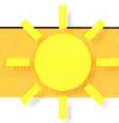


Registration Form

Please print and make sure and SIGN below!

School Year: 2019-2020	School Site:	Crest View Elementary		
Student Name:				
Address:				
City:		State:		
Date of Birth:		Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Teacher:		Grade:		
Parent/Guardian Name(s):				
Phone 1:		Phone 2:		
Two Emergency Contacts Name & Phone Number	1.			
	2.			
Transportation method:	<input type="checkbox"/> Walk	<input type="checkbox"/> Parent/Guardian Pick Up	<input type="checkbox"/> Other:	
If someone other than a parent/guardian will be providing transportation from the site, please list the name of the person you are giving permission to transport your student:				
Name & Relationship to child:				



Morning Classes 7:45 am - 8:40 am

CHECK BOX of your 1ST CHOICE CLASS.

Classes are first come, first serve. You will receive a class confirmation. HURRY! Classes will fill quickly.

TUESDAY MORNINGS	<input type="checkbox"/> Cardinal Kids - 1 st , 2 nd , 3 rd , 4 th , 5 th
WEDNESDAY MORNINGS	<input type="checkbox"/> Cardinal Kids - 1 st , 2 nd , 3 rd , 4 th , 5 th <input type="checkbox"/> Crochet Club - 3 rd , 4 th , 5 th



AFTERSCHOOL CLASSES 3:30 pm - 4:30 pm

MONDAY & WEDNESDAY	<input type="checkbox"/> Super Readers - 1 st , 2 nd <input type="checkbox"/> BRILLIANCE thru Storytelling - 3 rd , 4 th <input type="checkbox"/> Cardinal Fitness - 3 rd , 4 th , 5 th
TUESDAY & THURSDAY	<input type="checkbox"/> Adventures in Cultures 3 rd , 4 th , 5 th <input type="checkbox"/> Minecraft for Kids 3 rd , 4 th , 5 th
THURSDAYS ONLY	<input type="checkbox"/> Super Scientists 2 nd , 3 rd <input type="checkbox"/> Girls Empowered 4 th , 5 th



Parent/Guardian Signature _____ Date _____

SIGN & complete form on back of page



Osseo Area Schools Targeted Services Continual Learning Plan (CLP)

Please file at site for three years from the origination date. Does not go in students cumulative file; stored with other CLPs for Targeted Services purposes ONLY!

Student Information

Student Legal Name: _____

Grade Level: _____


School Year: 2019-2020


Student ID: _____

School Student Attending: CRESTVIEW ELEMENTARY SCHOOL

Participation in the program is optional. A continual learning plan must be developed at least annually for each pupil with the participation of the pupil, parent or guardian, teachers, and other staff; each participant must sign and date the plan as acknowledgement of the voluntary nature and focus of this program.

Signatures Required

 Student: _____ Date: _____

 Parent/Guardian: _____ Date: _____

Staff: _____ Date: _____

----- STAFF USE ONLY BELOW -----

Part I: List and/or attach the requirements/standards that must be met for grade level progression:
Part II: The student's learning objectives and/or goal (what need must be addressed):
Part III: Learning experiences that will occur during the entire fiscal year and are necessary for grade progression and how progress will be assessed:
Goal 1:
Method of Assessment:
Goal 2:
Method of Assessment: