| <input type="checkbox"/> Legal documents                     | <input type="checkbox"/> Records requested               |
| <input type="checkbox"/> Transportation form                 | <input type="checkbox"/> McKinney-Vento                  |
| <input type="checkbox"/> Ethnic Demographic Designation form | <input type="checkbox"/> Cumulative file made            |
|  | <input type="checkbox"/> Infinite Campus Portal form     |
|  | <input type="checkbox"/> Language form                   |

### 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

### General Information:

#### School most recently attended by student

School \_\_\_\_\_ District \_\_\_\_\_ Date Left \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Is this a MN public school?  Yes  No

1. Is your student entering Kindergarten?  Yes  No Have they participated in Early Childhood Screening?  Yes  No

If yes, in what district did they do their screening in? \_\_\_\_\_

2. Do any court orders apply?  Yes  No (if yes provide copy)

3. Is student receiving special education services (has an IEP?)  Yes  No

4. Does student have a 504 Plan?  Yes  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) \_\_\_\_\_

### Other Information:

7. 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

8. Have you moved to this district for temporary seasonal agricultural or fishing work in the last 36 months?  Yes  No

Census - list additional children residing in the home		
First, Middle, Last Name & Birthdate (MM/DD/YYYY)	Gender	Pre-K – 12 Grade

➔ **FAMILY INFORMATION - PRIMARY HOUSEHOLD**

The primary residence of your students. Student information, mailings and parent portal access will be provided to custodial adults at this address.

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 <input type="checkbox"/> 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"/> 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 – see above McKinney-Vento	

➔ **Current 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		

➔ **If not in District 001– An open enrollment form will be needed from the District Office**

**The Aitkin Public School District Policy 515:** Protection and Privacy of Pupil, requires that you provide court documentation to the District for our records. **If court documentation is not provided and the non-custodial parent requests information regarding the child(ren), the information will be released to them upon their request.**

➔ **SECOND PARENT/GUARDIAN MAILING – Parent/Guardian not living in the primary household with student.**

First Name		M.I.	Last Name		Relationship to Student
Home Phone <input type="checkbox"/> 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	

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

Please return enrollment packet to Rippleside Elementary or email to CConn@isd1.org.

## Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

*[You must select “yes” or “no” to this question.]*

**Yes** *[If yes, go to Question A.]*

**No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

*Go to Question 1.*

*[Select “yes” to at least one of the Questions (1-6) below.]*

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

**Yes** *[If yes, go to Question 1a.]*

**No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

*Go to Question 2.*

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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**Question 2. Is the student American Indian from South or Central America?**

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.<sup>1</sup>

**Yes** [If yes, go to Question 3a.]

**No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

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**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

**Yes** [If yes, go to Question 4a.]

**No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

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**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

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**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

## Appendix A: Minnesota Language Survey

### 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. As 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 than English. <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 than English. <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 than English. <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 than English. <input type="checkbox"/> only English.	

**Language use alone does not identify your student as an English learner. If a language other than 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 about 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.



Independent School District #0001  
Rippleside Elementary  
225 2nd Ave SW  
Aitkin, MN 56431

Date:

**RECORDS REQUEST**

<b>ATTENTION:</b>	<b>SEND RECORDS TO:</b>
	Cassie Conn
<b>ADDRESS:</b>	Address: 225 2nd Ave SW
<b>CSZ:</b>	CSZ: Aitkin, MN 56431
<b>PHONE:</b>	PHONE: 218-927-7728
<b>FAX:</b>	FAX: 218-927-4608
<b>E-MAIL:</b>	E-MAIL: <a href="mailto:Cconn@isd1.org">Cconn@isd1.org</a> (Preferred method)

**STUDENT INFORMATION**

<b>STUDENT NAME:</b>	<b>GRADE:</b>
<b>BIRTHDATE:</b>	<b>START DATE:</b>
<b>GENDER:</b>	

In order to enroll this student in our school, please fax or email the following information

1. Transcript of grades and credits
2. Graduation Basic Standards, achievement and aptitude test scores
3. All Immunization, health and medical data/record
4. Special Education (I.E.P.) and/or testing information
5. Withdrawal grades
6. MARSS ID#
7. Attendance and Behavior reports – including suspensions and expulsions.
8. Other: Court Records and other records

In accordance with revised federal and state statutes, parental permission is no longer required when records are requested by authorized school personnel. (Family Educational rights and privacy Act, Final Rule of Educational records, Federal Register, June 17, 1976 – Vol. 41, No. 118 Page 2467

A school district from which a student is transferring must release the data within 10 business days of a request. (Minnesota Statutes, section 13.32, subdivision 3(e)) - <https://mn.gov/admin/data-practices/data/types/education/transfers/>





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.

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Home E-mail Address:** (if available) \_\_\_\_\_

On early dismissal days due to weather (snow, heat, cold, etc.) my child is to (please do not use "call me" as your plan as there are too many students to allow them all to call): \_\_\_\_\_

\_\_\_\_\_

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

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Name	Relationship to Student	Phone
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Name	Relationship to Student	Phone
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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 SHOOOLS INFINITE CAMPUS PARENT PORTAL ACTIVATION KEY REQUEST FORM

PLEASE READ & INITIAL THE STATEMENTS BELOW

	I have read and understand the "Campus Portal Acceptable Use and Safety Policy" (Policy #728). Available at <a href="http://www.isd1.org">www.isd1.org</a>
	I understand that although data is in "real time" that student attendance and grades may not be updated daily.
	I understand that the school cannot support technical computer questions not related to the Infinite Campus program.

**Please print or type Parent/Guardian Information below:**

<b>First Name</b>	<b>Last Name</b>	<b>Middle Name</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Address</b>	<input style="width: 100%;" type="text"/>	
<b>City</b>	<b>State</b>	<b>Zip</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Home Phone</b>	<b>Work/Cell Phone</b>	<b>Email Address (Required to e-mail authorization code)</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<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"/>

**\*Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approval Signature** \_\_\_\_\_ **e-mail confirmation sent:** \_\_\_\_\_

Activation Key Issued? Y  N  **Date:** \_\_\_\_\_

**Print form and fax to 218-927-7110 OR Scan and e-mail to: [ssanbeck@isd1.org](mailto:ssanbeck@isd1.org)**

Note: A confirmation e-mail requesting the name(s)/grade(s) of your child (ren) will be sent.  
When you reply to that e-mail, your activation key and instructions will be e-mailed to you.

