



# White Bear Lake Area Schools

District #624

## ENROLLMENT FORM

OFFICE USE  
ONLY

Date Completed:

Enrollment Year:

Interpreter Needed: YES NO

### STUDENT INFORMATION

Last Name (Legal)	First Name (Legal)	Middle Name (Legal)	Date of Birth (MM/DD/YYYY)
Grade Enrolling Into	Gender ___ Male ___ Female	Home Language	Previously Attended White Bear Schools ___ Yes ___ No School Name: _____

### RECENT SCHOOLS - List all schools student has attended – most recent school first

Include Pre School Attended and Pre School Screening location for Kindergarten Students

School Name	City & State	Grades	Type of School
			___ MN Public ___ Out of State Public ___ Non Public ___ Charter
			___ MN Public ___ Out of State Public ___ Non Public ___ Charter

**RACE/ETHNICITY** is used in federal, state civil rights and statistical reports. Please see Minn.R.3535.0120 for more information.

<b>Hispanic/Latino Ethnicity?</b> Yes ___ No ___ <b>Local Race:</b> (Please mark <u>only one</u> ) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black or African American Not Hispanic <input type="checkbox"/> White Not Hispanic	<b>Federal Race:</b> (please mark one or more) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White
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### STUDENT HOME ADDRESS

Student Lives with ___ Mother ___ Father ___ Both ___ Other _____
Main Telephone # (_____) _____ - _____
ADDRESS Street Address _____ Apartment # _____ City _____ Zip Code _____

### FAMILY 1: PARENT / GUARDIAN INFORMATION

Parent/Guardian #1		Parent/Guardian #2
Name (First, MI, Last)		
Relationship to Student Mom, Step-Dad, Aunt etc.		
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address If different than student		
Home Telephone		
Cell Phone		
Work Phone		
Email		

**SIBLINGS** - List names of all students under the age of 21 living in the same household

Last Name	First Name	Middle Name	Gender	Birth Date (mm/dd/yyyy)	Grade	School
			Male Female			
			Male Female			
			Male Female			
			Male Female			
			Male Female			

**FAMILY 2: PARENT / GUARDIAN INFORMATION**

Parent/Guardian #1		Parent/Guardian #2	
Name (First, MI, Last)			
Relationship to Student			
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			
Home Telephone			
Cell Phone			
Work Phone			
Email			

**CUSTODIAL INFORMATION** -Please provide the information requested below:

Are there any restrictions legally placed upon-non-custodial parent’s rights to information about, or dealing with, the student named on this form?    ☐ **YES**    ☐ **NO**

*If YES, a copy of the decree needs to be on file at the school. Please send it to the principal.*

**EMERGENCY CONTACTS**

	Contact 1	Contact 2
Name (First, Last)		
Relationship to Student		
Home Telephone		
Cell Phone		
Work Phone		

**SPECIAL EDUCATION** - Is this student receiving Special Education Services (IEP)?

☐ Autism Spectrum Disorder

☐ Emotional / Behavior Disorder

☐ Speech / Language Impairments

☐ Development Cognitive Disability

☐ Other Health Disabilities

☐ Traumatic Brain Injury

☐ Developmental Delay

☐ Physically Impaired

☐ Visually Impaired

☐ Deaf / Hard of Hearing

☐ Specific Learning Disabilities

**GENERAL INFORMATION**

Does the student have a 504 accommodation plan?

☐ Yes      ☐ No

Is the student currently enrolled in a Gifted & Talented Program?

☐ Yes      ☐ No

Has the student ever received help learning English?

☐ Yes      ☐ No

Does the family need an interpreter present at school conferences?

☐ Yes      ☐ No    If Yes indicate Language \_\_\_\_\_

Has the student ever been expelled from a previous school?

