



Student Enrollment

Please print legibly

Requested Start Date _____

Student Last Name	First Name	Middle Name	Birthdate	Sex	Entering Grade
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of Birth if outside United States? _____			Date student came to US _____ Month/Day/Year		

For students newly enrolling to a Minnesota public school:

A copy of your child's official birth certificate and immunization record is required. Please submit with your registration.

Kindergarten Only:

Has your child had preschool screening?

☐ Yes, at Becker

☐ Yes, at _____

☐ No * Please call 763-261-4050 to schedule an appointment.

Student Needs:

Has your child ever received English Learner services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever had a 504 Accommodation Plan ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever received Title 1 services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child require Special Education services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please check appropriate box(es) below and submit a copy of the IEP upon registration.	
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Deaf-Hard of Hearing
<input type="checkbox"/> Emotional/Behavior Disorder	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Developmental Cognitive Disability	<input type="checkbox"/> Physical Impairment
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Severe Multiple Impairment
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Visual Impairment
Does your child need Transportation (bus) services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, you MUST submit an online request www.becker.k12.mn.us , select Departments/Transportation Services, click on Transportation Request. If you are unable to go online, please contact Transportation at 763-261-4588.	
MIDDLE SCHOOL ONLY:	
Choose one elective:	<input type="checkbox"/> Choir <input type="checkbox"/> Band
Instrument: _____	

Please answer the following questions:

In the current school year, were or will any of your child's <u>parents or legal guardians</u> be on active duty with the Army, Navy, Air Force, Marine Corps, or Coast Guard? (does not include National Guard duty) 503.95623.10.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: This does include training as a member of any of the five branches, as well as active duty when deployed.	
Does this student have an <u>immediate family member</u> who is currently in the armed forces <u>including as a reservist</u> or has recently retired from the armed forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have a parent or grandparent that is a member of an Indian tribe or band? (If yes, please complete Form 506, available at district/enrollment website or from district office.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student ever been suspended before? If so, for what?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student lives with: (check all that apply)

☐ LEGAL PARENTS (living in the same household)

☐ BOTH LEGAL PARENTS (shared custody)

☐ LEGAL GUARDIAN (proof of legal guardianship required)

☐ FOSTER PARENT (proof of legal guardianship required)

☐ LEGAL MOTHER

☐ LEGAL FATHER

☐ STEP PARENT

☐ OTHER _____

Is the student a ward of the county or state? (parental rights have been terminated by court order) ☐ Yes ☐ No

MIGRANT- temporary enrollment:

Have you moved to this school district within the last 36 months for temporary or seasonal agriculture or fishing work?

☐ No ☐ Yes- Expected length of enrollment: _____

Is the student currently living in temporary housing? (check only one)

☐ With more than one family

☐ In a hotel or motel

☐ In a shelter, name of shelter: _____

☐ Transitional Housing, explain: _____

☐ Unsheltered, explain: _____

☐ None of these apply

FAMILY INFORMATION

Primary Household – Custodial Parent(s)/Legal Guardian(s): *

1. Last Name	First Name	Primary Phone*	Work/Other Phone
Email Address	Relationship to Student	Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Needed? <input type="checkbox"/> Yes, Lang: _____ <input type="checkbox"/> No	
2. Last Name	First Name	Cell Phone	Work/Other Phone
Email Address	Relationship to Student	Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	Apt/Lot#	City	Zip
Mailing Address/ P.O. Box			
Resident of Becker School District: <input type="checkbox"/> Yes <input type="checkbox"/> *No - Resident District Name/##: _____ <input type="checkbox"/> Not Sure *If not a resident, Enrollment Options Form required			
Does your home have adequate internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have access to a computer/device? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please list all other children residing at residence:

Last Name	First Name	Middle Name	Birthdate	Sex	Grade/School

(Please attach another sheet of paper if more room is needed.)

Emergency Contacts: *Parents/Guardians are always called first. Please list 2 other contacts:*

First and Last Name	Relationship to student	Phone (including area code)

Secondary Household – Parent/Guardian Information: (if applicable)

Joint Custody? ☐ Yes ☐ No

If there are legal documents restricting access, please attach copies.

Last Name	First Name	Primary Phone	Work/Other Phone
Email Address	Relationship to Student	Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Needed? <input type="checkbox"/> Yes, Lang: _____ <input type="checkbox"/> No	
Last Name	First Name	Cell Phone	Work/Other Phone
Email Address	Relationship to Student	Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	Apt/Lot#	City/State	Zip
Mailing Address/ P.O. Box			



REQUEST FOR RECORDS

Notice of Change in Student Enrollment

For Students with Early Childhood Special Education and New Students, Grades 1-12

Please complete this section and sign at the bottom.

