



## General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education

The *General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education* is the required application for all Minnesota school districts. Please use this application for inter-district K-12 open enrollment and inter-district enrollment in Early Childhood Special Education (ECSE). Please use the *Statewide Enrollment Options Application for State-funded Voluntary Pre-Kindergarten and School Readiness Plus* for voluntary pre-kindergarten or school readiness plus open enrollment.

**IMPORTANT NOTE:** Do not disclose other information to the non-resident district until a seat is offered in writing. At that point, the district will request information such as special needs, birth date, race, ethnicity, academic and other records.

### Section 1: To be Completed by One or Both of the Student's Parents or Guardians

#### Student Information

Student Last Name: \_\_\_\_\_

First: \_\_\_\_\_

Full Middle: \_\_\_\_\_

Will the student be at least age 5 and under age 21 by September 1 of the enrollment year or be applying for ECSE?

☐ Yes    ☐ No\*

**\*If No, please read information in the [Statewide Enrollment Options Instructions](#) before proceeding.**

Student's current grade level (If applying for ECSE, write EC): \_\_\_\_\_

Grade Level Desired: \_\_\_\_\_

## Student Resident District Information

Resident District Name: \_\_\_\_\_

District Number: \_\_\_\_\_

City: \_\_\_\_\_

## District of Choice (non-resident school district)

District of Choice Name: \_\_\_\_\_

District Number: \_\_\_\_\_

City: \_\_\_\_\_

Identify the reason for the request to enroll in a nonresident district:

\_\_\_\_\_

## Site or Program Preferences

If the non-resident school district has multiple sites/programs that serve your child's needs, you may rank sites/programs in order of preference (add more preferences if desired).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Enrollment Timeline

When are you seeking to enroll your child?

- ☐ Immediately
- ☐ Not immediately, but sometime during the current school year
- ☐ Next school year.

## Special Situations

Please check all that apply.

- ☐ Sibling preference: student has a sibling currently open-enrolled in this non-resident district.
- ☐ Employee child preference: Student has parent or legal guardian who is a Minnesota resident who is an employee of the non-resident district.

- ☐ Family move: The student's resident district changed after December 1 prior to the school year requested, waiving deadlines.
- ☐ Student is a resident of City of Edina but the resident school district for the student's Edina home is not Edina Public Schools. Student seeks enrollment in Edina Public Schools.
- ☐ Student is requesting a move into and/or a move out of a district that receives [Achievement and Integration Revenue](#), waiving deadlines. You can check here if you do not know the answer to this: ☐
- ☐ Student is currently expelled under Minnesota Statutes, section 121A.45 for a reason listed in [Minnesota Statutes, section 124D.03, Subdivision 1](#), which allows but does not require the non-resident district to deny the application.

## Parent/Legal Guardian Information

The student must live with at least one parent/guardian who lives in Minnesota.

### Minnesota Parent/Guardian 1

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

### Parent/Guardian 2:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

### Physical Signature of at Least One Parent/Guardian is Required

I hereby verify that the above information is true and correct to the best of my knowledge.

Signature of parent/legal guardian 1: \_\_\_\_\_

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

Signature of parent/legal guardian 2 (optional): \_\_\_\_\_

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

### Submission Information

For priority consideration, please complete this application and send it to the Superintendent's Office in the [non-resident District](#) by **January 15** before the first fall enrollment. Please do not send this application to the Minnesota Department of Education. Use one application per student per requested district.

Applications received by the non-resident district after the January 15 deadline may qualify for exceptions to deadline or, if not, districts may voluntarily agree to allow enrollment through a voluntary [School District Non-resident Agreement for Inter-district Enrollment](#).

### Section 2: To be Completed by the Non-resident District

**Non-resident District:** Notify parents/guardians of application approval or disapproval in writing by **February 15 or no more than 90 days after receiving applications** that come later through an Achievement and Integration School Choice Program. If rejected, you must let families know legal reason for denial. Reminder: ECSE open enrollment applications cannot be denied solely due to lack of capacity to provide special education services. (See Minn. Stat. § 124D.03, subd. 6).

**Please expedite any requests for open enrollment into Early Childhood Special Education Services.**

Families must accept or decline the offer by **March 1 or 45 days after notification that their application has been approved**. After receiving the commitment to attend, the non-resident district must notify the resident district by March 15 (or 30 days after initial receipt if form filed after January 15) of the student's intent to enroll. Districts must report all counts of rejected applications and reasons to the Minnesota Department of Education by July 15 or each year.

