



District Office
701 Minnesota Avenue | Big Lake, MN 55309
763.262.2536 | www.biglakeschools.org

Dear New Family,

Welcome to Big Lake Schools! I am very pleased that you have selected to send your child to our district. Education is one of life's most valuable resources, and Big Lake Schools takes educating its students very seriously. Additionally, we believe that parent involvement is an essential piece in a child's educational experience—that's why we offer several resources to keep parents informed of, and involved in, their child's education.

District Website

By now you have likely already stumbled upon our Big Lake Schools website at www.biglakeschools.org. We strive to keep our website up-to-date with upcoming events, the latest news, and staff contact information. Additionally, our website hosts a great deal of information about the overall district and each individual school. If you are looking for something, it is likely on our website.

Infinite Campus Parent Portal

Want to check your student's grades, attendance or schedule? Need to change your email address, mailing address or sign up for emergency alerts? The Parent Portal allows you to check these things and so much more! It can be accessed through our district website or at <https://goo.gl/AY1wAe>. Once enrolled, you will be given access information for the portal.

MySchoolBucks

Will your student be eating breakfast or lunch with us? If so, you will need to create a MySchoolBucks account so that you can add money to your child's meal account. To access MySchoolBucks, visit myschoolbucks.com. You will need to fully complete the enrollment process and receive a meal PIN number from the school before creating an account.

Next Steps

- Complete and submit enrollment paperwork/enrollment checklist
- Tour school of attendance and meet principal (if desired)
- Receive lunch PIN, transportation, and portal activation information
- Add money to lunch account and create parent portal
- Register for classes (if enrolling in high school)
- Start school!

Thanks again for putting your trust in Big Lake Schools. We will work hard to meet, and hopefully exceed, the hopes and dreams you have for your child's education. Please feel free to call our District Office or your child's school office if you have any questions at all.

Best wishes in education!

Tim Truebenbach, Superintendent

**RETURN PAPERWORK TO DISTRICT OFFICE –
INDEPENDENCE ELEMENTARY-DOOR J**



Enrollment Checklist

The following items are required in order to complete your child's enrollment with Big Lake Schools. **Complete enrollment packages can be mailed to the District Office, 701 Minnesota Avenue, Big Lake, MN 55309, dropped-off in person to the District Office at Independence Elementary STEM—enter door J, or emailed to enrollments@biglakeschools.org.**

- ☐ **Copy of Birth Certificate** - families are required to provide proof of birthdate and spelling of legal name for each student being enrolled. A scanned or photocopied birth certificate is acceptable.
- ☐ **Student Enrollment Form** - this form will be used to enter your information into our student information system. It is incredibly important that the information on this form is complete, legible and accurate.
- ☐ **Ethnic and Racial Demographic Designation Form** - this form collects required information on ethnicity and race for the state and U.S. Department of Education.
- ☐ **Minnesota Language Survey** - this form collects information required by the state regarding home language.
- ☐ **Health Records** - provides vital health-related information to the district.
- ☐ **Proof of Current Immunizations Form** - Minnesota law requires parents to provide written proof of certain immunizations before entrance into school. Families who object to immunizations for medical or conscientiously held beliefs must file a notarized exemption.
- ☐ **Release of Records Form** - this form will provide the necessary information for the district to request student records from a previous school. **Not required for students entering kindergarten.**
- ☐ **Transportation Form** - we will submit this form to Vision Transportation to arrange busing for your student. Vision Transportation will mail busing information to you at least one week before the start of school. If you haven't received information by the last week in August or are enrolling mid-year, please contact Vision at 763.263.7900 after enrolling.
- ☐ **Technology Acceptable Use and Safety Agreement** - parents and students need to sign this agreement stating they have read the technology acceptable use and safety policy and will take responsibility for monitoring technology use and enforcing acceptable use.
- ☐ **Student Digital Equity Survey** - This survey collects information on student access to the Internet and electronic devices used for schoolwork.
- ☐ **Census Form** - Families with a child age 5 and under (not yet enrolled in school) and living within Big Lake Schools' boundary should submit this form. This information helps us plan for and project future enrollment, ensures appropriate state and local funding, and ensures families are notified of early childhood screening and kindergarten registration.

