This application is for students who are currently attending or whose most previous school experience was 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 the OALC!

Applicants are responsible for ensuring that all required information is completed before the application can be processed. Be sure to sign all the forms.

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 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 teachers can assist you with this process.

3. You will be notified by OALC once your application has been reviewed.

4. Upon acceptance, you and a parent/guardian must attend an enrollment/registration meeting prior to beginning classes at the OALC. These appointments last approximately 20 minutes.

5. New students will typically have an initial enrollment date that is on the first day of the school week (usually Monday).
OSSEO AREA LEARNING CENTER STUDENT APPLICATION
7300 Boone Ave North
Brooklyn Park, MN 55428
(763) 391-8890     Fax (763) 391-8595

Last Name       First Name       Middle       Date of Birth       □ Male       □ Female

Current or last school attended       Grade       Dates attended       Name of counselor or contact person

Do you need childcare? □ Yes □ No       Name of child(ren):       Date of Birth:

Students who 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 (6) 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.
**ENROLLMENT CHECKLIST**

Please complete and sign ALL of the attached forms listed below.

### FORMS

- ENROLLMENT FORM (4 page form)
- MINNESOTA LANGUAGE SURVEY (1 page form)
- GRADE PREK-8 STUDENT TRANSPORTATION (1 page form)
- REQUEST FOR RECORDS FORM (1 page form)
- TITLE VII STUDENT ELIGIBILITY CERTIFICATION - Office of Indian Education (1 page form)
- STUDENT CONCERNS (1 page form)
- EMERGENCY CONTACT AND HEALTH HISTORY FORM (1 page form)
- STUDENT IMMUNIZATION FORM (2 page form)

Bring **PHOTO ID** and **PROOF OF RESIDENCY** of biological parent/legal guardian. Approved documentation listed below:

#### BIOLOGICAL PARENT/LEGAL GUARDIAN DOCUMENTS

- PHOTO ID (Include ONE of the following identification documents)
  - Driver's License
  - State ID
  - Passport
  - Military ID
  - Tribal ID
  - College ID

- PROOF OF RESIDENCY (Bring ONE of the following)
  - Current Driver's License with current address
  - Current Utility Bill - dated within 60 days
  - Letter from Government Agency - dated within 60 days
  - Lease Agreement - signed by lessee and lessor and show the lease period (start date and end date)
  - Purchase Agreement - signed agreement (by both buyer and seller) with purchase date and address referenced
  - HUD Verification with owner's name and address

### STUDENT DOCUMENTS

- IMMUNIZATION RECORDS
- BIRTH CERTIFICATE or PASSPORT  *(Early Childhood Special Education, Pre-Kindergarten, Kindergarten and 1st grade only)*
- EARLY CHILDHOOD SCREENING DOCUMENT  *(Early Childhood Special Education & Kindergarten only)*
  *(If not completed by Osseo Area Schools)*
- TRANSCRIPT FROM PREVIOUS SCHOOL  *(6th through 12th grade only)*
- SPECIAL EDUCATION RECORDS  *(If applicable)*
- ANY COURT (LEGAL) DOCUMENTS RELATED TO THE STUDENT  *(If applicable)*

For data privacy information, see school board policy #515 at district279.org
1. Student Information (Legal Name as it Appears on the Birth Certificate)

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<tr>
<th>Legal Name</th>
<th>Last</th>
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<th>Middle</th>
<th>Gender</th>
<th>Birth Date (mm/dd/yyyy)</th>
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2. Biological or Adoptive Parent #1 Information

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3. Biological or Adoptive Parent #2 Information

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4. Legal Guardian (Legal Documentation is Required to Use This Address for School Assignment)

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5. Other Adult #1 (Other Adult in Home with Legal Responsibility for the Student)

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6. Other Adult #2 (Other Adult in Home with Legal Responsibility for the Student)

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7. GENERAL ENROLLMENT QUESTIONS

Military: A "Military-connected youth" means having a biological parent or legal guardian who is currently in the armed forces (either as a reservist or on active duty) or has recently retired from the armed forces.

