

This application is for students who are either NEW to District 279  
OR for District 279 students whose most recent high school experience was NOT at a District 279 school.

## Osseo Area Learning Center

7300 Boone Avenue North

Brooklyn Park, MN 55428

Phone: (763) 391-8890 Fax: (763) 391-8575

**Thank you for applying to OALC!**

***Applicants are responsible for ensuring that all required information is completed before the application can be processed.***

The procedure for applying to the OALC is listed below:

1. The entire enrollment packet must be completed and returned to the OALC. Please keep all sections of the application stapled together!
2. **If you are a student who receives Special Education services and has an Individual Education Plan (IEP), we are required by law to conduct an IEP review to determine if OALC is an appropriate setting to best meet your educational needs.**
  - Please do not proceed with this application until this process is completed. Our special education teacher, Chris Buerman (763) 391-8890 extension 44213), will assist you with this process.
3. Upon acceptance, **you and a parent/guardian must** attend an enrollment/admission meeting prior to beginning classes at the OALC. These appointments last approximately 20 minutes.
4. New students will typically have an initial enrollment date that is on the first day of the school week (usually Monday).

OSSEO AREA SCHOOLS

ISD  279

**STUDENT APPLICATION - OSSEO AREA LEARNING CENTER**

7300 Boone Ave. N., Brooklyn Park, MN 55428

(763) 391-8890 Fax (763) 391-8595

				<input type="checkbox"/> Male
Last Name	First Name	Middle	Date of birth	<input type="checkbox"/> Female
Current or last school attended		Grade	Date attended	Name of counselor or contact person
Do you need childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of child(ren):		Date of birth:

**Students that attend OALC must meet at least one of the following state eligibility criteria. Please circle all that apply.**

1. performs substantially below the performance level for pupils of the same age in a locally determined achievement test;
2. is behind in satisfactorily completing coursework or obtaining credits for graduation;
3. is pregnant or is a parent;
4. has been assessed as chemically dependent;
5. has been excluded or expelled from school;
6. has been referred by a school district for enrollment in an eligible program;
7. is a victim of physical or sexual abuse;
8. has experienced mental health problems;
9. has experienced homelessness sometime within six months before requesting a transfer to an eligible program;
10. speaks English as a second Language or is an English learner; or
11. Has withdrawn from school or has been chronically truant.

**Student Statement: (use back side of page if more space is needed)**

**If you are a new student,** please explain why you want to attend OALC.

**If you are a student returning to OALC,** please explain why you want to come back.

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# ENROLLMENT CHECKLIST

PLEASE HELP US SERVE YOU BETTER BY USING THIS CHECKLIST TO COMPLETE THE FORMS AND COLLECT THE DOCUMENTS NECESSARY FOR ENROLLING YOUR STUDENT

FORMS

- ENROLLMENT FORM**
  - Complete both pages and sign the form
  - Include any court documents related to guardianship or custody limitations, if applicable
- EMERGENCY CONTACT AND HEALTH HISTORY FORM**
  - Complete as much information as possible and sign the form
- REQUEST FOR RECORDS FORM**  
*(Complete only if the student was last enrolled in school outside of ISD 279 – Osseo Area Schools)*
  - Attempt to complete as much information about the student's previous school as possible
- PUPIL IMMUNIZATION RECORD FORM**
  - ENROLLMENT WILL BE DELAYED IF IMMUNIZATION RECORDS MUST BE OBTAINED FROM THE PREVIOUS SCHOOL
    - **Sign and date sections 1A and 2**, attach a copy of the student's "shot record"
    - AND/OR –
    - Fill out the month, day, and year for all required vaccines on the form and sign it
    - AND/OR –
    - Fill out the *Conscientious Exemption* portion of the form and have it notarized
- STUDENT CONCERNS FORM**
  - Please share any concerns that you may have about the student
- PROOF OF RESIDENCY DOCUMENT**
  - THE DOCUMENT MUST SHOW THE NAME AND ADDRESS OF THE PARENT/GUARDIAN OR OTHER PERSON HAVING LEGAL CUSTODY OF THE STUDENT.

