

# District 197 Emergency Record

For Office Use

Student ID: \_\_\_\_\_

Family ID: \_\_\_\_\_

Please review the information below and make any changes necessary. Thank you.

Please check here if this information represents a change to the student's emergency record on file.

**Student:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Home Address: \_\_\_\_\_ AM Bus: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ PM Bus: \_\_\_\_\_

Please use area code and identify phone number types: W=work C=cell P=page E= evening

**Parent or Guardian 1:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_ Child Lives With:   
Email: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Parent or Guardian 2:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_ Child Lives With:   
Email: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

If available, translations of communications to parent(s) requested in: \_\_\_\_\_

Brothers & Sisters (names, birth dates, and schools): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunizations within the last year (type and mo/day/yr): \_\_\_\_\_

Current health problem(s): \_\_\_\_\_

Medications: \_\_\_\_\_

**IN CASE OF AN EMERGENCY** (two contacts who would care for the child if a parent or guardian cannot be reached)

Contact 1: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Contact 2: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Day Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Our procedure will be to contact the parent at home or at work. You will be asked to pick up the child and provide proper care. If we cannot reach you, we will call the friend, relative, or neighbor that you have listed above and ask them to care for your child. In extreme emergency, an ambulance will be called and your child will be taken to the nearest hospital. The cost of this will be covered by the parent.

Parent or Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Enrollment Form - West St. Paul-Mendota Heights-Eagan (District 197)

### For Office Use Only

Student ID \_\_\_\_\_ Begin Enrollment Date \_\_\_\_\_ Resident District \_\_\_\_\_  
 School # \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_ Previous Enrollment District \_\_\_\_\_  
 Grade \_\_\_\_\_ Walk or Bus # \_\_\_\_\_ Home Language \_\_\_\_\_  
 Address verification:  Utility bill  Lease agreement  Printed checks  Other \_\_\_\_\_

### PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW

<p>Student's LEGAL Name _____  <small style="margin-left: 100px;">Last</small> <small style="margin-left: 100px;">First</small> <small style="margin-left: 100px;">Middle</small></p> <p>Birthdate _____ Gender _____ Grade Entering _____  <small style="margin-left: 20px;">month/day/year</small> <small style="margin-left: 100px;">M/F</small></p> <p>Last school attended _____ District # _____  <small style="margin-left: 20px;">City</small> <small style="margin-left: 100px;">State</small></p> <p>Has student attended ISD 197 schools before? <input type="checkbox"/> Yes (year _____) <input type="checkbox"/> No</p> <p>Does the student receive special services? <input type="checkbox"/> No <input type="checkbox"/> Yes Yes If yes, check <input type="checkbox"/> IEP or <input type="checkbox"/> 504          If yes, please describe _____</p> <p>Was the student born in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No          If no, when did student move into the US? _____  <small style="margin-left: 100px;">month/year</small></p>	<p><b>Ethnicity/Race Information</b></p> <p>Is student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Check one or more that apply:</p> <p><input type="checkbox"/> American Indian or Alaskan native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or other Pacific Islander  <input type="checkbox"/> White</p> <p><b>Is the parent or grandparent of this child a member of an American Indian Tribe? If so, check the following box.</b> <input type="checkbox"/> Yes</p> <p><small>By checking the box, the district will report your child's primary ethnicity to the federal government as American Indian. If you do not check the box above your child will not be counted for federal funding and may not be included in American Indian programming. Please request a 506 Indian Student Eligibility Certification Form from your school's main office.</small></p> <p><small>Further, this information is used for reporting ethnic composition for administrative and Office of Civil Rights purposes. It will be treated in accordance with the Federal Data Privacy Act of 1974 and State of Minnesota Privacy Law.</small></p>
<p><b>Military Connection</b></p> <p>Please check 'yes' if the student is a military-connected youth, having an immediate family member, including a parent or sibling, who is currently in the armed forces either as a reservist or on active duty or has recently retired from the armed forces. <input type="checkbox"/> Yes          Is this person currently actively deployed? <input type="checkbox"/> Yes</p>	

### PARENT/GUARDIAN/CENSUS INFORMATION

**Student's primary address:**

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Household phone/Primary guardian cell phone: \_\_\_\_\_

**Parent(s)/Guardian(s) of Enrolling Student:**

Name _____	Name _____
Address _____	Address _____
<small>city state zip</small>	<small>city state zip</small>
Cell Phone _____ Work Phone _____	Cell Phone _____ Work Phone _____
Email _____ Gender _____	Email _____ Gender _____
Legal relationship to student _____	Legal relationship to student _____

Student's **legal** guardian, if different from listed above: \_\_\_\_\_  
name relationship to student

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_ phone \_\_\_\_\_

Please list all other children living in student's household:

Last Name	First	Middle	Gender	Birthdate (Mo/Day/Yr)	School/Grade	Relationship to Student
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

**It is important that any name/address/phone/relationship changes be reported to the school office.**

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

# District 197 Enrollment Survey

Welcome to West St. Paul-Mendota Heights-Eagan Area Schools! We're honored you have chosen us to support your child's/children's education. We want to make sure your child's transition to school is as smooth as possible. Please help us get to know your child and any supports needed by answering the questions below to the best of your ability. Thank you!