Date Application Received: \_\_\_\_\_

District Name: \_\_\_\_\_

District Number: \_\_\_\_\_

District Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Does the January 15 deadline apply?**

- ☐ Yes, the deadline applies and it was met.
- ☐ Yes, but it was not met. **If this is the case, contact the superintendent's office in the resident district immediately regarding Section 3 of this form** to determine whether the resident district and your district will agree to a **Non-resident Agreement** to serve the student prior to open enrollment becoming available.
- ☐ No, one or both districts receive Achievement and Integration funding from MDE.
- ☐ No, family moved to resident district on December 1 or later.
- ☐ No, the commissioner of education and commissioner of human rights have determined the resident district's policies, procedures or practices are in violation of Title IV of the Civil Rights Act ([Minn. Stat. §124D.03, subd.7](#)).

**Will the student have priority in a lottery?** ☐ No ☐ Yes, based on:

- ☐ Sibling of currently open-enrolled student in this district.
- ☐ MDE-approved Achievement and Integration with specific school choice plan involving the districts.
- ☐ Child of Minnesota resident who is a district employee.
- ☐ City of Edina resident whose resident school district is not Edina Public Schools, seeking entry to the district.

**Approval/Disapproval of Open Enrollment Application**

☐ **APPROVED**

☐ **APPROVED BUT WITH A NON-RESIDENT AGREEMENT** for upcoming year that is mutually agreed upon by both districts. Enrollment will continue in subsequent years as open enrollment provided that a lottery is not needed for the student's grade level in the first fall enrollment or the grade level has not been closed by board action. Students will be entered into lottery if one is held. (Non-resident district: keep documentation of the agreement. Districts may document agreement using Section 3 or another format of their choosing.)

**STUDENT ASSIGNMENT SITE/PROGRAM:** On the basis of information provided in the above application, and with respect to district policies and procedures, the above student will be assigned to:

**School Building Name:** \_\_\_\_\_

**Starting Date:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

☐ **NOT APPROVED**

The non-resident district has denied the request for open enrollment because of the following reason(s) allowed in Minnesota Statutes, section 124D.03. Reminder: ECSE open enrollment applications cannot be denied based on special education program capacity. Check all that apply:

☐ The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See Statewide Enrollment Options Instructions or Minnesota Statutes, section 124D.03, subdivision 3.

☐ Statutory enrollment cap has been reached for open enrollment. ([Minn. Stat. § 124D.03, subd.2](#))

☐ Grade is closed district-wide by board action. ([Minn. Stat. § 124D.03, subd. 2 and subd.6](#))

☐ District has denied the application because of specific expulsion reasons allowed in law. ([Minn. Stat. § 124D.03, subd.1](#))

**NOTIFICATION TO RESIDENT DISTRICT**

Non-resident district must notify resident district or last district of attendance by March 15 or 30 days later of the pupil's intent to enroll in the non-resident district. The same procedures apply to a pupil who applies to transfer from one participating non-resident district to another participating non-resident district.

**Name of Superintendent/Responsible Authority:** \_\_\_\_\_

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

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

**Please Note:** districts may not modify this form, add data fields or create alternative formats.



# WHITE BEAR LAKE AREA SCHOOLS

**Central Middle School    Sunrise Park Middle School**

Grade 7 Registration - School Year 2019-2020

Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Due to scheduling constraints, no special requests for teams/teachers will be honored without an educationally valid reason.

If you have questions about your child's course selections, please call the Counseling Department:

Central Middle School 651-653-2881

Sunrise Park Middle School 651-653-2715

Middle School District Boundaries can be found at <http://www.isd624.org/about/District-Map.asp>

Please refer to the registration guide for course descriptions:

<http://www.isd624.org/pdfs/201920middleschoolregguide.pdf>

**All students will enroll in the following required courses:**

\*\*Math      Personal Health      Design and Modeling II      Physical Education      Life Science

U.S. History      Language Arts      Fine Arts Elective      World Language

\*\*placement will be based on academic performance and teacher recommendation

**STEP 1: Choose to enroll in the following Regular OR Enriched Courses:**

Students choosing enriched courses must have strong study skills and be willing to complete additional classwork and homework.

\*If applying for AVID, you must select at least one enriched course

\_\_\_\_\_ U.S. History      OR      \_\_\_\_\_ Enriched U.S. History  
\_\_\_\_\_ Language Arts      OR      \_\_\_\_\_ Enriched Language Arts

**STEP 2: WORLD LANGUAGE:**

Have you previously taken a world language? If yes please list \_\_\_\_\_

Students who have **NOT** previously enrolled in a World Language must rank their choices below.