Expelled: Has your student ever been expelled from a previous school? This information is used in determining if an Open Enrollment request will be granted. Determination is based on the reason for the expulsion.

Arrested: Has your student ever been arrested resulting in a charge? If yes, the school district contacts the probation officer to exchange information regarding the enrollment (such as attendance, grades, etc.). This information is used to determine if your student is currently on probation.

Title I – Part A (Title I) of the Elementary and Secondary Education Act, as amended (ESEA) provides financial assistance to Local Education Agencies (LEAs) and schools with high numbers or high percentages of children from low-income families to help ensure that all children meet challenging state academic standards. Federal funds are currently allocated through four statutory formulas that are based primarily on census poverty estimates and the cost of education in each state.

Section 504 – Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Part 104) is a federal civil rights statute that assures individuals will not be discriminated against based on their disability. All school districts that receive federal funding are responsible for the implementation of this law. Individuals who have been determined to have a disability under Section 504 may or may not be disabled under special education (IDEA). Section 504 protects a student with an impairment that substantially limits one or more major life activities, whether the student receives special education services or not. Parents who have concerns or questions regarding Section 504 should contact their building principal.

Is this your student's first school enrollment in the United States? Providing the information is not required and the requested information will only be used to determine whether the child may be eligible for programs offered in the district that provide enhanced instructional opportunities for immigrant children and youth.

9. RACIAL/ETHNIC INFORMATION

This information is for federal and state civil rights and statistical reports. This is a nonscientific racial/ethnic designation as defined by the U.S. Department of Education. The manner of collection is described in Rule 3535.0120, Duties of the District.

American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.

Asian – A person 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.

Black or African American – A person having origins in any of the black racial groups of Africa.

Native Hawaiian/Other Pacific Islanders – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White – A person having origins in any other original peoples of Europe, the Middle East or North Africa.

10. RESIDENCY INFORMATION

This information is used to ensure the educational rights and protection for students experiencing homelessness. A homeless individual is one who: (1) lacks a fixed, regular and adequate nighttime residence and (2) includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to the lack of alternative adequate accommodations; are living in an emergency or transitional shelter; are abandoned in hospitals; or are awaiting foster care placement; (b) children and youths 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; and (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. You are not required to complete the information in this section of the form. If you choose not to complete this section there may be a delay in the provision of services. The school teacher, school and district administrators and the Minnesota Department of Education (MDE) have access to this information.
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

Is the student a member of a military family? (See definition on page 2)  
☐ Yes  ☐ No

If Yes, is the military member actively deployed or expects to be actively deployed this year?  
☐ Yes  ☐ No

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

Has your student ever enrolled in SD 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? (ESL, ELL, EL, etc.)  
☐ Yes  ☐ No

Is your student currently receiving Title I services? (See definition on page 2)  
☐ Yes  ☐ No

Does your student have a social worker?  
☐ Yes  ☐ No

Name and phone number of social worker: ______________________________

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

If Yes, where? and when? ______________________________

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

Name and phone number of probation officer: ______________________________

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

If Yes, where? ______________________________

Does your student have a Section 504 Accommodation Plan as defined by the Americans with Disabilities Act (ADA)? (See definition on page 2)  
☐ 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)

☒ Autism Spectrum Disorders  ☐ Emotional/Behavior Disorders  ☐ Speech/Language Impairments
☒ Developmental Cognitive Disability  ☐ Other Health Disabilities  ☐ Severely Multiple Impaired
☒ Developmental Delay  ☐ Physically Impaired  ☐ Traumatic Brain Injury
☒ Deaf – Hard of Hearing  ☐ Specific Learning Disabilities  ☐ Visually Impaired
7. GENERAL ENROLLMENT QUESTIONS - continued
   The district is sometimes able to offer translated documents and messages. How would you like to receive communications?
   □ English    □ Hmong (Hmoob Dawb)    □ Spanish (Español)    □ Vietnamese (Tiếng Việt)
   Do you, as biological parent/legal guardian, need an interpreter? □ No □ Yes  If yes, which language ______________________
   What is your student's country of birth? ____________________________
   Date your child first attended school in the USA? ____________________ (mm/dd/yyyy)
   Is this your student's first school enrolment in the United States? □ Yes □ No