The following items are not included in the Enrollment Packet but are available online at biglakeschools.org:

- ☐ **PLEASE READ - Potassium Iodide (KI) Information** – provides information about administering potassium iodide to your child should a radiological emergency occur.
- ☐ **PLEASE READ - School Meal Policy**



Enrollment Checklist

- ☐ **OPTIONAL - Application for Educational Benefits** – families can apply for the free and reduced-price school meals program by submitting an application.
- ☐ **GRADES 6-8 ONLY - Fine Arts Elective Form** – select band or choir.
- ☐ **OPTIONAL - Indian Education Form** – should be completed if student meets Federal definition of Indian.
- ☐ **OPTIONAL - Non-Guardian Educational Records Access and Transportation Form** – provides consent for a non-guardian to access student educational records or to pick up your child
- ☐ **OPTIONAL - Data Privacy/Directory Information Opt-out Form** – families who **do not** want directory information related to their child to be released should submit this form.



Student Enrollment Form

This is a fillable PDF – type responses on computer

Student will attend: Online In Person

Student Information:

Last Name (legal):		First Name (legal):		Full Middle Name:		Preferred Name (optional):	
Birthdate:	Gender:	Entering Grade:	Previously Enrolled Here?	Anticipated Start Date:			

Student's PRIMARY Household Information: (all information and mailings will be sent to the primary household.)

P.O. Box: (optional)		Physical Address:		Apt. #:	City:	State:	Zip Code:
Home Phone:		Is this primary residence located within the Big Lake Schools district boundary?					
		<input type="checkbox"/> Yes <input type="checkbox"/> No (please request an Open Enrollment form) <input type="checkbox"/> I am unsure					
Are you currently living at this address? If no, provide anticipated move-in date.				<input type="checkbox"/> Yes <input type="checkbox"/> No; move-in date:			
For federal regulations, have you moved to this district within the last 36 months for temporary or seasonal agriculture or fishing work?							<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIMARY Household Parent/Guardian Information:

Parent/Guardian #1			Parent/Guardian #2				
Legal Last Name:		Legal First Name:	MI:	Legal Last Name:		Legal First Name:	MI:
Gender:	Birthdate:	Relationship to Student*:		Gender:	Birthdate:	Relationship to Student*:	
Cell Phone:		Work Phone:		Cell Phone:		Work Phone:	
Email: (used for emergency alerts, general info, teacher communication)				Email: (used for emergency alerts, general info, teacher communication)			
*If not legal parent, provide legal custody document OR fill in legal parent/guardian information in Student's Secondary Parent/Guardian Information area below. Also, fill out Non-guardian Access Form available on our website.							

Student's SECONDARY Parent/Guardian Information: Please list any other parent/guardian who should have access to educational records and receive mailings. *If information and mailings should NOT be sent to this household, provide legal documentation.

Home Phone:		Address:		Apt. #:	City:	State:	Zip Code:

Parent/Guardian #1			Parent/Guardian #2				
Last Name:		First Name:	MI:	Last Name:		First Name:	MI:
Gender:	Birthdate:	Relationship to Student*:		Gender:	Birthdate:	Relationship to Student*:	
Cell Phone:		Work Phone:		Cell Phone:		Work Phone:	
Email: (used for emergency alerts, general info, teacher communication)				Email: (used for emergency alerts, general info, teacher communication)			

Student Last Name:	Student First Name:	Middle Name:

Student Needs:

Does your child have any health concerns and/or allergies that will affect them at school? If so, what?		<input type="checkbox"/> Yes; _____ <input type="checkbox"/> No
Has your child ever had or received services for:		<input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> English Learner services <input type="checkbox"/> Gifted and Talented program <input type="checkbox"/> Title I services
Does your child require Special Education services? If yes, please check the appropriate box(es) below and submit a copy of the IEP.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Developmental Cognitive Disability
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Emotional/Behavior Disorder	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Severe Multiple Impairment	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Visual Impairment

Potassium Iodide (KI) Consent:

Do you provide consent for Big Lake Schools to administer KI to your child in the unlikely event of a nuclear power plant or radiological emergency?	<input type="checkbox"/> Yes, I provide consent <input type="checkbox"/> No, I do NOT provide consent
--	---

Miscellaneous Information:

