



# North Trail Elementary School

5580 - 170th Street West • Farmington, MN 55024  
Telephone: 651-460-1800 • Fax: 651-460-1810

*Dr. Steven Geis, Principal*



Welcome to North Trail Elementary School!

In this packet you will find information about our school and policies. Please review all information, including the printed folder, which contains important times, phone numbers and our attendance policy.

The following forms must be returned at least one day prior to your child starting at North Trail:

- Transfer card (half-sheet)
- Registration form
- Consent to release form
- Transportation form
- Emergency Information form
- Home Language Questionnaire
- Network use agreement form
- School-Parent Compact (Grade Level)
- Emergency closing of school form
- NTES permission slip form

} *These will be  
given to students on  
the first day of school.*

Immunization record. (Your child's previous school will have this on file. If you have their fax number, that would be helpful. We will need to receive a copy of the immunizations prior to the first day.)

Should you have any questions or concerns please feel free to call our office at 651-460-1800.

Thank You!



For office use only							
School	First Day of Enrollment	Last Location of Attendance	Entry Code	Grade	FT or PT	SAC	Resident District
<b>Student Information</b>							
Student Last Name:		First Name:		Middle Name:		Nickname:	
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Entering Grade:			Start Date:		
Resident District:			If not a resident of ISD192, has an Open Enrollment Agreement been completed and sent to Student Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If a resident of ISD192, please provide Proof of Residency (Utility Bill, Letter from a Government Agency, Lease Agreement or Purchase Agreement [Dated within 60 days of enrollment, signed and showing the purchase date]).							
Have you moved into this school district within the last 36 months for temporary or seasonal agricultural or fishing work? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Early Childhood Screening is required for your child's entry into public school kindergarten. Has your child completed screening (3-5 years old) with ISD192? <input type="checkbox"/> Yes <input type="checkbox"/> No - In which District was your child screened?							
Has your child previously attended another school and/or district? <input type="checkbox"/> Yes - Name of School / District: _____ Year(s): _____ <input type="checkbox"/> No							
Has your child ever registered under a different name? <input type="checkbox"/> Yes - Previous name: _____ <input type="checkbox"/> No							
A copy of your child's birth certificate is required for registration. Have you previously submitted a copy of your child's birth certificate to District 192? If not, please submit a copy with your registration. <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Kindergarten Only</b>							
Farmington Area Public Schools provides a full-day Kindergarten program for its students and your Kindergarten student is automatically registered with the submission of this form. Minnesota statute grants parents the right to an alternative half-day program instead. If you desire to place your child in this half-day alternative, please indicate here. <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Primary Household</b>				<b>Date Moved In:</b>			
Address:		City:		State:	Zip:	Home Phone:	
<b>Primary Household Adult 1</b>							
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Relationship to Student:		Date of Birth:		E-mail Address:			
<b>Primary Household Adult 2</b>							
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Relationship to Student:		Date of Birth:		E-mail Address:			

Please Complete Next Page ➤

**Other Children/Members in Primary Household**

Last Name:	First Name:	Middle Name:	Gender:	Relationship to Student:	Birth Date:
			<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		

**Additional Household** Date Moved In:

Address:	City:	State:	Zip:	Home Phone:
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**Additional Household Adult 1**

Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Relationship to Student:		Date of Birth:	E-mail Address:		

**Additional Household Adult 2**

Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Relationship to Student:		Date of Birth:	E-mail Address:		

**Other Children/Members in Additional Household**

Last Name:	First Name:	Middle Name:	Gender:	Relationship to Student:	Birth Date:
			<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		

**Emergency Contacts (Other than those listed above)**

Name:	Work Phone:	Cell Phone:	Home Phone:	Relationship to Student:

**Medical Information**

Health Conditions and Allergies: \_\_\_\_\_  
 Daily Medication(s): \_\_\_\_\_  
 Taken For: \_\_\_\_\_

- Parent permission and a doctor's order are required to administer medications, including over-the-counter medications. Permission forms are available in the health office and on the district website ([www.farmington.k12.mn.us](http://www.farmington.k12.mn.us)).
- If your child becomes ill or injured the school will attempt to call the parent/guardian at home or at work. If you cannot be reached the school will attempt to call one of the emergency numbers listed above.
- In case of serious accident/injury/illness, 911 will be called if necessary.
- To ensure the safety of your child this information may be shared with school district or emergency personnel.