**Please submit one of the following proofs of residency documents:**

1. MINNESOTA DRIVER'S LICENSE WITH CURRENT ADDRESS
- OR –
2. A PHOTO ID (MAY BE EXPIRED) **AND** AN ADDRESS VERIFICATION DOCUMENT

**Please submit a PHOTO ID and an ADDRESS VERIFICATION DOCUMENT from the list below**

PHOTO ID (may be expired) – Select One	ADDRESS VERIFICATION DOCUMENT – Select One
State ID with FORMER address	Utility Bill [Dated within 60 days of enrollment] – electric, gas, water, solid waste, sewer, telephone (landline, cell, VOIP, etc.), internet services, TV (cable, satellite)
Passport	Letter from Government Agency (Local, State, or Federal) [Dated within 60 days of enrollment] – assisted housing, food stamps, etc.
Military ID	Lease Agreement – Must be signed by lessee and lessor and show the lease period (start date – end date)
Tribal ID	Purchase Agreement [Dated within 60 days of enrollment] – Must be signed and show the purchase date
University, College, or Technical College ID Card	

DOCUMENTS

- BIRTH CERTIFICATE (OR OTHER AGE VERIFICATION DOCUMENT)** *(Early Childhood Special Education, Kindergarten and 1<sup>st</sup> Grade only)*  
*(Required for Early Childhood Special Education, kindergartners and 1<sup>st</sup> graders that have not completed Kindergarten at any school)*
  - Acceptable age verification documents are: birth certificate (original or copy), I-94, or passport
    - If born in Minnesota, birth certificate information may be obtained from the Hennepin County Services Center's automated information line at (612) 348-8240
    - If born outside of Minnesota, contact the city or state health department where the student was born
- EARLY CHILDHOOD SCREENING DOCUMENT** *(Early Childhood and Kindergarten only)*  
*(Required only if the student did not complete his/her early childhood developmental screening with ISD 279 – Osseo Area Schools)*
  - Must be submitted within 30 days of attendance
  - To schedule the screening please call (763) 391-8776, Monday – Thursday, September through May
- TRANSCRIPT FROM PREVIOUS SCHOOL** *(7<sup>th</sup> through 12<sup>th</sup> Grade only)*  
*(Required only if the student was last enrolled in school outside of ISD 279 – Osseo Area Schools)*
  - Include withdrawal grades and an explanation of the marking system, if applicable
  - ENROLLMENT MAY BE DELAYED IF TRANSCRIPTS MUST BE OBTAINED FROM THE PREVIOUS SCHOOL
- SPECIAL EDUCATION RECORDS** *(if applicable)*  
*(Required only if the student was last enrolled in school outside of ISD 279 – Osseo Area Schools)*
  - IEP (Individual Education Plan) and any special education testing documents

Your student's name, address, date of birth, school of attendance, dates of attendance, grades completed, awards and degrees, participation in officially recognized activities/sports, height and weight (if a member of an athletic team, and photograph are directory information. Directory information may be disclosed without prior consent unless you submit a written denial of release. All other data on these forms is private and will be used to identify the student's school records; provide legally required data for state and federal reports; and enable school officials to communicate with the home, including sharing school district information, and to access student data on a need-to-know basis. You are not required to provide a phone number or email, but the school will have difficulty communicating with you without it. Only authorized state and school officials will have access to this information. See *School Board Policy 515*.

ISD 279 – OSSEO AREA SCHOOLS

# ENROLLMENT FORM

SCHOOL: \_\_\_\_\_

PROGRAM \_\_\_\_\_

GRAD INCENTIVE \_\_\_\_\_

OFFICE USE ONLY	STUDENT ID	BEGIN DATE (mm-dd-yyyy) - -	LAST LOCATION CODE	<input type="checkbox"/> NEW <input type="checkbox"/> ADDRESS CHG <input type="checkbox"/> MOVE DATE:	<input type="checkbox"/> RE-ENTRY <input type="checkbox"/> TRANSFER	<input type="checkbox"/> WARD OF THE STATE <input type="checkbox"/> HOMELESS	<input type="checkbox"/> SHARED-TIME <input type="checkbox"/> 504 <input type="checkbox"/> IEP
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> ADDRESS CHANGE	DWELLING #	FAMILY #	LEGAL <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6	RES DIST	RES SCHL	RES CNTY
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> ADDRESS CHANGE	DWELLING #	FAMILY #	LEGAL <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6	ACTION CODE <input type="checkbox"/> NW <input type="checkbox"/> EO <input type="checkbox"/> SP <input type="checkbox"/> OS <input type="checkbox"/> RO <input type="checkbox"/> EL	HOME LANG.	COMPLETED BY

