

High School Enrollment Checklist

The following checklist is provided to assist you in gathering and completing all information that is needed to successfully enroll your child(ren). Please return all documents to the Enrollment Center or email: enrollmentcenter@isd191.org.

Student Name

School

Item and Description	Required	Office Use
ONE91 Registration Forms: 1. Checklist (1 per student) 2. Family Information form (1 per family) 3. Student Information form (1 per student) 4. Minnesota Language Survey (1 per student) 5. HS Student Transportation Registration Form (1 per student) 6. Consent to Release Educational Information (1 per student)	X	
Proof of Legal Name and Birth Date – e.g., birth certificate, passport, I-94 or hospital birth record	X	
Proof of Residency – e.g. home purchase agreement, rent/lease agreement or utility bill	X	
Pupil Immunization Record - State or Health Care Provider form	X	
Additional Forms and Descriptions		
Application for Educational Benefits: If your family qualifies, your student(s) can receive free or reduced-price meals and possibly other benefits, including discounts for participation in athletics, band and other activities. Apply on the ISD191.org website by clicking on the "Educational Benefits Apply/Waive" button at the top of the screen.		
Early Childhood Screening: Required for Kindergarten entry. Can be done anytime between ages 3-5. Schedule an appointment at www.communityed191.org or call 952-707-4117.		
Student Child Care Information: Used to arrange transportation to and from in district day care. Form available at Enrollment Center or on the Transportation webpage at ISD191.org.		
School District Enrollment Options Program State Form: Used to request enrollment into a District ONE91 school when living outside of District ONE91's boundary area. Form available at Enrollment Center or on the Enrollment webpage at ISD191.org.		
Variance Request Form: Used to request enrollment into a District ONE91 school other than the school serving your residential area. Form available at Enrollment Center or on the Enrollment webpage at ISD191.org.		
District Communication Log (for office use only)	Student ID:	
	Start:	
	School:	
	Grade:	
	Last Loc:	
	OE: Y / N	
	Var: Y / N	
	Intake:	
	Data Entry:	

REGISTRATION FORM-FAMILY INFORMATION

Primary Household - Student lives with:

Last Name _____ First Name _____ Cell Phone _____ Work Phone _____
 Email Address _____ Relationship to Student _____
 Legal Guardian No Yes
 Interpreter Needed? No Yes Translated Communications Needed? No Yes If yes, what language? _____

Last Name _____ First Name _____ Cell Phone _____ Work Phone _____
 Email Address _____ Relationship to Student _____
 Legal Guardian No Yes
 Interpreter Needed? No Yes Translated Communications Needed? No Yes If yes, what language? _____

Street Address _____ Apt./Lot# _____ City _____ State _____ Zip Code _____

Secondary Household – Legal Guardian that Student does not live with:

Last Name _____ First Name _____ Cell Phone _____ Work Phone _____
 Email Address _____ Relationship to Student _____
 Street Address _____ Apt./Lot# _____ City _____ State _____ Zip Code _____
 Interpreter Needed? No Yes Translated Communications Needed? No Yes If yes, what language? _____

List ALL CHILDREN (birth to grade 12) in primary household including those children attending elsewhere. Use legal name as listed on birth record.

Last Name	First Name	MI	Birth Date Mo/Day/Yr	Gender	Grade	School Attending
				M F		
				M F		
				M F		
				M F		
				M F		

Emergency Contact Information: List a minimum of TWO emergency contacts who will assume temporary care of your child if you cannot be reached.

Name	Relationship to Student	Cell Phone	Work Phone

Please answer the following questions regarding the family.

Have you moved to this school district for temporary or seasonal agricultural work (migrant)?	No	Yes	
Are you currently residing in temporary housing (shelter, with relatives/friends, hotel)?	No	Yes	
Currently, does the student(s) have a parent, guardian, sibling or relative in the military?	No	Yes	
If a family member is currently on active duty in the military, is this person currently deployed?	No	Yes	

REGISTRATION FORM-STUDENT INFORMATION

Student Legal Name as listed on birth record.

Last Name _____	First Name _____	Middle Name _____	Student ID (office use) _____
Date of Birth _____	Grade Level _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

Please answer the following questions regarding the student.

Has the student moved to the United States from another country?	No	Yes	Country: _____
If yes, date the student first entered the United States	Month/Day/Year _____		
If yes, date the student first attended school in the United States	Month/Day/Year _____		

Student's Race and Ethnicity Data Collection

These data are collected for the purposes of compliance with federal and state civil rights laws. You are not required to complete this section in order to enroll your child in ONE91. If you choose not to fill it out, staff may assign the race/ethnicity based on sight.

