

■ Annandale Public Schools **K-12 ENROLLMENT PACKET**



District Office

125 Cherry Ave N, Annandale, MN 55302

Mail: PO Box 190 Annandale, MN 55302

Phone: (320) 274-5602

Fax: (320) 274-5978



High School (Grades 9-12)

855 Hemlock Street E, Annandale, MN 55302

Phone: (320) 274-8208

Fax: (320) 274-2316



Middle School (Grades 6-8)

125 Cherry Ave N, Annandale, MN 55302

Phone: (320) 274-8226

Fax: (320) 274-5978



Elementary School (Grades K-5)

655 Park Street East, Annandale, MN 55302

Phone: (320) 274-8218

Fax: (320) 274-8470

Empower. Inspire. Achieve.



Annandale Public Schools

PERMISSION TO RELEASE SCHOOL RECORDS

Please include the following records:

Cumulative Records, Transcript, Grades, Attendance, Standardize Test Scores, Discipline, Immunizations, Current Sports Physical and Sports Eligibility and IEP and Eval, 504 Plan.

If your school district uses SpEd Forms due process system, please remotely send the student SpEd file to Crystal Torres, Annandale ISD876 (ctorres@isd876.org)

LEGAL Last Name

LEGAL First Name

LEGAL Middle Name

The student above has enrolled at Annandale Public Schools and will tentatively begin on:

(MM/DD/YEAR)

Grade, Student Enrolling In

 / /

Parent/Guardian Signature

Date

High School (Grades 9-12)

855 Hemlock Street E, Annandale, MN 55302

Email: studentservices@isd876.org

Fax: (320) 274-2316 | Phone: (320) 274-8208

Middle School (Grades 6-8)

125 Cherry Ave N, Annandale, MN 55302

Email: smjelde@isd876.org

Fax: (320) 274-5978 | Phone: (320) 274-8226

Elementary School (Grades K-5)

655 Park Street East, Annandale, MN 55302

Email: KFahy@isd876.org

Fax: (320) 274-8470 | Phone: (320) 274-8218

Note: According to section 7.0 and 7.2 of the Family Educational Rights Privacy Act of 1974, P.L.93-380, parent signature is not required to transfer student records to other school districts upon official request from school.

Annandale Public Schools

K-12 ENROLLMENT



Student Information

LEGAL Last Name

LEGAL First Name

LEGAL Middle Name

Preferred Name

Grade

Registering For

Gender

Male

Female

Date of Birth

(MM/DD/YEAR)

 /

 /

Previous School Most Recently Attended

Last Date Attended (MM/DD/YEAR)

 /

 /

Which Language Did Your Child Learn First?

English

Other, Please Specify

Which Language is Most Often Spoken In Your Home?

English

Other, Please Specify

Which Language Does Your Child Usually Speak?

English

Other, Please Specify

Ethnicity

Please Check
All That Apply

American Indian/
Alaskan Native

Indian from South
or Central America

Black/
African American

Hispanic/
Latino

Asian

Native Hawaiian/
Pacific Islander

White

Has your student QUALIFIED for and PARTICIPATED in a Gifted and Talented Program in the Past?

Yes

No

N/A

Has your student QUALIFIED for and PARTICIPATED in a Title 1 Program in the Past?

Yes

No

N/A

Has your student ever had a 504 plan/formal accommodation plan that will ensure their academic success and access to the learning environment in the past?

Yes

No

N/A

Does or has your student ever had an Individual Learning Plan (IEP)?

If Yes, in what area is the IEP in?

Yes

No

N/A

Learning Disabilities

Emotional/Behavior Disorder

Speech/Language

Developmentally/Cognitively Delayed

Annandale Public Schools ENROLLMENT K-12



Student's Primary Household Information

This is where the student resides the majority of time.

For Office Use:
Check if this is an Open Enrollment Address.

Physical Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent or Guardian 1 ****This is the primary parent/guardian for the student.**

Last Name	First Name
<input type="text"/>	<input type="text"/>
Employer	Email Address
<input type="text"/>	<input type="text"/>

Home Phone Number () -

Cell Phone Number () -

Work Phone Number () -

Relationship to Student

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Parent/Guardian	Legal Guardian	Step Parent	Foster Home	Other, Please Specify

Parent or Guardian 2 ****Secondary parent/guardian for the student in the SAME household.**

Last Name	First Name
<input type="text"/>	<input type="text"/>
Employer	Email Address
<input type="text"/>	<input type="text"/>

Home Phone Number () -

Cell Phone Number () -

Work Phone Number () -

Relationship to Student

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Parent/Guardian	Legal Guardian	Step Parent	Foster Home	Other, Please Specify

Annandale Public Schools ENROLLMENT K-12



Student's Secondary Household Information

This page should only be completed if both parents do not live in the Primary Household.