## 1. STUDENT INFORMATION (LEGAL NAME AS IT APPEARS ON THE BIRTH CERTIFICATE)

LEGAL NAME	Last: _____	First: _____	Middle: _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE (mm-dd-yyyy) - -	ENR GRADE
ADDRESS	Street Name and House Number (Apt./Unit#): _____			City: _____	State: _____	Zip Code: _____
HOME PHONE <input type="checkbox"/> Unlisted	( ) -	WITH WHOM DOES THE STUDENT LIVE? <input type="checkbox"/> Both Father & Mother <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only	<input type="checkbox"/> Mother and Stepfather <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> Other relationship:			

## 2. BIOLOGICAL OR ADOPTIVE PARENT #1 INFORMATION

LEGAL NAME	Last: _____	First: _____	Middle: _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP <input type="checkbox"/> Father <input type="checkbox"/> Mother	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE <i>(If different than student)</i>	( ) -	CELL PHONE ( ) -	WORK PHONE ( ) -	EMAIL		
ADDRESS <i>(If different than student)</i>	Street Name and House Number (Apt./Unit#): _____			City: _____	State: _____	Zip Code: _____

## 3. BIOLOGICAL OR ADOPTIVE PARENT #2 INFORMATION

LEGAL NAME	Last: _____	First: _____	Middle: _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP <input type="checkbox"/> Father <input type="checkbox"/> Mother	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE <i>(If different than student)</i>	( ) -	CELL PHONE ( ) -	WORK PHONE ( ) -	EMAIL		
ADDRESS <i>(If different than student)</i>	Street Name and House Number (Apt./Unit#): _____			City: _____	State: _____	Zip Code: _____

## 4. LEGAL GUARDIAN (LEGAL DOCUMENTATION IS REQUIRED TO USE THIS ADDRESS FOR SCHOOL ASSIGNMENT)

LEGAL NAME	Last: _____	First: _____	Middle: _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE <i>(If different than student)</i>	( ) -	CELL PHONE ( ) -	WORK PHONE ( ) -	EMAIL		
ADDRESS <i>(If different than student)</i>	Street Name and House Number (Apt./Unit#): _____			City: _____	State: _____	Zip Code: _____

## 5. OTHER ADULT #1 (OTHER ADULT IN HOME WITH LEGAL RESPONSIBILITY FOR YOUR STUDENT)

LEGAL NAME	Last: _____	First: _____	Middle: _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE <i>(If different than student)</i>	( ) -	CELL PHONE ( ) -	WORK PHONE ( ) -	EMAIL		

## 6. OTHER ADULT #2 (OTHER ADULT IN HOME WITH LEGAL RESPONSIBILITY FOR YOUR STUDENT)

LEGAL NAME	Last: _____	First: _____	Middle: _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE <i>(If different than student)</i>	( ) -	CELL PHONE ( ) -	WORK PHONE ( ) -	EMAIL		

OFFICE  
USE  
ONLY

STUDENT ID

## ENROLLMENT FORM *(continued)*

ISD 279-OSSEO AREA SCHOOLS

### 7. GENERAL ENROLLMENT QUESTIONS

Have you recently moved to the school district in the last 36 months for temporary or seasonal agriculture or fishing work?  Yes  No

Has your student ever enrolled in a Minnesota public school before?  Yes  No

Has your student ever enrolled in ISD 279-Osseo Area Schools before?  Yes  No

Is your student currently enrolled in a talented and gifted program?  Yes  No

Has your student ever received help learning American English?  Yes  No

Is your student currently receiving Title 1 services?  Yes  No

Does your student have a social worker?  Yes  No

Name and phone number: \_\_\_\_\_

Has your student ever been expelled from a previous school?  Yes  No

If YES, where? \_\_\_\_\_

Has your student ever been arrested resulting in a charge?  Yes  No

Name of probation officer and phone number: \_\_\_\_\_

Early Childhood Screening: If enrolling for Kindergarten, has your student completed screening?  Yes  No

If yes, Where? \_\_\_\_\_

Does your student have a Section 504 Accommodation Plan as defined by ADA? (Americans with Disabilities Act)  Yes  No

Does your student have a Special Education IEP (Individual Education Plan)?  Yes  No