☐ Yes      ☐ No

I have been given the District Discipline Policy.    ☐ Yes    ☐ No

Signature of Parent / Guardian

Relationship to Student

Date



# White Bear Lake Area Schools Kindergarten School Choice

## STUDENT INFORMATION

Last Name <i>(Legal)</i>	First Name, Middle Name <i>(Legal)</i>	Date of Birth (MM/DD/YYYY)
Parent/Guardian Names		

- |                          |                                   |                      |
|--------------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> | <b>Birch Lake Elementary</b>      | All-Day Kindergarten |
| <input type="checkbox"/> | <b>Hugo Elementary</b>            | All-Day Kindergarten |
| <input type="checkbox"/> | <b>Lakeaires Elementary</b>       | All-Day Kindergarten |
| <input type="checkbox"/> | <b>Lincoln Elementary</b>         | All-Day Kindergarten |
| <input type="checkbox"/> | <b>Matoska IB World School</b>    | All-Day Kindergarten |
| <input type="checkbox"/> | <b>Otter Lake Elementary</b>      | All-Day Kindergarten |
| <input type="checkbox"/> | <b>Vadnais Heights Elementary</b> | All-Day Kindergarten |
| <input type="checkbox"/> | <b>Willow Lane Elementary</b>     | All-Day Kindergarten |

**If you have questions, please contact your elementary school principal  
or the District Enrollment Center at 651-407-7674, 4855 Bloom Ave, WBL.**

**Birch Lake Elementary**  
1616 Birch Lake Ave  
White Bear Lake, MN 55110  
Principal: Tami VanOverbeke

**Lincoln Elementary**  
1961 Sixth Street  
White Bear Lake, MN 55110  
Principal: Dan Schmidt

**Otter Lake Elementary**  
1401 County Road H2  
White Bear Lake, MN 55110  
Principal: Matt Langsdale

**Hugo Elementary (Grades K-1)**  
**(\*see Oneka Elementary for grades 2-5)**  
14895 Francesca Avenue  
Hugo, MN 55038  
Principal: Jason Healy

**Matoska IB World School**  
2530 Spruce Place  
White Bear Lake, MN 55110  
Principal: John Leinger

**Vadnais Heights Elementary**  
3645 Centerville Road  
Vadnais Heights, MN 55127  
Principal: Sara Svir

**Lakeaires Elementary**  
3963 Van Dyke Street  
White Bear Lake, MN 55110  
Principal: Cary Krusemark

**Oneka Elementary (Grades 2-5)**  
**(\*see Hugo Elementary for grades K-1)**  
4888 Heritage Parkway North  
Hugo, MN 55038  
Principal: Teresa Dahlem

**Willow Lane Elementary**  
3375 Willow Avenue  
White Bear Lake, MN 55110  
Principal: Chris Streiff

**Complete information is available at <http://www.isd624.org/kindergarten>**

**HAISQHIA!** Yog xav tau tsev kawm ntawv cov ntawv txhais ua lus Hmoob,  
thov hu rau tus Hmoob Liaison rau (651) 407-7623.

**ATENCIÓN:** Si usted necesita hablar con una persona que hable Espanola,  
Por favor, llame al (651) 407-7625.



**White Bear Lake Area Public Schools**  
Independent School District 624

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

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

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**GENERAL INFORMATION FORM**

Has your child completed Early Childhood Screening: YES NO

If yes, Where? \_\_\_\_\_

Has your child attended pre-school? YES NO

If yes what was the name of the school? \_\_\_\_\_

How many years did they attend? \_\_\_\_\_

Does your child have a 504 Accommodation Plan? YES NO

Does your child have an IEP(Individualized Education Plan)? YES NO

If yes, please check all that apply:

☐ Autism Spectrum Disorder

☐ Emotional/Behavior Disorders

☐ Specific Learning Disabilities

☐ Developmental Cognitive Disability

☐ Other Health Disabilities

☐ Speech/Language Impairments

☐ Developmental Delay

☐ Physically Impaired

☐ Traumatic Brain Injury

☐ Deaf - Hard of Hearing

☐ Visually Impaired

Has your child ever received help learning English? YES NO

Does the family need an interpreter present at school conferences? YES NO

If Yes, please state language: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**White Bear Lake Area Public Schools**  
Independent School District 624

**RECORDS RELEASE FORM**

**If your child received early childhood screening through a school district other than White Bear Lake, please complete this form.**

Date \_\_\_\_\_

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

Grade \_\_\_\_\_ Parent Name (please print) \_\_\_\_\_

Student has a Special Education IEP \_\_\_\_ Yes \_\_\_\_ NO

I authorize \_\_\_\_\_ District # \_\_\_\_\_

Street Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

\_\_\_\_ TO RELEASE INFORMATION TO:

School \_\_\_\_\_ (WBL school name)

School Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Information to be released – if applicable** (School records may be examined by parent)

- Official School Records
  - (Name, address, birth date and/or copy of birth certificate, sex, etc.)
- State ID number
- Health and immunization records
- Pre-school screening records
- Special education documents including current IEP and Assessment Report
- 504 Plan

## MCKINNEY-VENTO HOMELESS EDUCATION

CONTACT PERSON (Parent, Guardian. Other)	
ADDRESS (Street, City, State, Zip Code)	
Phone Number (Include Area Code)	

Presently, are you and/or your family in any of the following living situations. Check the appropriate box. If none apply, no further information is required. If you have checked an area, please continue and complete this form.

- ☐ Sharing housing of others due to loss of housing, economic hardship or similar reason.
- ☐ Staying in a shelter
- ☐ Unsheltered (living in car, street, abandoned building, etc.)
- ☐ Motel / hotel due to loss of housing.

- ☐ Migrant worker
- ☐ Transitional housing unit
- ☐ Unaccompanied youth: Not in the physical custody of a parent or legal guardian.
- ☐ Other: Please explain.

Is there a current *Order of Protection* or *No Contact Order* which concerns the student? Yes \_\_\_ No \_\_\_ If yes, please explain.

PLEASE LIST BELOW THE CHILDREN IN YOUR CARE (USE ADDITIONAL PAGES IF NECESSARY)

NAME:	FIRST	MIDDLE	LAST	M/F	D.O.B.	GR	SCHOOL NAME	SPECIAL SERVICES Y/N

## CHILD NUTRITION PROGRAM INFORMATION

McKinney Vento qualifies your student(s) for free school meals through our Child Nutrition Program. Your student(s) may also receive free or reduced fees for other school related programs. You have the option to give your permission for your student(s) free meal status to be shared (or not) with other White Bear Lake Departments by checking one of the boxes below.

☐ NO, DO NOT SHARE MY INFORMATION WITH OTHER WHITE BEAR LAKE DEPARTMENTS. If you check this box, it means that other White Bear Lake programs will not have access to your eligibility, and it will be your responsibility to provide this information to them to receive waived or reduced fees.

☐ YES, I GIVE PERMISSION FOR MY INFORMATION TO BE SHARED WITH OTHER WHITE BEAR LAKE DEPARTMENTS. If you check this box, Child Nutrition will be able to disclose your free/reduced meal eligibility to other appropriate school officials for the purpose of receiving assistance or a waiver for other school related programs.

**To the best of my knowledge, the information in this document is accurate:**

SIGNATURE OF PARENT / LEGAL GUARDIAN OR PERSON COMPLETING THIS FORM IN LIEU OF PARENT / LEGAL GUARDIAN:

\_\_\_\_\_  
DATE: \_\_\_\_\_

The undersigned, according to information provided above, certifies that the student(s) listed meet the definition of homeless as stated in McKinney Vento Act (Subtitle B, Sect. 725) of July 1, 2002.

MCKINNEY VENTO COORDINATOR: \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

TRANSPORTATION REQUIRED: \_\_\_\_\_ YES \_\_\_\_\_ NO START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**Distribution sent to the following on DATE:**

- ☐ Building Secretary
- ☐ MARRS Specialist
- ☐ Transportation
- ☐ Food Service
- ☐ Referral to community resources
- ☐ Clothing Closet referral

**FOLLOW UP NOTES:**



## White Bear Lake Area Public Schools #624

Leading minds to learning, hearts to compassion and lives to community service.

### Foster Care Verification Form

Foster Care Liaison: 651-407-7559

The Every Student Succeeds Act of 2015 includes assurances that students living in foster care be enrolled in or remain at their school of origin (the school of attendance at the time they move to foster care), unless it is determined that it is not in their best interest to do so. Please complete the following form to determine if this law pertains to your current situation.