Physical Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent or Guardian 1 ****This is the primary parent/guardian of the SECONDARY household.**

Last Name	First Name
<input type="text"/>	<input type="text"/>
Employer	Email Address
<input type="text"/>	<input type="text"/>

Home Phone Number () -

Cell Phone Number () -

Work Phone Number () -

Relationship to Student

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Parent/Guardian	Legal Guardian	Step Parent	Foster Home	Other, Please Specify

Parent or Guardian 2 ****Secondary parent/guardian in the SECONDARY household.**

Last Name	First Name
<input type="text"/>	<input type="text"/>
Employer	Email Address
<input type="text"/>	<input type="text"/>

Home Phone Number () -

Cell Phone Number () -

Work Phone Number () -

Relationship to Student

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Parent/Guardian	Legal Guardian	Step Parent	Foster Home	Other, Please Specify

Annandale Public Schools ENROLLMENT K-12



Student Custody Information

You must provide the most current documentation regarding any schedule, custodial, or legal restrictions that are defined by the courts. Without such documents the school will assume joint legal and physical custody.

If this is not applicable to your student, skip this page.

Student's Full Legal Name

Date Form is Being Completed

Who has CUSTODY of the student listed above?

Parent/Guardian #1 First Name

Parent/Guardian #1 Last Name

Address

Email Address

Phone Number

() -

Custody Rights
Please Check
All That Apply

Legal Custody

Physical Custody

Parent/Guardian #2 First Name

Parent/Guardian #2 Last Name

Address

Email Address

Phone Number

() -

Custody Rights
Please Check
All That Apply

Legal Custody

Physical Custody

1. Is there a living/visitation schedule defined by the courts? Yes No
2. Are there any restrictions regarding physical and legal custody defined by the courts? Yes No

Annandale Public Schools ENROLLMENT K-12



Emergency Contacts

Student's FULL NAME

Emergency Contact #1 First Name

Emergency Contact #1 Last Name

Phone Number
() -

Relationship To Student

Emergency Contact #2 First Name

Emergency Contact #2 Last Name

Phone Number
() -

Relationship To Student

Emergency Contact #3 First Name

Emergency Contact #3 Last Name

Phone Number
() -

Relationship To Student

Siblings

Please list all siblings of the student.

Sibling's First and Last Name

Sibling's Age



Annandale Public Schools **ENROLLMENT K-12**

Student Health Information

Providing the following health information will assist the school nurse in providing a safe school environment for your student.

Student's First Name	Student's Last Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
DOB (MM/DD/YEAR)		Grade
<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
Primary Health Care Provider (Optional)	Preferred Hospital (Optional)	
<input type="text"/>	<input type="text"/>	
Health Insurance (Optional)	<input type="checkbox"/>	<input type="checkbox"/>
	Public Medicaid/Medicare	No Insurance
		Private/ BCBS, Health Partners, Etc.

Chronic Disease Assessment

Is your student currently under treatment for (check all that apply):

- Asthma (Please provide a copy of an Asthma Action Plan)
- Food Allergies Insects Allergies Latex Allergy Unknown Source of Allergy Medication Allergy

List names of allergens:

- Food Intolerance or Celiac Disease. (If yes, please provide a special diet statement)
- History or risk of Anaphylaxis. (If yes, please provide an Emergency Allergy Plan)
- Type 1 Diabetes Type 2 Diabetes (If yes, please provide a Diabetes Management Plan)
- Seizures (If yes, please provide a Seizure Action Plan)

List type and frequency of seizures:

- My student does not have any of the above conditions.

All additional Health Plans are available online at:
www.isd876.org/HealthOffice



Annandale Public Schools **ENROLLMENT K-12**

Student Health Information, Part 2

Please indicate other health conditions for your student by checking applicable boxes below and comments.