If YES, what is your student's disability? (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Autism Spectrum Disorders          | <input type="checkbox"/> Emotional/Behavior Disorders   | <input type="checkbox"/> Speech /Language Impairments |
| <input type="checkbox"/> Developmental Cognitive Disability | <input type="checkbox"/> Other Health Disabilities      | <input type="checkbox"/> Severely Multiple Impaired   |
| <input type="checkbox"/> Developmental Delay                | <input type="checkbox"/> Physically Impaired            | <input type="checkbox"/> Traumatic Brain Injury       |
| <input type="checkbox"/> Deaf – Hard of Hearing             | <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Visually Impaired            |

OFFICE USE ONLY	STUDENT ID
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## ENROLLMENT FORM *(continued)*

ISD 279-OSSEO AREA SCHOOLS

### 8. OTHER SIBLINGS OF THE STUDENT UNDER THE AGE OF 21 LIVING IN THE SAME HOUSEHOLD INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE (mm/dd/yyyy)	GRADE	SCHOOL
			<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		

### 9. RACIAL/ETHNIC REPORTING INFORMATION ( check ALL 3 columns)

PRIMARY RACIAL ETHNIC BACKGROUND FOR STATE CHECK ONE RESPONSE	FEDERAL REPORTING CHECK ONE RESPONSE	CHECK ALL RESPONSES THAT APPLY
<input type="checkbox"/> American Indian/Alaskan Native (1)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian/Other Pacific Islander (2)	<input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> Asian/Other Pacific Islander
<input type="checkbox"/> Hispanic (3)		<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black, not of Hispanic origin (4)		<input type="checkbox"/> Black, not of Hispanic origin
<input type="checkbox"/> White, not of Hispanic origin (5)		<input type="checkbox"/> White, not of Hispanic origin

### 10. HOME LANGUAGE INFORMATION

A. Which language(s) did your student learn first?	<input type="checkbox"/> English (American)	<input type="checkbox"/> Other: _____
B. Which language(s) are usually spoken in your home?	<input type="checkbox"/> English (American)	<input type="checkbox"/> Other: _____
C. Which language(s) does your student speak or understand?	<input type="checkbox"/> English (American)	<input type="checkbox"/> Other: _____
D. Do you speak another language, other than English, and need an interpreter? If so, which language? _____		

### 11. IMMIGRANT INFORMATION

A. What is your student's country of birth? \_\_\_\_\_

B. If not the United States, when did your student enter the USA? (mm/dd/yyyy) \_\_\_\_\_

### 12. RESIDENCY INFORMATION

Is your student considered homeless?  Yes  No

If YES, what district and school did your student attend prior to becoming homeless? \_\_\_\_\_

If YES, what district does the primary legal parent live? \_\_\_\_\_

### 13. PREVIOUS SCHOOL ENROLLMENT INFORMATION

#### LIST ALL PREVIOUS ENROLLMENTS (LIST THE MOST RECENT FIRST)

District Name	School Name	State	Grade(s)	Withdraw Date
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

### 14. PARENT/LEGAL GUARDIAN/OTHER PRIMARY CARE PROVIDER/EMANCIPATED STUDENT CERTIFICATION

I CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202  
**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**  
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

**Parents: Please return this completed form to your child's school.** In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

*Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.*

NAME OF CHILD \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(As shown on school enrollment records)

School Name \_\_\_\_\_ Grade \_\_\_\_\_

NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

Tribe, Band or Group is: (check one)

<input type="checkbox"/> Federally Recognized, Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group Meeting #5 of the Definition Above
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Name of individual with tribal membership: \_\_\_\_\_

Individual named is (check one):  Child  Child's Parent  Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

Other (explain) \_\_\_\_\_

Name and address of organization maintaining membership data for the tribe, band or group:  
\_\_\_\_\_

I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Notice: Public Reporting Burden Notice on Reverse Side