1st, 2nd, and 3rd choice:

\_\_\_\_\_ French A      \_\_\_\_\_ Spanish A  
\_\_\_\_\_ German A

**STEP 3: (SKIP STEP 3 IF YOU ARE NOT ENROLLING IN THE AVID PROGRAM.)**

\_\_\_\_\_ I would like to be considered for the AVID program and understand that I must drop two elective courses if selected. (A staff member from the middle school will be in contact with you about options)

(NOTE: You must choose one enriched class if you have selected the AVID program)

**STEP 4 FINE ARTS:** Rank 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> choice:

\_\_\_\_\_ Art  
\_\_\_\_\_ Band ( Prerequisite: 6th grade band/ instructor approval)  
\_\_\_\_\_ Choir  
\_\_\_\_\_ Orchestra ( Prerequisite: 6th grade band/ instructor approval)

6/6/19

STUDENT SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

\*Due to scheduling constraints, students may not receive their first choice.

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

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



# White Bear Lake Area Schools

District #624

## ENROLLMENT FORM 2019-2020 Grade 7

### 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

### 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 <i>Mom, Step-Dad, Aunt etc.</i>			
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address <i>If different than student</i>			
Home Telephone			
Cell Phone			
Work Phone			
Email			

OFFICE USE  
ONLY

Date Completed:

Enrollment Year: 2019-2020

Interpreter Needed: YES NO



**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

## 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.

## 2019-20 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 \_\_\_\_\_

## White Bear Lake Area Schools

### Chromebook Use Agreement | Parents & Student

Student's Name \_\_\_\_\_

#### Expectations for Use

24/7 access to a student Chromebook is an educational opportunity and responsibility. It allows for access to tools and resources not found in traditional offline educational materials; 24/7 access to devices is provided so students can have access to these tools and resources anytime, anywhere. Chromebooks will be used for educational purposes only and must be at school, fully charged, daily.

For more information and answers to questions regarding the 1:1 Chromebook initiative, go to [www.bit.ly/wbl1to1](http://www.bit.ly/wbl1to1).

#### Ownership

The Chromebook, power supply and case are the property of White Bear Lake Area Schools. As much as possible, students will be issued the same device from year to year. Please take care of these items as they may be used by other students after your time with the equipment is complete. Students may not change or remove any district settings or inventory control stickers from devices. Additionally, students may not decorate the Chromebook or case.

#### Timeline

Students will have 24/7 access to a Chromebook including weekends and extended breaks until late spring when you turn it back in for the summer.

#### Repair/Replacement

Report problems with your Chromebook to your teacher immediately and/or your media center during open hours. Maintenance and repairs will be done by district technicians. You may not attempt to alter, repair or open the Chromebook yourself. Similar to school textbook guidelines, damage caused by misuse or abuse of the Chromebook will be the responsibility of the student and family. Accidental damage will follow the damage fee structure located on the 1:1 webpage at the discretion of school administrators.

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By signing my name 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>) and guidelines listed above, which extends to school and home Chromebook use. Failure to follow the guidelines may result in disciplinary action.

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

\_\_\_\_\_  
Date

By signing my name below as a Parent or Guardian, I acknowledge that Chromebooks connected to wifi networks outside of the district network do go through district internet filters. I also understand that this is not a substitute for adult supervision. The best filter is adult supervision and students making good choices. I also understand the expectations for my student to use this district owned mobile technology and the responsibilities of its use. I will ensure that my student will read & sign the Chromebook Agreement above.

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

\_\_\_\_\_  
Date

# 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: \_\_\_\_\_



**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.

## 2019-2020 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 2019-20 Media Release Form is valid for photographs, voices, likenesses or student work recorded or created through September 2020. 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.*



## STUDENT INFORMATION

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

## Health Issues and Other Information

List all current health concerns or conditions, medical diagnoses, and/or mental health diagnoses (please report all conditions annually):

Could any of these conditions result in an emergency? \_\_\_Yes \_\_\_No

If YES, please describe:

Has your child outgrown or no longer has a previous health condition or diagnosis? \_\_\_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 if not already on file with the school district. The completed form can be turned into the health office of the school your child attends.

Would you like to be contacted by Nutrition Services for more information on ordering special meals or other menu accommodations? \_\_\_Yes \_\_\_No

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

If YES, please describe:

Does your child have health insurance? \_\_\_Yes \_\_\_No

If no, would you like assistance with applying for health insurance? \_\_\_Yes \_\_\_No

Please list any medications (prescription or over the counter) your child takes on a regular basis. Please complete the Authorization for Administration of Medication at School form if your child will be taking the medication during the school day.

Authorization for Administration of Medication at School form can be printed [here](#).

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

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 unless records were uploaded during the enrollment process.