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

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<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>GENDER</th>
<th>BIRTH DATE (mm/dd/yyyy)</th>
<th>GRADE</th>
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9. RACIAL/ETHNIC REPORTING INFORMATION (check ALL 3 columns)

   Primary Racial Ethnic Background for STATE - Check ONE response
   □ Not Northern American Indian
   □ Northern American Indian

   FEDERAL Reporting - Part A
   Check ONE response
   □ Hispanic or Latino
   □ NOT Hispanic or Latino

   FEDERAL Reporting - Part B
   Check ALL responses that apply
   □ American Indian/Alaskan Native
   □ Asian
   □ Native Hawaiian/Other Pacific Islander
   □ Hispanic or Latino
   □ Black, not of Hispanic origin
   □ White, not of Hispanic origin

10. RESIDENCY INFORMATION (HOMELESS)
    Are you temporarily staying with another person or family due to loss of housing, economic hardship or similar reason? □ Yes □ No
    Are you living in a hotel, motel, or camping grounds due to lack of alternative, adequate housing? □ Yes □ No
    Are you living in emergency or transitional shelters, cars, parks, public spaces or similar places? □ Yes □ No

11. PREVIOUS SCHOOL ENROLLMENT INFORMATION. LIST ALL PREVIOUS ENROLLMENTS (Most recent first):

<table>
<thead>
<tr>
<th>DISTRICT NAME</th>
<th>SCHOOL NAME</th>
<th>STATE</th>
<th>GRADE(S)</th>
<th>WITHDRAW DATE</th>
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12. BIOLOGICAL 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.

    Print Name ___________________________ Signature ___________________________ Date ___________________________

STANDARD

4 of 4

Revised: June 2018
1. STUDENT INFORMATION

<table>
<thead>
<tr>
<th>LEGAL NAME</th>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>GENDER</th>
<th>BIRTH DATE (mm/dd/yyyy)</th>
<th>GRADE</th>
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2. EMERGENCY CONTACT INFORMATION

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.

**BIOLOGICAL PARENT/LEGAL GUARDIAN/OTHER ADULT** that lives with the student

<table>
<thead>
<tr>
<th>LEGAL NAME</th>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>GENDER</th>
<th>RELATIONSHIP</th>
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<tr>
<th>PRIMARY EMAIL ADDRESS</th>
<th>DOCTOR/CLINIC NAME</th>
<th>DOCTOR/CLINIC PHONE NUMBER</th>
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| OTHER EMERGENCY CONTACT(S) - If possible please list at least two contacts |

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3. HEALTH HISTORY INFORMATION

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)
  - ADD/ADHD
  - Cancer
  - Diabetes
  - Epilepsy/Seizures
  - Other (Explain)

- **DOES YOUR CHILD HAVE ALLERGIES? LIST:**
  - Yea
  - No

- **DOES YOUR CHILD HAVE AN EPI-PEN?**
  - Yea: Epi-Pen (Prescribed) - will be kept in the nurse's office
  - No: Epi-Pen (Prescribed) - student will self-carry their Epi-pen

- **DOES YOUR CHILD HAVE ASTHMA?**
  - Yea: Inhaler/Neb (Prescribed) - will be kept in the nurse's office
  - No: Inhaler - student will self-carry their inhaler

- **HAS YOUR CHILD BEEN HOSPITALIZED FOR ILLNESS, SURGERY, OR INJURY? IF YES, EXPLAIN:**
  - Yea
  - No

- **DOES YOUR CHILD TAKE ANY MEDICATIONS? IF YES, LIST MEDICATIONS:**
  - Yea
  - No

4. BIOLOGICAL 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**

**Revised: June 2018**
U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202  

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child ___________________________ Date of Birth ________ Grade ______

Name of School ________________________________ (As shown on school enrollment records)

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: __________________________

(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child’s Parent _____ Child’s Grandparent

Name of tribe or band for which individual above claims membership: __________________________

The Tribe or Band is (select only one):

