

Elementary 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. Consent to Release Educational Information (1 per student – grade level specific)	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)
_____	_____	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth	Grade Level		

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 <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Native Hawaiian or Pacific Islander <input type="checkbox"/>	
	Black or African American <input type="checkbox"/>	
	White <input type="checkbox"/>	

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 <input type="checkbox"/>	Yes <input type="checkbox"/>	Other Medical Conditions (e.g. ADD/ADHD, surgeries, emotional concerns, GI issues, etc.)
Diabetes	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Allergies (e.g. bee stings, food, latex, pollen, etc.)
Seizures	No <input type="checkbox"/>	Yes <input type="checkbox"/>	List ALL Medications
Hearing Concerns	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Special Diet Restrictions (e.g. gluten, dairy, fruit, etc.)
Vision Concerns	No <input type="checkbox"/>	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.

Elementary School Consent to Release Educational Data

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

Student Information

Student Last Name _____ First Name _____ Middle Name _____
 Date of Birth _____ Grade Level _____ Gender: Male Female

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 and/or report cards**, exit grades (if applicable), **birth document**, early childhood screening, if applicable.
- 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
	Edward Neill Elementary	13409 Upton Ave., Burnsville MN 55337	enrollmentcenter@isd191.org	952.707.3100	952.707.3102
	Gideon Pond Elementary	613 East 130 th St., Burnsville MN 55337	enrollmentcenter@isd191.org	952.707.3000	952.707.3002
	Harriet Bishop Elementary	14400 O'Connell Rd., Savage MN 55378	enrollmentcenter@isd191.org	952.707.3900	952.707.3902
	Hidden Valley Elementary	13875 Glendale Rd., Savage MN 55378	enrollmentcenter@isd191.org	952.707.3800	952.707.3802
	Marion W. Savage Elementary	4819 West 126 th St., Savage MN 55378	enrollmentcenter@isd191.org	952.707.3200	952.707.3202
	Rahn Elementary	4424 Sandstone Dr., Eagan MN 55122	enrollmentcenter@isd191.org	952.707.3600	952.707.3602
	Sioux Trail Elementary	2801 River Hills Dr., Burnsville MN 55337	enrollmentcenter@isd191.org	952.707.3300	952.707.3302
	Sky Oaks Elementary	100 East. 134 th St., Burnsville MN 55337	enrollmentcenter@isd191.org	952.707.3700	952.707.3702
	Vista View Elementary	13109 County Road 5, Burnsville MN 55337	enrollmentcenter@isd191.org	952.707.3400	952.707.3402
	William Byrne Elementary	11608 River Hills Dr., Burnsville MN 55337	enrollmentcenter@isd191.org	952.707.3500	952.707.3502
	District Enrollment Center	200 W. Burnsville Pkwy, Burnsville MN 55337	enrollmentcenter@isd191.org	952.707.4180	952.707.4181

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.