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



### 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 Public Schools**  
Independent School District 624

**Request for Student Records**

The following student has enrolled at White Bear Lake Area School District 624:

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

Grade: \_\_\_\_\_ Anticipated Enrollment Date: \_\_\_\_\_

**Previous School Information:** Please complete in its entirety. Thank You.

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

- **Official School Records** (name, address, birth date and/or copy of birth certificate, sex, grade level, attendance records, class rank, standardized test results, etc.)
- **Special Education records** - including IEP/504 Plan or other assessments (Please fax ASAP)
- **Cumulative: State Assessment Results:** (e.g. MCA) and **District Standardized Assessment Results:** (e.g. MAP)
- **MARSS number/state ID number**
- **Legal Documents**
- **Pre-school screening records**
- **Discipline Records** including suspensions and expulsion paperwork
- **Health Records** - including Immunizations and Sports Physical
- **ELL/ESL Records** - including ACCESS scores and Home Language Survey

<u>Birch Lake Elementary</u> 1616 Birch Lake Ave WBL, MN 55110 651-653-2776 651-653-2778 - <b>FAX</b>	<u>Hugo Elementary</u> 14895 Francesca Ave. Hugo, MN 55038 651-653-2798 651-653-2800 - <b>FAX</b>	<u>Lakeaires Elementary</u> 3963 Van Dyke St. WBL, MN 55110 651-653-2809 651-653-2811 - <b>FAX</b>	<u>Lincoln Elementary</u> 1961 Sixth Street WBL, MN 55110 651-653-2820 651-653-2822 - <b>FAX</b>	<u>Oneka Elementary</u> 4888 Heritage Pkwy N. Hugo, MN 55038 651-288-1800 651-288-1899 - <b>FAX</b>
<u>Otter Lake Elementary</u> 1401 County Rd H2 WBL, MN 55110 651-653-2831 651-653-2833 - <b>FAX</b>	<u>Matoska International</u> 2530 Spruce Place WBL, MN 55110 651-653-2847 651-653-2849 - <b>FAX</b>	<u>Vadnais Heights Elementary</u> 3645 Centerville Rd Vadnais Heights, MN 55127 651-653-2858 651-653-2860 - <b>FAX</b>		<u>Willow Lane Elementary</u> 3375 Willow Ave. WBL, MN 55110 651-773-6170 651-773-6176 - <b>FAX</b>
<u>Central Middle School</u> 4857 Bloom Ave. WBL, MN 55110 651-653-2888 651-407-7632 - <b>FAX</b>	<u>Sunrise Middle School</u> 2399 Cedar Avenue WBL, MN 55110 651-653-2700 651-653-2716 - <b>FAX</b>	<u>WBLAHS-North Campus</u> 5045 Division Ave. WBL, MN 55110 651-653-2920 651-653-2630 - <b>FAX</b>	<u>WBLAHS-South Campus</u> 3551 McKnight Rd WBL, MN 55110 651-773-6200 651-773-6264 - <b>FAX</b>	<u>Area Learning Center</u> 2449 Orchard Lane WBL, MN 55110 651-773-6400 651-773-6402 - <b>FAX</b>
<u>Transition Education Center</u> 13497 Fenway Blvd. Circle N. Hugo, MN 55038 651-773-6051 651-773-6052 - <b>FAX</b>		<b>Please forward student information to the circled school above.</b> <b>Thank You for your cooperation.</b>		

WLBAS Centralized Enrollment Office \* Phone: 651-407-7674 \* Fax: 651-407-7502  
4855 Bloom Ave, White Bear Lake, MN 55110

**WHITE BEAR LAKE AREA SCHOOLS #624      4855 BLOOM AVENUE, WHITE BEAR LAKE, MN 55110**  
**MCKINNEY-VENTO HOMELESS EDUCATION**

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

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.

- |  |  |
|--|--|
| <input type="checkbox"/> Sharing housing of others due to loss of housing, economic hardship or similar reason.<br><input type="checkbox"/> Staying in a shelter<br><input type="checkbox"/> Unsheltered (living in car, street, abandoned building, etc.)<br><input type="checkbox"/> Motel / hotel due to loss of housing. | <input type="checkbox"/> Migrant worker<br><input type="checkbox"/> Transitional housing unit<br><input type="checkbox"/> Unaccompanied youth: Not in the physical custody of a parent or legal guardian.<br><input type="checkbox"/> 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:



White Bear Lake Area Schools

## Census Information

Please complete the form below listing all adults and children residing in 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 (Legal)	First Name (Legal)	Gender	Date of Birth (MM/DD/YY)
_____	_____	M F	___/___/___
_____	_____	M F	___/___/___

Parent/Guardian's Preferred Language: \_\_\_\_\_

### All Others Living at this Address

Last Name (Legal)	First Name (Legal)	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: \_\_\_\_\_