#### List all children or youth living in the situation above.

First	Middle	Last	School (if known)

<b>Enrolling Adult (check all that apply):</b> <input type="checkbox"/> Foster Parent <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	
Name(s):	
Phone(s):	Email Address:

<b>Child Status Information</b>
Have parental rights been terminated? Yes ____ No ____ Name of Legal Guardian:
Do you have legal documents or a placement letter from the county? Yes ____ No ____

<b>County Contact Information</b>
County Worker: Division: Phone:
Address: Email:

<b>Foster Home Information</b>
Foster Parent(s) Name(s) (If different from above):
Address:
Phone(s): Email:
<input type="checkbox"/> Address is within District boundaries <input type="checkbox"/> Address is outside District boundaries <input type="checkbox"/> Address is outside attendance area

Please continue to next page



***If parental rights are NOT terminated, complete the following information.***

<b>Primary Parent Information</b>	
Name(s):	
Address:	
Phone(s):	Email:

<b>Secondary Parent Information</b>	
Name(s):	
Address:	
Phone(s):	Email:

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<b>For Enrollment Center Use Only:</b>	
Documentation Provided: (Please check all that apply)  <input type="checkbox"/> County Placement Letter <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Legal Guradian Documentation	Distribution of Information: (Please check all that apply)  <input type="checkbox"/> Documents sent to information Services <input type="checkbox"/> Copy Sent to Foster Care Liaison <input type="checkbox"/> Copy Sent to School(s)

<b>For Foster Care Liaison Use Only:</b>	
<input type="checkbox"/> Transportation Request Submitted  <input type="checkbox"/> Transportation Route Assigned	Notes:

## 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.



White Bear Lake Area Schools

## 2018-2019 HEALTH & EMERGENCY SUMMARY

### STUDENT INFORMATION

Last Name ( <i>Legal</i> )	First Name ( <i>Legal</i> )	Middle Name ( <i>Legal</i> )
Grade	Date of Birth ( <i>MM/DD/YYYY</i> )	Gender ___Male ___Female

### Health Issues and Other Information

Is there a health condition present that could result in an emergency \_\_\_Yes \_\_\_No

If YES, please describe:

Does your child have any allergies to food and/or medications? \_\_\_Yes \_\_\_No

If YES, please list:

Does your child require a special diet (gluten free, dairy free, etc.)? \_\_\_Yes \_\_\_No

If YES: Your child's doctor will need to complete the [Special Diet Statement to Request Dietary Accommodations](#) form, which can be found on the [www.isd624.org](http://www.isd624.org) website under ABOUT>Nutrition Services>Special Diets. The completed form can be turned into the health office of the school your child will attend.

List any additional health concerns or conditions, medical diagnoses, and/or mental health diagnoses:

Are there any restrictions to your child's activities? \_\_\_Yes \_\_\_No

If YES, please describe:

### Medications (prescription or over the counter) taken on a **REGULAR** basis:

Indicate if these will be required during the school day.

Medication	Dosage	Time (a.m. or p.m.)	Reason

Authorization for Administration of Medication at School form can be found at

[www.isd624.org/pdfs/authorization%20for%20medication%20\(1\).pdf](http://www.isd624.org/pdfs/authorization%20for%20medication%20(1).pdf)

Healthcare Provider		Phone Number	
Dentist		Phone Number	
Hospital		Phone Number	
Insurance		Phone Number	

Immunization information: <http://www.health.state.mn.us/divs/idepc/immunize/readykidswhento.pdf>

\*\*\*Immunization records should be sent to the school prior to the first day of enrollment.

Information provided may be shared with school staff that work with your child on a need to know basis.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date



**White Bear Lake Area Schools**  
Independent School District 624

LUS CEEB TOOM! Yog koj xav tau tsev  
kawm ntawv cov ntaub ntawv txhais ua lus  
Hmoob, thov hu rau (651) 407-7623.

**ATENCIÓN:** Si usted necesita hablar con una  
persona que hable Español, por favor, llame al  
(651) 407-7625.

## 2018-2019 Media Release Form

Dear Parent/Guardian:

District policy defines a student's photograph as "Student Directory Information" and thus is public information unless you provide the appropriate notification to the school district that you would not like this information to be public (see information at <http://www.isd624.org/about/Forms.asp>). If your child's information is public, for example, your child's photo and name would appear in school yearbooks and classroom publications. Also, should your student receive a public honor or recognition, the District would provide your child's school picture to the honoring organization and/or media upon request.