State (Choose one)	Federal (select all that apply)	Federal
Is this student North American Indian?	Am Indian/Alaskan Native	Is this student Hispanic or Latino?
No <input type="checkbox"/> Yes <input type="checkbox"/>	Asian	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Native Hawaiian or Pacific Islander	
	Black or African American	
	White	

Educational History

If entering Kindergarten, has your child received an early childhood screening?	No	Yes	If yes, where? _____
Has your child ever attended District ONE91 Schools?	No	Yes	If yes, where? _____
Has your child attended another Minnesota Public School?	No	Yes	If yes, where? _____
Does this student participate in special services or programs?	No	Yes	Does this student have a current 504 plan?
Does the student have a current IEP?	No	Yes	No <input type="checkbox"/> Yes <input type="checkbox"/>

Health Information

Asthma	No	Yes	<input type="checkbox"/>	Other Medical Conditions (e.g. ADD/ADHD, surgeries, emotional concerns, GI issues, etc.)
Diabetes	No	Yes	<input type="checkbox"/>	Allergies (e.g. bee stings, food, latex, pollen, etc.)
Seizures	No	Yes	<input type="checkbox"/>	List ALL Medications
Hearing Concerns	No	Yes	<input type="checkbox"/>	Special Diet Restrictions (e.g. gluten, dairy, fruit, etc.)
Vision Concerns	No	Yes	<input type="checkbox"/>	
ALL medications and treatments both prescribed and over the counter require a parent signature and a signed authorization form which can be found on the "Health Services" web page at ISD191.org.				
Physician/Clinic Name (optional) _____				Phone # _____

Minnesota Statutes and rules require the school district to keep accurate and updated records for all students. All data on this form is confidential and will only be shared with authorized district personnel. The information will become a part of the student's permanent cumulative record. Certain information, known as "directory information", is available to the public unless the district receives a written request from a legal guardian indicating otherwise.

I understand that I may refuse to provide the requested information and acknowledge that by doing so, school personnel may be unable to contact me in the event of an emergency and as a result will contact 911. I verify that all information provided is accurate to the best of my knowledge.

Parent/Guardian Signature _____ 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.



Future Ready. Community Strong.

STUDENT TRANSPORTATION SERVICES

100 River Ridge Ct., Burnsville MN 55337

Tel. 952-707-2067 or 952-707-2069

Fax: 952-707-2097

Email: transportation@isd191.org

SENIOR HIGH SCHOOL STUDENT TRANSPORTATION
REGISTRATION FORM

SCHOOL YEAR _____

Students entering grades 9 through 12 MUST register their busing needs. The Student Transportation Services department contracts for the number of buses and drivers required to transport only those students who will require to-and-from school bus service. Obtaining an accurate count of students who will actually ride school buses is very important to the design of efficient, low cost routes.

Students and families eligible for transportation who decline bus service at this time may re-establish the service at any time during the school year by contacting the Student Transportation Services office. If you believe your student would have only an occasional need to ride the bus, you may call the office at any time during the school year to learn the location and time of the nearest bus stop with seats available.

Will bus transportation to and from school be required for your senior high student?

YES NO

Student will be attending: Burnsville Senior High, Burnsville Alternative High School
600 E. Highway 13, 2140 Diffley Rd.
Burnsville, MN 55337, Eagan, MN 55122

Student Name:(last, first, middle) _____

Student ID # _____ Grade: _____

Address: _____
Street number/name City State Zip

Parent Signature: _____ Date: _____



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High School Consent to Release Educational Data

Office Use:
1 st Request: _____
2 nd Request: _____

Student Information

Student Last Name	First Name	Middle Name
Date of Birth	Grade Level	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Previous School Information

Previous School/Organization Name	City, State
Phone	Fax
	Email

I authorize Independent School District 191 to obtain official school records, please include ALL of the following:

- Transcript, exit grades (if applicable), birth document, student schedule.
- Academic Assessments: MAP, DIBELS, MCA, MTAS, ACCESS test scores.
- Attendance Data: days absent and truancy records.
- Medical & Health Records: vaccination history and other health records, if applicable.
- Special Education Records including: current IEP, assessment reports, evaluation reports.
- Disciplinary Records: in accordance with MN State Statute 120A.22 Subd. 7(c).

PLEASE DO NOT MAIL THE ENTIRE CUM FOLDER – we will return to the school

Please release records to the designated ISD 191 school:					
✓	School Name:	Address:	Email	Phone	Fax
	Burnsville High School	600 East Highway 13, Burnsville MN 55337	bhsrecords@isd191.org	952.707.2108	Email only
	Burnsville Alternative High School	2140 Diffley Road, Eagan MN 55122	Fax only	952.707.4020	952.707.4024

Parent/Guardian Signature _____ Date _____

Designated School District Staff (if parent signature not obtained) _____ Date _____

In accordance with MN State Statute 120A.22 Subd. 7(a), written permission of the parent/guardian is not necessary in the transfer of records to a school in which the student intends to enroll.