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

Has the student ever been identified by a school as "Gifted and Talented" and participated in a special program?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Has the student skipped a grade level?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, which grade?
Has the student been grade accelerated in a specific class/subject?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, which class?
Has this student participated in an Advancement Via Individual Determination (AVID) program previously? Which grades?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, which grades?
Has the student ever participated in an English as a Second Language (ESL) or English Learner (EL) program?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, which grades?
In what language would you prefer written communication from the school?			
Has the student participated in any individual testing at the school for which you had to give your permission?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Has the student ever received help or support at school from any of the following?	Please check all that apply: <input type="checkbox"/> Special Education teacher <input type="checkbox"/> Speech teacher <input type="checkbox"/> Occupational therapist (OT) <input type="checkbox"/> Adaptive PE (DAPE) teacher <input type="checkbox"/> Other: _____		

<p>Has this student received any other special academic help for any subject?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, check all supports and subjects that apply:  <input type="checkbox"/> Intervention or support class during the school day  <input type="checkbox"/> Summer school  <input type="checkbox"/> After-school class</p> <p>If yes, in what academic areas?  <input type="checkbox"/> Reading  <input type="checkbox"/> Writing  <input type="checkbox"/> Math  <input type="checkbox"/> Science  <input type="checkbox"/> Other: _____</p>
<p>Has the student ever received support or help from a school counselor or school social worker related to social or emotional needs?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, please explain: _____          _____</p>
<p>Has the student ever received support from a counselor, therapist or psychologist outside of school?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, please explain: _____          _____</p>
<p>Are there any special family circumstances the school staff should be aware of (for example, court documents related to custody, living situations, etc.)?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, please explain: _____          _____</p>
<p>Has the student received any special support at school for behavior?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, please describe: _____          _____</p>
<p>Has the student had discipline issues (suspension, expulsion)?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, please describe: _____          _____</p>
<p>Does the student have a probation officer?</p>	<p>No <input type="checkbox"/>      Yes <input type="checkbox"/></p> <p>If yes, please provide contact information: _____          _____</p>

Is there any other information you want the staff at the school to know about the student to make the transition as smooth as possible?

## 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 that parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you. Refusal to respond to any questions will not impact enrollment in a school.

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 on MDE's Frequently Asked Questions, <https://education.mn.gov/MDE/fam/count>.

**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/ | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Spanish-American  |  |

*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

---

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

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

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

---

**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.

---

**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.

---

**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.]

---

**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 \_\_\_\_\_

## 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:	language(s) other than English. English and language(s) other than English. <input type="radio"/> only English.	
2. My student speaks:	language(s) other than English. English and language(s) other than English. <input type="radio"/> only English.	
3. My student understands:	language(s) other than English. English and language(s) other than English. <input type="radio"/> only English.	
4. My student has consistent interaction in:	language(s) other than English. English and language(s) other than English. <input type="radio"/> 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.

# District 197

# Student Health Form

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

Student's Name: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_

During the last three years has your student had a serious illness or injury? Yes  No

If yes, please describe: \_\_\_\_\_

Have you ever been told by a doctor that your student has/had (check all that apply):

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "yes" to allergies, please check all that apply and describe:

Food: \_\_\_\_\_  
 Insect Stings: \_\_\_\_\_  
 Cats/Dogs: \_\_\_\_\_  
 Latex: \_\_\_\_\_

*\* If your child has an EpiPen for any of the allergies listed, please include it in the medications below.*

Does your student currently take any medications? Yes  No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your children need to take any of these medications while at school? Yes  No

If yes, please list: \_\_\_\_\_

Does your child wear glasses or contacts? Yes  No

Does your child have trouble hearing? Yes  No

# District 197

# Bus Registration

Registration Form Due August 1, 2020

All eligible students entering grades K-12 who are planning to ride a bus  
**MUST** register for service EACH YEAR.

## BUS TRANSPORTATION IS AVAILABLE TO:

- Elementary school students (grades K-4) who live more than 0.75 mile from school
- Middle school students (grades 5-8) who live more than 1 mile from school
- High school students (grades 9-12) who live more than 2 miles from school

## REGISTRATION PROCESS:

- Students will not be listed for bus service in the fall unless the Transportation Office receives a completed registration form on or before August 1.
- Forms received after August 1 will be put on hold. Students may not have bus service for the first two weeks of school or may be transported home by van (elementary) or asked to use the Academic/Activity Bus (middle and high school) until they are assigned a route. Transportation requests received after the first two weeks of school will be processed within 2-3 business days.
- Please only register for service when you are sure your child will be riding a bus.
- Complete one form per child.
- By registering for transportation services you are agreeing to comply with our policies and procedures, which can be found on the district website at [www.isd197.org/schoolboard/policies](http://www.isd197.org/schoolboard/policies).
- All students (grades K-12) are dropped off at their stop location regardless of whether a parent/guardian is present.
- Return this form to your school's main office. If school is not in session, mail form to District Transportation, 1145 Medallion Drive, Mendota Heights, MN 55120. Do not mail it to your school during the summer.
- Postcards with bus information are mailed to homes in late August. If you have questions, please call 651-403-8320. This form may also be completed online at [www.isd197.org/services/transportation/forms](http://www.isd197.org/services/transportation/forms).

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

Student ID#: \_\_\_\_\_

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

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

City/State/Zip Code: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Student's School in 2020-21: \_\_\_\_\_

Grade in 2020-21: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary/Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

When will the student ride? (Check one or both)  AM  PM

Does your child have any special health needs or concerns? If so, please describe. \_\_\_\_\_

Daycare Information (Complete if applicable. Pickup and drop off must be five days each week at the same location.  
AM and PM may be different locations.)

Daycare Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

To School: (Choose only one):  Pick up from home  Pickup from daycare  Extended Day (School Age Care)

From School:  Drop at home  Drop at daycare  Extended Day (School Age Care)