Can child participate in celebrations/parties at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can child watch movies for educational purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In what country was your child born?	<input type="checkbox"/> USA <input type="checkbox"/> Other: _____	What date did child enter USA? _____	
Is the student a member of a military-connected family?	<input type="checkbox"/> Yes-fill out Military Connections Form <input type="checkbox"/> No		
Is the student a ward of the county or state? If yes, what county or state:	<input type="checkbox"/> Yes; _____ <input type="checkbox"/> No		
Is the student homeless?*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the student's legal parent(s) live within the Big Lake Schools district boundaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, an open enrollment form needs to be completed unless student is homeless or a ward of the county or state.			
Has this student ever been suspended before? If so, for what?	<input type="checkbox"/> Yes; _____ <input type="checkbox"/> No		
<small>*A homeless individual is one who lacks a fixed, regular and adequate nighttime residence. This includes: a) children/youth sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelter; are abandoned in hospitals; or are awaiting foster care placement; b) children/youth who have a primary nighttime residence that is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings (IE: cars, parks, public spaces, abandoned buildings, bus or train stations, or similar settings) MN Stat. 120A.20, subd 2.</small>			

Emergency/Non-guardian Contacts: please list any non-guardian contacts (such as step parents, grandparents, etc.) below that you would like to authorize for the abilities you indicate below. You may rescind access by providing written notification to the district at any time.

Name:	Relationship to Student:	Phone:	Email:
#1			
I proclaim that I am the legal guardian of the student and would like to authorize the person named above be listed as having the following rights:		<input type="checkbox"/> Emergency contact (if parent can't be reached) <input type="checkbox"/> Access to child's educational records <input type="checkbox"/> Authorization to pick up child <input type="checkbox"/> Authorization to make changes to child's transportation arrangements	

Name:	Relationship to Student:	Phone:	Email:
#2			
I proclaim that I am the legal guardian of the student and would like to authorize the person named above be listed as having the following rights:		<input type="checkbox"/> Emergency contact (if parent can't be reached) <input type="checkbox"/> Access to child's educational records <input type="checkbox"/> Authorization to pick up child <input type="checkbox"/> Authorization to make changes to child's transportation arrangements	

Kindergarten-only: the following section only applies to students entering kindergarten

Has the student received Early Childhood Screening?	<input type="checkbox"/> Yes, at Big Lake <input type="checkbox"/> Yes, at _____
The State of Minnesota requires that all children be screened before entering school.	
Has your child attended any of the following?	<input type="checkbox"/> No (if no, please call 763.262.3233 for an appointment as soon as possible.)
If yes, where and for how long?	<input type="checkbox"/> Preschool <input type="checkbox"/> Head Start <input type="checkbox"/> Early Childhood Family Education (ECFE) Where: _____ Months/Years: _____

Parent Comments:

--

I certify the information given above is true and complete to the best of my knowledge.

Parent/Guardian Printed Name:	Signature:	Date:

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/
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.

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 _____

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 AND 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.



Health History Record

Parent/Guardian: please complete the first two sections of this form

Student Last Name:	Student First Name:	Middle Name:	Birthdate:	Gender:
School of Attendance:	Grade:	Age:	Parent/Guardian:	

Past Health History: please ✓ if your child has had any of the following:

Allergies		Hearing or Vision Concerns	
Asthma		Skin Concerns (Rash, Hives, Eczema)	
Cancer		Dizziness/Fainting	
Heart Disease/Concerns		Persistent Cough or Breathing Problem	
Orthopedic Concerns		Abdominal Complaints	
Neurological Concerns/Head Injury		Recurrent Ear Infections or PE tubes	
Seizures		Recurrent Strep Throat Infections	
Physical Disability		Bleeds Easily	
Diabetes		Bladder or Bowel Problem	
Developmental or Learning Concerns (i.e. speech, motor, social skills, etc.):			
Please specify items checked above:			

Medical Provider: please complete the section below: **(not required for enrollment)**

	N	Ab		N	Ab			
HEENT			Musculoskeletal					
Lungs			Neurological					
Heart			Skin					
Abdomen			Lymphatic					
Genito-urinary			Other:					
Vaccines Administered Today:								
Height	Weight	Blood Pressure	Vision		Vision Corrected?	Hearing		
			R20/	L20/	Yes	No	N	Ab
in	lbs	/						

☐ Is in excellent health and able to participate fully in school at this time.