Student Last Name	First Name	MI	Birthdate	Grade Entering
Previous School Name/District	City/State	School Number	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax

Transfer to District: (to be completed by BHS)

District Name	District Number	District Type	Student Start Date	SAC
Becker Public Schools	0726	01		
MARSS Contact Person	Email Address	MARSS Number:		
Allison Lamp	alamp@isd726.org			

Previous school: please send the following records:

Administrative records: (send to checked person below)	SpED records - please email to dwilke2@isd726.org
<ul style="list-style-type: none">• High school students: <u>current schedule</u> and in <u>process/exit grades</u>• Official administrative records including birth certificate• Transcript and/or report cards (academic work completed, grades, class rank, GPA)• Academic Assessments (MAP, DIBELS, MCA, ACCESS, MTAS, test scores)• ELL, ESL records• Discipline Records• Attendance Data• Medical and Health records including preschool screening, immunizations, and current athletic physical	<ul style="list-style-type: none">• IEP• Evaluation Reports• Assessment Reports• 504 plan <p>If you are a SpEd Forms school please transfer case management to *Deb Wilke*</p>

Please mail, fax, or email records to the correct school contact listed below:

Send to: (check one)	Mail: District Office 12000 Hancock Street Becker, MN 55308	Fax: 763-261-4559	Contact: Allison Lamp	Email: alamp@isd726.org
	Becker Primary School (Gr. K-2)	763-261-6340	Samantha Lommel	slommel@isd726.org
	Becker Intermediate School (Gr. 3-5)	763-261-5799	Heidi Nitsch	hnitsch@isd726.org
	Becker Middle School (Gr. 6-8)	763-261-6306	Kristin Imholte	kimholte@isd726.org
	Becker High School (Gr. 9-12)	763-261-6313	Heather Gervasi	hgervasi@isd726.org
	SpEd Records	763-261-4559	Deb Wilke	dwilke2@isd726.org

Parent 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's Full Name: (Last, First, Middle)		
Birthdate:	Check the phrase that best describes your student:	Indicate the language(s) other than English:
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.

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.¹

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)

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. (next page/back)

¹Federal 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.¹

☐ **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.¹

☐ **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.¹

☐ **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.¹

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____



INDEPENDENT SCHOOL DISTRICT #726 HEALTH INFORMATION

STUDENT NAME: _____ GRADE: _____
FIRST LAST

DATE OF BIRTH: _____
MONTH DAY YEAR

Please complete the following information. By providing this information to the school, we are able to better support the needs of each individual student.

- ☐ My child has no health concerns at this time.
- ☐ My child has the following condition(s) the school should be aware of:

Please check any health conditions that apply:

***Obtain Action Plan from your clinic/doctor's office**

<input type="checkbox"/> Asthma* <input type="checkbox"/> Seizures* <input type="checkbox"/> Diabetes* <input type="checkbox"/> Heart Condition <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Communicable Disease <input type="checkbox"/> Hearing problem/hearing aids <input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Allergies* Life-threatening Allergy* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Neurological condition <input type="checkbox"/> Anxiety <input type="checkbox"/> Vision Problem Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Food Service Needs:</u> <input type="checkbox"/> Celiac Disease <input type="checkbox"/> Food Allergy* *A Physician signed Special Diet Statement will be required for meal accommodations.	<input type="checkbox"/> Other Concern: (please explain)

List any additional details & describe any physical limitations if checked condition above:

List any medication your child may be taking **at school****:

**A Doctor's Authorization for Medication Administration Form will need to be filled out.

1. _____ 2. _____ 3. _____

Health concerns will be shared with appropriate education staff unless parents inform the health office to not share this information. The school is authorized to take whatever steps and make whatever arrangements they deem necessary for the health, security, and comfort of this child.

Parent Signature

Date



Potassium Iodide Administration Parent/Guardian Informed Consent Form

Reason for Taking Potassium Iodide

In the event of a major incident at the nuclear power plant or what is also known as a radiological emergency, radioactive iodine will be released into the air. This material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by pill or liquid, potassium iodide (KI) floods the thyroid with non-radioactive iodine and prevents the thyroid from absorbing the radioactive material. Potassium iodide needs to be given before or shortly after exposure to radiation. Potassium iodide works only to prevent the thyroid from absorbing radioactive iodine.

Potential Side Effects of Potassium Iodide

It is possible to experience any or all of the following side effects when taking Potassium Iodide:

- Upset Stomach
- Rash
- Allergic Reaction

Risks of Taking Potassium Iodide

Taking Potassium Iodide is safe for most people. Potassium Iodide should not be taken if someone:

- Is allergic to iodine
- Has Graves Disease
- Has any other thyroid illness
- Takes thyroid medication
- CONSULT WITH YOUR PHYSICIAN IF YOU HAVE QUESTIONS OR CONCERNS ABOUT TAKING KI

More Information

- Can be found on Becker school's website, www.becker.k12.mn.us under Health Services

Administration of Potassium Iodide

Potassium Iodide will only be given:

- In the case of a radiological emergency
- If it is recommended by public health officials
- If a parent/guardian signs a consent form for a child

Please Check the Appropriate Box

- ☐ CONSENT TO GIVE/I consent to have the school nurse or his/her designee administer Potassium Iodide to my child.
- ☐ NO CONSENT/I **do not** consent to have the school nurse or his/her designee administer Potassium Iodide to my child.

This consent, unless the school is notified by the parent/guardian to the contrary, is good for the duration your child is a student of Becker Public Schools.

Please print:

Child's Full Name _____

Birthdate _____ Grade _____

Print Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