- | | |
|--|---|
| <input type="checkbox"/> Anxiety/Emotional Concerns | <input type="checkbox"/> Bowel or Bladder problem (constipation, indigestion, feeding tube, catheter, etc.) |
| <input type="checkbox"/> ADHD (Attention Deficit Hyperactivity Disorder) | <input type="checkbox"/> Breathing problem or persistent cough |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Physical Disability (mobility or physical activity restrictions) |
| <input type="checkbox"/> Behavioral Concerns | <input type="checkbox"/> Neurological Concerns/Head Injury |
| <input type="checkbox"/> Developmental or Learning Concerns | <input type="checkbox"/> Feeding or swallowing concerns |
| <input type="checkbox"/> Skin Concerns (rash, hives, eczema) | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Hearing or Vision Concerns | <input type="checkbox"/> Headaches/Migraines |
| <input type="checkbox"/> Spinal Injury or Spina Bifida | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Depression, self harm or suicide concern | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bleeds easily | |

My student does not have any of the above conditions.

Medications

Does your student take any medications routinely at home or school?

Yes

No

If yes, please complete the information below.

Name of medication(s)	Time(s) given	Given at School	Purpose
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Medications given at school require a medication form signed by parent/guardian and possibly the healthcare provider

Visit: www.isd876.org/HealthOffice



Annandale Public Schools ENROLLMENT K-12

School Specific Information

Please complete the section that pertains to the grade level your child will be entering.

Student's First Name

Student's Last Name

Grade
(PreK - 12)

Age

All Grades:

There are occasions when we would like to video tape or take pictures of the students' school activities to share in the newspaper and online. We feel it is important to ask for permission.

I give permission to have my student's picture shared on the school/district's websites.

 Yes No

I give my permission to include my child's name along with the picture.

 Yes No

I give permission to video tape my student's school activities.

 Yes No

Annandale Public Schools will need a COPY of your child's birth certificate. Please include a copy with your enrollment packet.

Kindergarten - Grade 5

Has your child had early childhood screening? Yes No

If Yes, when and where?

Do you have any developmental concerns about your child?

 Yes No

Would you like information regarding Afterschool Childcare?

 Yes No

Grade 6 - Grade 8

Does your child wish to be in Band?

 NO YES

If Yes, What instrument?

Has your child been in band previously?

 NO YES

If Yes, For how long?

Does your child wish to be in Choir?

 NO YES

Grade 9 - Grade 12

Does your child wish to be in Band?

 NO YES

If Yes, What instrument?

Has your child been in band previously?

 NO YES

If Yes, For how long?

Does your child wish to be in Choir?

 NO YES

What is the most recent math class taken?

Annandale Public Schools **TRANSPORTATION**



M & M Bus Service, Inc. | 10606 Hemlock St. NW Annandale, MN 55302 | 320-274-8313

Please complete this page regarding school bus transportation.
Annandale Public Schools contracts with M & M Busing for transportation.

Student First Name	Student Last Name	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>

Student's Home Address

Parent/Guardian First Name	Parent/Guardian Last Name
<input type="text"/>	<input type="text"/>

Parent/Guardian Email Address	Parent/Guardian Phone
<input type="text"/>	<input type="text"/>

Please designate a morning and an afternoon address. If you are requesting drop off/pick up at your child's daycare provider it must meet one of the following criteria; childcare provider must live within the district's bus route area; The child must be dropped off at the same location five days a week; All special arrangements must be made through a written request with the bus company. Special requests are up to the bus company's discretion.

If your child is from a split household that and will need additional pick up/drop off sites, please contact M & M Bus Service by phone: 320.274.8313

MORNING PICK UP ADDRESS	CITY	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian Home	Daycare Provider & Phone #	Relative's Home & Phone #
<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>

Check if your child does not require morning bus transportation.

AFTERNOON DROP OFF ADDRESS	CITY	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian Home	Daycare Provider & Phone #	Relative's Home & Phone #
<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>

Check if your child does not require afternoon bus transportation.

By accepting bus services, I save the School District and Bus Company harmless for any damage resulting from granting this request.

Signature and Date

FOR OFFICE USE ONLY:

<input type="checkbox"/> Driver's Notified	<input type="checkbox"/> Open Enrollment Address	<input type="checkbox"/> School Notified	<input type="checkbox"/> Student Record Changed
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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. Annandale Public 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. Annandale Public 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

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.