# EMERGENCY CONTACT AND HEALTH HISTORY FORM

OFFICE USE	STUDENT ID	NOTES				
<b>1. STUDENT INFORMATION</b>						
LEGAL NAME	Last:	First:	Middle:	GENDER	BIRTH DATE (mm/dd/yyyy) / /	GRADE
ADDRESS	Street Name and House Number (Apt./Unit#):			City:	State:	Zip Code:
<b>2. EMERGENCY CONTACT INFORMATION</b>						
This information is being collected to provide for the student's health and safety at school. Refusal to supply emergency information could result in the school's inability to contact you in case of an emergency. In the event of an emergency and the school is unable to reach the parent, the school will secure emergency services (medical, dental, paramedic, ambulance) for my child, at parent expense. District Policy authorizes school staff to release private data to appropriate parties in connection with an emergency if the knowledge of the information is necessary to protect the health and safety of the student. I certify that all information below is accurate and that it is my responsibility to apprise the school of any changes in residency, phone numbers, and emergency release contacts.						
<b>EMERGENCY CONTACT(S) THAT LIVE(S) WITH THE STUDENT</b>						
LEGAL NAME	Last:	First:	Middle:	GENDER	RELATIONSHIP	
HOME PHONE	( ) -	CELL PHONE	( ) -	WORK PHONE	( ) -	Please check to allow school nurse to leave voicemail <input type="checkbox"/>
LEGAL NAME	Last:	First:	Middle:	GENDER	RELATIONSHIP	
HOME PHONE	( ) -	CELL PHONE	( ) -	WORK PHONE	( ) -	Please check to allow school nurse to leave voicemail <input type="checkbox"/>
<b>OTHER EMERGENCY CONTACT(S) – If possible please list at least two contacts</b>						
LEGAL NAME	Last:	First:	Middle:	GENDER	RELATIONSHIP	
HOME PHONE	( ) -	CELL PHONE	( ) -	WORK PHONE	( ) -	Please check to allow school nurse to leave voicemail <input type="checkbox"/>
LEGAL NAME	Last:	First:	Middle:	GENDER	RELATIONSHIP	
HOME PHONE	( ) -	CELL PHONE	( ) -	WORK PHONE	( ) -	Please check to allow school nurse to leave voicemail <input type="checkbox"/>
LEGAL NAME	Last:	First:	Middle:	GENDER	RELATIONSHIP	
HOME PHONE	( ) -	CELL PHONE	( ) -	WORK PHONE	( ) -	Please check to allow school nurse to leave voicemail <input type="checkbox"/>
<b>PRIMARY E-MAIL ADDRESS – Please list only one e-mail address</b>			<b>FAMILY DOCTOR NAME</b>		<b>FAMILY DOCTOR PHONE NUMBER</b> ( ) -	
<b>4. HEALTH HISTORY INFORMATION</b>						
This information is required in order to provide appropriate health services for your student. This data will be treated as private data and will be recorded in the student health record. It will be shared with those working with your child only on a "need to know" basis and with emergency personnel in the event of an emergency.						
DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CHRONIC HEALTH CONDITIONS?  (CHECK ALL THAT APPLY)	<input type="checkbox"/> Allergies (bee stings, food, medication, etc.) <input type="checkbox"/> Epi-pen (Prescribed) – Will be kept in Nurses Office <input type="checkbox"/> Epi-pen (Prescribed) – Student will be carrying his/her epi-pen with them		<input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Corrective Lenses		<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Heart Disease	
	<input type="checkbox"/> Hepatitis <input type="checkbox"/> Kidney problems <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Vision Loss		Other (Explain):			
HAS YOUR CHILD HAD THE CHICKEN POX DISEASE? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what month and year? (mm/yyyy) /	HAS YOUR CHILD BEEN HOSPITALIZED FOR ILLNESS, SURGERY, OR INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, explain:		
DOES YOUR CHILD TAKE ANY MEDICATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, explain:		OTHER COMMENTS			
OFFICE USE	INFORMATION ADDED TO	<input type="checkbox"/> HE220 <input type="checkbox"/> HE210	<input type="checkbox"/> HE230 <input type="checkbox"/> HE231	<input type="checkbox"/> HE215 <input type="checkbox"/> Health Notes		
<b>9. PARENT/LEGAL GUARDIAN/OTHER PRIMARY CARE PROVIDER/EMANCIPATED STUDENT CERTIFICATION</b>						
I CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.						
PRINTED NAME			SIGNATURE		DATE	



# Pupil Immunization Record

**FOR SCHOOL USE ONLY**

- ( ) Complete; booster required in \_\_\_\_\_
- ( ) In process; 8 mos. expires \_\_\_\_\_
- ( ) Medical exemption for \_\_\_\_\_
- ( ) Conscientious objection for \_\_\_\_\_
- ( ) Parental/guardian consent \_\_\_\_\_

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Student Number \_\_\_\_\_

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

**Parent:** Enter the MONTH, DAY, and YEAR for all vaccines your child received, MED for vaccines that are medically contraindicated, or CO for vaccines that are conscientiously opposed. Sign appropriate signature boxes on reverse.

MED: Medical contraindication to immunization, history of disease, or laboratory evidence of immunity.