In addition, the White Bear Lake Area School District asks for your consent for the following purposes:

- During the school year, the media may visit your child's school, with school permission, to cover special events and may want to interview, videotape or photograph your child.
- The White Bear Lake Area School District and the District's educational partners may also wish to use your child's photograph, voice, likeness or student work for promotional and educational reasons, such as in publications, posters, brochures, newsletters and videos; on District and school websites; on local cable television channels; or at community events (e.g. Marketfest).

To give your consent, please sign this form, which will be kept on file in our SIS system.

The 2018-19 Media Release Form is valid for photographs, voices, likenesses or student work recorded or created through September 2019. Thank you for your cooperation.

Student's Name (please print) \_\_\_\_\_

\_\_\_\_\_ **I give my permission** for my child to be filmed/photographed/interviewed by the media during school events and for the District and the District's educational partners to use my child's photograph/voice/likeness/work for promotional and educational purposes, including District/school/classroom websites and publications.

\_\_\_\_\_ **I do not give my permission** for my child to be filmed/photographed/interviewed by the media during school events and for the District and the District's educational partners to use my child's photograph/voice/likeness/work for promotional and educational purposes, including District/school/classroom websites and publications.

**\*\*\*\*Please note** that if you opt out of the Media Release Form, your child's photograph will be included in yearbook and classroom publications (including Schoology) unless you notify the district that you do not wish for Directory Information to be given out about your child.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

*If you have questions about this form, contact your building principal or the Communications Office at 651-407-7695.*

# White Bear Lake Acceptable Use Policy

By signing this agreement, I accept and agree to abide by the White Bear Lake Area Schools Electronic Technologies Acceptable Use Policy. I realize that the primary purpose of using School District electronic technologies is educational. I will limit my usage to educational purposes that further educational goals consistent with the mission and policies of the School District.

I understand that use of School District electronic technologies is a privilege, not a right. Access may be revoked at any time by the School District, as it sees fit. Inappropriate use will result in suspension or cancellation of use and/or access privileges; payments for damages and repairs; discipline under other appropriate School District policies, including suspension, expulsion, exclusion, or termination of employment; or civil or criminal liability under other applicable laws.

I will not use School District electronic technologies to engage in any behavior that is illegal, inappropriate, destructive or harmful.

I recognize that, even though the School District uses technical means to limit student Internet access, these limits do not provide a foolproof means to prevent access to all inappropriate information. It is my responsibility to avoid such information and inform my instructor immediately if I access any inappropriate information.

I understand that my use of School District electronic technologies is not private and that all of my activity, transmissions, documents, posts etc., are subject to review and monitoring by School District personnel.

I release the School District from any liability resulting from actions I take while using School District electronic technologies including unwanted financial obligations.

The School District may provide personal accounts for communication, document sharing and access to educational tools. Any access I am granted to personal accounts through the School District must meet all of these criteria, or my privilege of use will be forfeited.

By signing below as a student, I acknowledge and agree to abide by the White Bear Lake Area School District's Acceptable Use and Safety Policy (policy 524, <http://goo.gl/SUghlf> )

Printed Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Student Name: \_\_\_\_\_

By signing below as a parent/guardian, I acknowledge and agree to the White Bear Lake Area School District's Acceptable Use and Safety Policy (policy 524, <http://goo.gl/SUghlf> )

Printed Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Parent/Guardian Name: \_\_\_\_\_

### REVIEW OF STUDENT DISCIPLINE POLICY

(Parents must review this information with their child before the Student Acknowledgement is signed)