_____ Federally Recognized
_____ State Recognized
_____ Terminated Tribe (Documentation required. Must attach to form)
_____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

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

B. Other Evidence of Membership in the tribe listed above (describe and attach) __________________________

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name __________________________ Address __________________________

City __________________________ State _____ Zip Code __________

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian __________________________ signature __________________________

Address __________________________ City __________________________ State _____ Zip Code __________

Email Address __________________________ Date __________________________
INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA’s school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent: who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, 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 on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child’s parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior’s list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- Federally Recognized: an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- State Recognized: an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- Terminated Tribe: a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- Organized Indian Group: 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child’s eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.
# Student Immunization Form

**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/Guardian:**

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

**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.

<table>
<thead>
<tr>
<th>Type of Vaccine</th>
<th>DO NOT USE (✓) or (✗)</th>
<th>1st Dose</th>
<th>2nd Dose</th>
<th>3rd Dose</th>
<th>4th Dose</th>
<th>5th Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required (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.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• for children age 6 years and younger</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• final dose on or after age 4 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus and Diphtheria (Td)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• for children age 7 years and older</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, Diphtheria and Pertussis (Tdap)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• for children in 7th - 12th grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio (IPV, OPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• final dose on or after age 4 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, and Rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• minimum age: on or after 1st birthday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (hep B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• minimum age: on or after 1st birthday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• vaccine or disease history required</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal (MCV, MPSV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• for children in 7th - 12th grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• booster given at age 16 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recommended**

| | | | | | |
| --- | --- | --- | --- | --- | |
| Human Papillomavirus (HPV) | | | | | |
| Hepatitis A (hep A) | | | | | |
| Influenza (annually for children 6 months and older) | | | | | |

**Additional exemptions:**

- **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 Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.

- **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 18 years of age or older:** Do not need polio vaccine.

Developed by the Minnesota Department of Health - Immunization Program

www.health.state.mn.us/immunize

(12/13)
1. **Certify Immunization Status:** Complete A or B to indicate child’s immunization status.

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

   Signature of Parent / Guardian OR Physician / Public Clinic

   ______________________  Date

   **B. Will complete required immunizations within the next 8 months:**
   I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, 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. **Exemptions to School Immunization Law:** Complete A and/or B to indicate type of exemption.

   **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). List exempted immunization(s):

   ______________________  Date

   **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):

   ______________________  Date

   Subscribed and sworn to before me this:

   ______________________ day of ____________________ 20___

   Signature of notary

3. **Parental/Guardian Consent to Share Immunization Information (optional):**

   Your school is asking your permission to share your child’s immunization documentation with MINIC, Minnesota’s immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child’s immunization record. 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 documentation with Minnesota’s immunization information system:

   Signature of parent or legal guardian

   ______________________  Date

---

Developed by the Minnesota Department of Health - Immunization Program  www.health.state.mn.us/immunize

(12/13)
# Are Your Kids Ready?
## Minnesota’s Immunization Law

**Immunization Requirements**

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child’s age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. The table on the back shows the ages when doses are due.

<table>
<thead>
<tr>
<th>Birth through 4 years</th>
<th>Age: 5 through 6 years</th>
<th>Age: 7 through 11 years</th>
<th>Age: 12 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early childhood programs &amp; Child care</td>
<td>For Kindergarten</td>
<td>For 1st through 6th grade</td>
<td>For 7th through 12th grade</td>
</tr>
</tbody>
</table>