CO: Immunizations are contrary to parent or guardian's conscientiously held beliefs.

**School Personnel:** Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of Vaccine	DO NOT USE (✓) or (x)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
<b>Required</b> (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTap, DTP)						
Diphtheria and Tetanus (DT) • for 6-year-olds and younger						
Tetanus and Diphtheria (Tdap, Td) • for 7-year-olds and older						
Polio (IPV, OPV)						
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday • required for kindergarten and 7th grade						
Hepatitis B (hep B) • required for kindergarten and 7th grade						
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required for kindergarten and 7th grade						
<b>Recommended</b>						
Meningococcal (MCV, MPSV)						
Human Papillomavirus (HPV)						
Hepatitis A (hep A)						

**Additional exemptions:**

- **Children less than 7 years of age:** The 5th dose of DTaP/DTP/DT (similarly, the 4th dose of polio vaccine) is not necessary if the 4th DTaP/DTP/DT (3rd dose of polio) was administered after the 4th birthday.
- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Td or Tdap booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7th birthday but before their 11th birthday. Instead, it will be required 10 years after the date of the most recent dose.
- **Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- **Students 10 years or older:** May receive Tdap to fulfill the Td requirement for students in grades 7-12.
- **Students 18 years of age or older:** Do not need polio vaccine.

**BOX 1: Certifying Immunization Status**    **BOX 2: Consent to Share Immunization Information**  
**BOX 3A: Medical Exemptions**            **BOX 3B: Conscientious Exemptions**

**1. Choose one of the following to indicate student's immunization status and the source of the information above:**

A. I certify that this student has received all immunizations required by law.

\_\_\_\_\_  
 Signature of parent/guardian or physician/public clinic

\_\_\_\_\_  
 Date

B. I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B (K and 7th), varicella (K and 7th), measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months. The dates on which the remaining doses are to be given are:

\_\_\_\_\_  
 Signature of physician/public clinic

\_\_\_\_\_  
 Date

**2. Parental/Guardian Consent to Share Immunization Information:**

Your child's school is asking your permission to share your child's immunization record with Minnesota's immunization registry to help us better protect students from disease. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization record with Minnesota's immunization registry:

\_\_\_\_\_  
 Signature of parent or legal guardian

\_\_\_\_\_  
 Date

**3. Exemptions to School Immunization Law**

**A. Medical exemption:**

No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed. (For varicella disease see \* below.)

Exempted immunization(s):

\_\_\_\_\_

\_\_\_\_\_  
 Signature of physician/nurse practitioner/physician assistant

\_\_\_\_\_  
 Date

\*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in \_\_\_\_\_ Year

\_\_\_\_\_  
 Signature of physician/nurse practitioner/physician assistant

**B. Conscientious exemption:**

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

\_\_\_\_\_

\_\_\_\_\_  
 Signature of parent or legal guardian

\_\_\_\_\_  
 Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
 Signature of notary

# STUDENT CONCERNS

Student Name \_\_\_\_\_

Please complete the following checklist – check all that apply.

## ACADEMIC CONCERNS

- 504 Accommodation Plan
- Advance Courses: honors, advanced placement, etc.
- English Learner services (EL/ESL)
- Reading concerns
- Math concerns
- Special Education services (IEP) Please list primary disability: \_\_\_\_\_
- Title 1 services
- Tutoring
- Writing concern

## BEHAVIORAL CONCERNS

- Attendance concerns
- Discipline/behavior issues
- Administrative withdrawals/suspension/expulsion

## PERSONAL CONCERNS

- Attended several schools
- Chemical concerns
- Court involvement
  - Probation officer's name and phone # \_\_\_\_\_
  - Social Worker's name and phone # \_\_\_\_\_
- NOTE: Please complete a release of information – attached \_\_\_\_\_
- Health concern: \_\_\_\_\_ request contact with the school nurse
- Mental health issue
  - Therapist's name and phone # \_\_\_\_\_
- NOTE: Please complete a release of medical information – attached \_\_\_\_\_
- Peer conflicts
- \*Other issue(s) please list \_\_\_\_\_
- Request counselor contact with parent and/or student

I have no concerns

# Are Your Kids Ready for School?

## Minnesota's School Immunization Law

### Directions:

- Find the child's age/grade level and read across to the right.
- Look to see whether the child had the number of shots shown by the checkmark(s) under each vaccine.