1. All students are "held individually responsible for their behavior and for knowing and obeying the Code of Student Conduct" and the Discipline Policy.
  - The Student Discipline Policy is 24 pages long. It is your responsibility to understand and follow it. You can be disciplined for any violation of its terms. Go to [http://www.isd624.org/Files/teachingandlearning/506\\_discipline\\_revise61316.pdf](http://www.isd624.org/Files/teachingandlearning/506_discipline_revise61316.pdf) to review the discipline policy.
  - You might be disciplined for violations of the Code of Conduct or Discipline Policy regardless of any other student's behavior.
2. The Code of Conduct and Discipline Policy do not just apply at school. They also apply at school activities and trips, school functions or events, school buses and other school vehicles or school approved vehicles, bus stops, the property immediately next to school property, and students' walking routes, when used for the purpose of attending school or school related functions or activities.
  - There might not be a school employee present at some of these locations (e.g., walking routes and some school approved vehicles). But, your behavior is still subject to the Code of Conduct, the Discipline Policy, and other school policies
3. The Code of Conduct also applies to any student, regardless of that student's location or the time, whose behavior interferes with or obstructs the mission or operations of the school district or the safety or welfare of the student, other students, or District employees.
  - This means that off-campus conduct (including bullying and cyberbullying) might result in discipline, if it affects the school or jeopardizes the safety or wellbeing of a student or staff member.
4. The Code of Conduct lists specific examples of prohibited behavior that might result in discipline. There are 48 items listed, which include:
  - Inappropriate, abusive, threatening, or demeaning actions
  - scholastic dishonesty- including possession and/or misuse of nuisance devices or objects which may cause distractions or disruptions and which may jeopardize academic integrity
  - Attendance problems including, but not limited to, truancy, absenteeism, tardiness, skipping classes, or leaving school grounds without permission;
  - Students can also be disciplined for violations of other school and District policies, including the policies about bullying, violence, hazing, and computer use.
5. The School District has the right to select a particular type of discipline to respond to any particular misconduct. The minimum level of discipline is a discussion of the violation and a verbal warning. At the District's discretion, more severe behavior may warrant more severe discipline, up to and including suspension or expulsion.
  - For example, the District might propose expelling a student for fighting, possession or distribution of drugs, theft, assault, or bullying- including cyberbullying -even if the student did not have any previous discipline.
  - The District may also propose expulsion if a student possesses a weapon at school. The District's weapons policy makes an exception to this rule for a student who finds a weapon on the way to school or discovers that he or she accidentally has a weapon in his or her possession. In order to fall under this exception, the student must immediately take the weapon to the Principal's office. If it is impractical or dangerous to take the weapon to the Principal's office, the student can, instead, immediately turn over the weapon to an administrator, teacher, or head coach, or immediately notify the administrator, teacher, or head coach of the weapon's location.
6. The Discipline Policy specifically prohibits the use, distribution, intent to distribute, making a request for, and being under the influence of, alcohol, narcotics, drugs, prescription drugs (other than your own prescription used in accordance with a doctor's order), or look-alike substances at school or in a school function. This includes sharing prescription drugs with other students. The School District reserves the right to screen students and their guests for evidence of alcohol consumption at school-sponsored events. If there is reasonable suspicion, the District may also screen students for evidence of alcohol consumption during the school day.
7. Behavioral infractions, including those involving alcohol, drugs, or other controlled substances, may violate the Minnesota State High School League's rules. Violations of the League rules may result in penalties required or authorized by those rules, in addition to any school-based discipline. Students must remember that the League rules apply at all times, regardless of whether school is in session. If the District becomes aware of a violation of a High School League rule that took place outside of school, on a weekend, or over the summer, it may be required to impose penalties consistent with the High School League rules.
8. The School District expects students to help maintain a safe and orderly learning environment not only by following District policies, but also by cooperating in any investigation and disciplinary proceedings related to violations by other students.

Student Name \_\_\_\_\_

I hereby acknowledge that I have received and reviewed the White Bear Lake Area Schools Student Discipline Policy and Code of Student Conduct. I further acknowledge that I understand that my behavior is subject to the Student Discipline Policy and Code of Student Conduct and that I may be disciplined for violations of the Student Discipline Policy and Code of Student Conduct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



White Bear Lake Area Schools

## Census Information

Please complete the form below listing all adults and children residing the household.

Return by mail, email, fax, or bring to:

**Mail:** Census Information, 4855 Bloom Ave, White Bear Lake, MN 55110

**Phone:** 651-407-7507

**Fax:** 651-407-7502

**Email:** census@isd624.org

**Web:** www.isd624.org/pdfs/censusinformation.pdf

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Head(s) of Household

Last Name	First Name	Gender	Date of Birth (MM/DD/YY)
_____	_____	M F	___/___/___
_____	_____	M F	___/___/___

### All Others Living at this Address

Last Name	First Name	Gender	Date of Birth (MM/DD/YY)
_____	_____	M F	___/___/___
_____	_____	M F	___/___/___
_____	_____	M F	___/___/___
_____	_____	M F	___/___/___
_____	_____	M F	___/___/___

If your last residence was in the White Bear Lake School District, please indicate that address below:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_