☐ Has a condition that may limit participation in:

☐ Classroom Activities

☐ Physical Education

☐ Competitive Sports

Explanation:

--

Provider Signature:	Printed Name:	Exam Date:
Clinic Name:	Address:	Phone Number:

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____ Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<input type="text"/>	
Meningococcal (MCV4)				<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- ☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- ☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian’s beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I understand that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me

on _____ (date)

by _____
(name of parent or guardian)

Notary Signature: _____

Notary Stamp

STATE OF MINNESOTA, COUNTY OF _____

3. Consent to share immunization information: This school is asking for permission to share your child’s immunization record with Minnesota’s immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you chose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child’s school to share my child’s immunization documentation with Minnesota’s immunization information system:

Signature: _____ Date: _____
(of parent/guardian)



Records Request

Today's Date:		Start Date:	
---------------	--	-------------	--

Please Send Us The Official Records For:

Student Name:	Birthdate:	Current Grade:	Big Lake School:

Previous School(s) Attended: Please list most recent first

Name:	City/State:	Dates Attended:	School Fax/E-mail:

A cumulative record should include the following:

- Official administrative records (name, address, birthday, last grade level completed, gender and attendance record)
- Official transcripts and/or report cards
- Standardized achievement test scores & Minnesota Basic Standard test scores
- Principal and/or teacher recommendations or evaluations
- Health records (including immunization records and preschool screening record)
- Special Education records (IEP, speech, remedial, psychological, LD, EMH, etc.)
- Other information that may be helpful for admission, placement of this student
- MARSS number: _____

Please forward these records to the correct school using one of the following methods:

Mail:	Fax:	Email:
Big Lake Schools High School Office 501 Minnesota Avenue Big Lake, MN 55309	763.262.2543	hs@biglakeschools.org
Big Lake Schools Middle School Office 601 Minnesota Avenue Big Lake, MN 55309	763.262.2563	ms@biglakeschools.org
Big Lake Schools Liberty School Office 17901 205th Avenue Big Lake, MN 55309	763.262.8185	lib@biglakeschools.org
Big Lake Schools Independence School Office 701 Minnesota Avenue Big Lake, MN 55309	763.262.2533	indy@biglakeschools.org
Big Lake Schools Big Lake Online 501 Minnesota Ave Big Lake, MN 55309	763.262.2543	blonline@biglakeschools.org

Thank you for your cooperation.



Transportation Form

Information provided on this form will be given to Vision Transportation. They will coordinate busing arrangements with you.

Student Last Name:	Student First Name:	Middle Name:	School:	Grade:
Primary Physical Household Address:	City/State/Zip Code:	Home Phone:		

Primary Household Parent/Guardian Information:

Parent/Guardian #1			Parent/Guardian #2		
Legal Last Name:	Legal First Name:	MI:	Legal Last Name:	Legal First Name:	MI:
Cell Phone:	Work Phone:		Cell Phone:	Work Phone:	
Email:			Email:		

Transportation Information: complete all numbered steps below

1. Reason for form:	<input type="checkbox"/> New Enrollment*	<input type="checkbox"/> Change of Home Address	<input type="checkbox"/> Change in Daycare/Alternative Location
	*If new enrollment, has child had bus safety training since start of this school year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
2. Transportation start date:		End date: (if applicable)	
3. TO SCHOOL: (choose only one)	4. FROM SCHOOL: (choose only one)		
<input type="checkbox"/> No AM transportation needed <input type="checkbox"/> Child will walk/drive <input type="checkbox"/> Parent/guardian transport <input type="checkbox"/> Child is registered for and will come from Kids Club <input type="checkbox"/> Pick up from home <input type="checkbox"/> Pick up from daycare/alternative location	<input type="checkbox"/> No PM transportation needed <input type="checkbox"/> Child will walk/drive <input type="checkbox"/> Parent/guardian transport <input type="checkbox"/> Child is registered for and will go to Kids Club <input type="checkbox"/> Drop off at home <input type="checkbox"/> Drop off location is daycare/alternative location		
5. Daycare/Alternative Location Information:			
Daycare or Contact Name:			
Address:			
Daytime Phone #:			

Emergency Transportation Information: (for ELEMENTARY students only)

If school needs to close early due to an emergency:	<input type="checkbox"/> My child is to go home as usual.
	<input type="checkbox"/> My child is to go to the daycare/alternative location listed above.
	<input type="checkbox"/> My child is NOT to go to his/her usual destination. They will go to:
	Name: _____ Address: _____ Phone: _____

For Office Use Only			
Bus Stop Location:			
Pick Up Time:		Drop Off Time:	
Route Number:			



Technology Use Agreement

Must be signed upon enrollment, 6th and 9th grade

Big Lake Schools provides access to district technologies and permits access to personal technologies during school hours for educational purposes. It is expected that student use of district and personal technologies will adhere to the Hornet Way. Students should have no expectation of privacy for items stored on district technologies. The district is not responsible for theft, loss or damage of any personal technologies. The district advises students and parents to review the full technology acceptable use and safety policy, which is available on our website at biglakeschools.org under the families and students tab.