Note: Each row is meant to be read separately, so don't add up the columns of checkmarks under each vaccine.

Example: A preschooler needs 4 DTaP, then to enter kindergarten he or she needs 1 more DTaP, for a total of 5 (not 9).

	Hep B hepatitis B	DTaP/Tdap/Td diphtheria, tetanus, pertussis (whooping cough)	Polio	MMR measles, mumps, rubella	Hib <i>Haemophilus influenzae</i> type b	Varicella* (chickenpox)
<b>Preschool (age 3-5)</b>		✓✓✓✓	✓✓✓	✓	At least ✓	✓
<b>Kindergarten (through Age 6)**</b>	✓✓✓	✓✓-✓✓✓ 5 <sup>th</sup> shot not needed if 4 <sup>th</sup> was after age 4	✓✓✓✓ 4 <sup>th</sup> polio not needed if 3 <sup>rd</sup> was after age 4	✓✓		✓✓
<b>Age 7 through 6<sup>th</sup> grade</b>	Three doses recommended	At least ✓✓✓	At least ✓✓✓	Two doses recommended		Two doses recommended
<b>7<sup>th</sup> through 12<sup>th</sup> grade</b>	✓✓✓ 7 <sup>th</sup> grade only***	At least ✓✓✓ Plus one more shot at age 11-12 years****	At least ✓✓✓	✓✓		✓✓ 7 <sup>th</sup> grade only, but recommend- ed for 8-12 <sup>th</sup> grade

- \* If the child has already had chickenpox disease, varicella shots are not required but the child's doctor must sign a form.
- \*\* First graders who are 6 years old and younger must follow the polio and Tdap/DTaP/Td schedules for kindergarten.
- \*\*\* An alternate 2-shot schedule of hepatitis B may also be used for kids from age 11 through 15 years.
- \*\*\*\* If a child received a Td or Tdap at age 7-10 years they do not need another one at age 11-12 years. However, they must receive another shot of Td or Tdap 10 years after their last one.

**To go to school in Minnesota, students must show they've had these immunizations or file a legal exemption with the school.**

Parents may file a medical exemption signed by a healthcare provider or a conscientious objection signed by a parent/guardian and notarized.

### Other immunizations recommended for school kids, but not required by the School Immunization Law:

- \* Influenza (flu) – each year for children age 6 months through 18 years – especially those with risk factors like asthma and diabetes.
- Hib – an additional two to three doses (depending on the product used) is recommended for all infants in addition to the one dose at or after 12 months of age required for pre-school.
- Pneumococcal vaccine for all infants.
- Meningococcal at age 11-12 and a booster at age 16 years, all adolescents age 11-18 years should be vaccinated.
- Human papillomavirus (HPV) for adolescents age 11-18 years.
- Hepatitis A for children age 1 year and older.

**Osseo Area Learning Center**  
 7300 Boone Avenue North  
 Brooklyn Park, MN 55428  
 Phone: (763) 391-8890 Fax: (763) 391-8575

**OUT-OF DISTRICT SCHOOL COUNSELOR FORM**

**This form is to be completed by the student's current or most recent home school counselor.**

To ensure that we transfer student credits accurately, we need information on how your school year and school day is divided, and the number and type of credits your system requires for graduation.

*Please attach a copy of the student's transcript, graduation assessment test score report, 504, IEP, immunization records, attendance, and discipline history.*

Student Name	Current Grade	Date
Counselor Name	School	Phone Number

Please provide information on student's credit earning history in your school district.

Required Courses	Credits Required	Credits Earned	Credits Needed
English			
Social Studies			
Math			
Science			
Physical Education			
Health			
Art			
Electives			
TOTAL			

If the student will be obtaining their diploma from YOUR district, please list below any specific course needed to graduate.

  
  
  
  
  
  
  
  
  
  

Please share any other information that you believe would be helpful in working with this student.

1. Senior High is:  Grades 9-12     Grades 10-12
2. Credits are:  quarter     semester     trimester  
 full year     other: \_\_\_\_\_
3. How many periods in a day?    3    4    5    6    7    8
4. Length of class in minutes: \_\_\_\_\_
5. Student's Graduation Standard Year (GSY): \_\_\_\_\_
6. Graduation Assessment Requirement met?  Yes  No  
       \_\_\_\_\_ Reading    \_\_\_\_\_ Written Comp    \_\_\_\_\_ Math

**PLEASE FAX THIS FORM TO (763) 391-8575**