- **Hepatitis A (Hep A)**
  - ✓

- **Hepatitis B (Hep B)**
  - ✓ ✓ ✓

- **DTaP/DT**
  - ✓ ✓ ✓ ✓

- **Polio**
  - ✓ ✓ ✓

- **MMR**
  - ✓ ✓

- **Hib**
  - ✓

- **Pneumococcal**
  - ✓ ✓ ✓

- **Varicella**
  - ✓ ✓

**Immunizations recommended but not required:**

- **Influenza**
  - Annually for all children age 6 months and older

- **Human papillomavirus**
  - At age 11–12 years

---

1. Not required after 24 months.
2. If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child’s doctor must sign a form confirming disease.
3. First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
4. Fifth shot of DTaP not needed if fourth shot was after age 4. Final dose of DTaP on or after age 4.
5. Fourth shot of polio not needed if third shot was after age 4. Final dose of polio on or after age 4.
6. Need proof of at least three tetanus and diphtheria containing doses. If up to date on DTaP/DT series, no additional doses needed.
7. An alternate two-shot schedule of hepatitis B may also be used for kids age 11 through 15 years.
8. One dose of Tdap is required beginning at 7th grade. Also need proof of at least two tetanus and diphtheria containing doses (DTaP/DT/Td). If a child received Tdap prior to 7th grade, another dose of Tdap is not needed.
9. One dose is required beginning at 7th grade. The booster dose is usually given at 16 years.

**Exemptions**

To enroll in child care, early childhood programs, and school in Minnesota, children must show they’ve had these immunizations or file a legal exemption.

Parents may file a medical exemption signed by a health care provider or a non-medical exemption signed by a parent/guardian and notarized.

**Looking for Records?**

For copies of your child’s vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980.

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Minnesota Department of Health, Immunization Program

ID#: 52799 (4/2017)
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.

<table>
<thead>
<tr>
<th>Student Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Full Name:</td>
</tr>
<tr>
<td>(Last, First, Middle)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check the phrase that best describes your student:</th>
<th>Indicate the language(s) other than English in space provided:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My student first learned:</td>
<td></td>
</tr>
<tr>
<td>___ language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>___ English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>___ only English.</td>
<td></td>
</tr>
<tr>
<td>2. My student speaks:</td>
<td></td>
</tr>
<tr>
<td>___ language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>___ English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>___ only English.</td>
<td></td>
</tr>
<tr>
<td>3. My student understands:</td>
<td></td>
</tr>
<tr>
<td>___ language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>___ English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>___ only English.</td>
<td></td>
</tr>
<tr>
<td>4. My student has consistent interaction in:</td>
<td></td>
</tr>
<tr>
<td>___ language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>___ English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>___ only English.</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Parent/ Guardian Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name (printed):</td>
</tr>
</tbody>
</table>

| 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.*
**STUDENT CONCERNS**

Student Name ____________________________________________

Please complete the following checklist - check all that apply.

**ACADEMIC CONCERNS**

____ 504 Accommodation Plan
____ English Learner services (EL/ESL) - Student received help learning American English
____ Reading concerns
____ Math concerns
____ Writing concerns
____ Special Education services (IEP) - Please list primary disability ____________________________
____ Title I services
____ Early Childhood concerns

**BEHAVIORAL CONCERNS**

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

**PERSONAL CONCERNS**

____ Attended several schools
____ Chemical concern
____ Court involvement
   - Probation officer’s name & phone # ____________________________
   - Social Worker’s name & phone # ____________________________
____ Health/Medical concern - Briefly Describe ____________________________
____ Mental health issue
   - Therapist’s name & phone # ____________________________
____ Peer conflicts
____ Other issue(s) please list ______________________________________
____ Request counselor contact biological parent/legal guardian and/or student

____ Initial here if you have no concerns
OSSEO AREA LEARNING CENTER

IN-DISTRICT SCHOOL COUNSELOR FORM

<table>
<thead>
<tr>
<th>Required Courses &amp; # of Trimesters Required</th>
<th>Credits Earned</th>
<th>Credits Needed</th>
<th>Please share any additional information below that might be helpful in working with this student.</th>
</tr>
</thead>
<tbody>
<tr>
<td>English 9/10</td>
<td>6.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English 11/12</td>
<td>6.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Geography A</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Geography B</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US History 10A</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US History 10B</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US History 10C</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US History 9 (GSY19 &amp; Prior)</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>World History/Geography A</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>World History/Geography B</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>World History/Geography C</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economics</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonlinear Algebra</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geometry</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Algebra 2</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Science 9</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biology</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemistry or Physics (circle one)</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Fitness</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electives</td>
<td>19.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>64.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE FAX THIS FORM TO
763-391-8575

OSSEO AREA SCHOOLS
ISD 279