STUDENT

I have read, understand and agree to abide by the technology acceptable use and safety policy and regulations. I understand that my use of personal technology devices while at school is at the discretion of my teachers and school administration. I further understand that should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken.

Student's Printed Name:	Student's Signature:	Grade:	Date:

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the technology acceptable use and safety policy. I understand that access to district and personal technologies is designed for educational purposes, and that the school district is not responsible for lost, stolen or damaged personal technologies used at school. I also understand that I have the option to request alternate educational activities not requiring Internet access by contacting my child's teacher.

The school district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the school district to restrict access to all controversial materials and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. Further, I accept full responsibility for supervision if and when my child's technology use is not in a school setting.

I hereby give permission for my child to use district and personal technologies at school.

Parent/Guardian Printed Name:	Parent/Guardian Signature:	Date:



Student Digital Equity Survey

Survey Information

Thank you for participating in the Student Digital Equity Survey. This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. Big Lake Schools may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside the classroom or school building. It is important that we gather accurate information from every student so that each student and family has the equipment, help and support needed.

The information you provide in this survey will be reported to the Minnesota Department of Education (MDE). MDE may provide state- or school-level summary data—without personal, identifying information—to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. Big Lake Schools will not share your personal, identifying information provided in this survey with others without your consent.

Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

Student Information

First name: _____

Last name: _____

Grade: _____

Student Primary Address: _____

Digital Device Access

1. Does the student use an electronic device like a computer, tablet or smart phone to complete homework?

☐ **No** (skip to question 2)

☐ Yes (continue to 1a)

a. If yes, what type of electronic device does the student usually use to complete homework?

(select ONLY one)

Desktop or Laptop

Tablet

Chromebook

Smart phone

Other

b. Is the electronic device (from 1a) provided by the school?

Yes

No

c. Is the electronic device shared with anyone else in the home?

Yes

No

Internet Access

2. Can the student access the Internet on their electronic device at home?

No – Internet is **not** available at home (skip to end of survey)

No – Internet is **not** affordable at home (skip to end of survey)

No – Other (skip to end of survey)

Yes (continue to 2a)

a. If yes, what kind of Internet service do you have at home?

Residential broadband (e.g. Cable, Fiber, DSL)

Cellular network

School-provided hotspot

Satellite

Dial-up

Other

I am not sure.

b. Can the student stream a video on their electronic device without pauses?

Yes – with **no** pauses or buffering

Yes – with **some** pauses or buffering

No – streaming doesn't work



Census Form

Families with a child age 5 and under (not yet enrolled in school) and living within Big Lake Schools' boundary should submit this form. This information helps us plan for and project future enrollment, ensures appropriate state and local funding, and ensures families are notified of early childhood screening and kindergarten registration.

Household Information:

Address:	Apt. #:	City:	State:	Zip Code:	Home Phone:

List Parents/Guardians Living at the Household Above:

Parent/Guardian #1			Parent/Guardian #2				
Legal Last Name:		Legal First Name:	MI:	Legal Last Name:		Legal First Name:	MI:
Gender:	Birthdate:	Ethnicity/Race:		Gender:	Birthdate:	Ethnicity/Race:	
Cell Phone:		Preferred Language:		Cell Phone:		Preferred Language:	
Email:				Email:			

List All Children Living at the Household Above Under 18: oldest to youngest –use add'l form for more children

Child #1				
Last Name (legal):		First Name (legal):	Full Middle Name:	Preferred Name (optional):
Birthdate:	Gender:	If School-age, Attending Where:	Relationship to Parent/Guardian #1	Relationship to Parent/Guardian #2
Primary Language:			Ethnicity/Race:	

Child #2				
Last Name (legal):		First Name (legal):	Full Middle Name:	Preferred Name (optional):
Birthdate:	Gender:	If School-age, Attending Where:	Relationship to Parent/Guardian #1	Relationship to Parent/Guardian #2
Primary Language:			Ethnicity/Race:	

Child #3				
Last Name (legal):		First Name (legal):	Full Middle Name:	Preferred Name (optional):
Birthdate:	Gender:	If School-age, Attending Where:	Relationship to Parent/Guardian #1	Relationship to Parent/Guardian #2
Primary Language:			Ethnicity/Race:	

Please submit this form using one of the following methods:

Mail:	Email:
Big Lake Community Education 17901 205th Ave NW Big Lake, MN 55309	census@biglakeschools.org