Please Complete Next Page ➔

**Federal Designations**

**\*Racial/Ethnic Background of Student (Check ONLY one box):**

- American Indian or Alaska Native
- Asian or Pacific Islander
- Hispanic
- Black, not of Hispanic origin
- White, not of Hispanic origin

**Federal Race/Ethnicity categories required by No Child Left Behind. Complete Parts A and B:**

**Part A – Check ONLY one:**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

**Part B – Check ALL that apply:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**\* Home Primary Language** (see information on last page) In order to help your child learn, your child's teachers need to determine which language your student uses most. Please answer the following questions:

- Which language did your child learn first?  
 English     Other (specify): \_\_\_\_\_
- Which language is most often spoken in your home?  
 English     Other (specify): \_\_\_\_\_
- Which language does your child usually speak?  
 English     Other (specify): \_\_\_\_\_

Country of Birth: \_\_\_\_\_

**If born outside of USA:**

Date of entry to USA: \_\_\_\_\_

Date of first enrollment in USA School: \_\_\_\_\_

Has this student completed three or more years of school in the USA?

- Yes     No

**American Indian Students Only**

In order to apply for a formula grant under the Indian Education Program, your child's district 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 information to the district. However, if you choose not to submit the information, 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 each year. This information will be maintained at the school and information 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 tribes or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendant in the first or second degree (parent or grandparent) as described in (1) or (3) considered by the Secretary of the Interior to be and 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 Tribe, Band or Group: \_\_\_\_\_ Tribe, Band or Group is: (check one below)

- Federally recognized incl. Alaska Native     State recognized     Terminated     Organized Indian Group Meeting #5 above

Name of individual with tribal membership: \_\_\_\_\_

Individual named is     Child     Child's parent     Child's Grandparent

Proof of membership or enrollment number (if readily available) \_\_\_\_\_ OR other (explain) \_\_\_\_\_

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

**Please Complete and Sign Next Page ➤**

Additional Student Information (REQUIRED)	
<p>Is this student:</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Ward of the State</p> <p><input type="checkbox"/> Immigrant</p> <p><input type="checkbox"/> Foreign Exchange</p> <p><input type="checkbox"/> Military-Connected</p> <p><input type="checkbox"/> Youth</p> <p><input type="checkbox"/> None of the above</p>	<p>Does your child receive any services in the following areas? Check all that apply:</p> <p><input type="checkbox"/> Special Education - Individual Education Plan (IEP)</p> <p><input type="checkbox"/> ADA Section 504 Plan (Includes Health Plans)</p> <p><input type="checkbox"/> Title-I</p> <p><input type="checkbox"/> English Learner (EL)</p> <p><input type="checkbox"/> Gifted/Talented</p> <p><input type="checkbox"/> Other _____</p> <p>None of the above</p>

I hereby verify that the above information is true and correct to the best of my knowledge and belief. I understand that completing this form enrolls my student in the Farmington Area Public Schools and grants permission to obtain all student records pertaining to my child.

Parent/Guardian Signature: _____	Date: _____
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**EXPLANATION OF PRIVATE INFORMATION REQUESTED ON THIS FORM**

In accordance with the Federal Data Privacy Act of 1974 and the State of Minnesota Privacy Law, you are not required to provide the information noted with an asterisk (\*). There will be no adverse effect on you or your student if you do not choose to provide it. However, your cooperation in providing this information will ensure its accuracy and help to facilitate equitable educational opportunities for all students. Be assured that we will use the information in a manner that respects the privacy of our students and families.

**\*Home Primary Language:** In order to assist school districts to provide equal opportunity for a meaningful education to all students, Minnesota law requires that schools count and report the primary language of their students.

**\*Racial/Ethnic Background:** This information is needed to comply with state and federal reporting requirements relating to equity in education. Your cooperation in providing this information will ensure that we have accurate data on your child.



INDEPENDENT SCHOOL DISTRICT #192  
FARMINGTON, MINNESOTA 55024

CONSENT TO  
RELEASE PRIVATE DATA

Parent/Guardian, this form allows information about your child to be exchanged. Please sign and return it to the school address below.

STUDENT'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE STUDENT WILL ATTEND NEW SCHOOL: \_\_\_\_\_

I authorize: **NORTH TRAIL ELEMENTARY SCHOOL**  
5580 - 170<sup>th</sup> Street West  
Farmington, MN 55024  
phone 651-460-1800

District: #192

Fax 651-460-1810

<input type="checkbox"/> to release information to:	Check either or both boxes, as needed
<input type="checkbox"/> to obtain information from:	

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Information to be released: (School records may be examined by parent, or learner if of legal age.)

- \* Official School Records (name, address, birthdate, sex, attendance records, grades, grade level, class rank, standardized group test results)
- \* Health Records
- \* Preschool Screening Records
- \* Special Education Records (including related services)
- \* Teacher, Counselor, Staff Observation
- \* Psychological Reports
- \* Chemical Abuse/Dependency Report
- \* Medical Report (including related services)
- \* Social Work Report
- \* Psychological or Psychiatric Report
- \* Other (specify)
- \* Student MN State I.D.# \_\_\_\_\_ (to be completed by district)

I understand this authorization takes effect the day that I sign it. I also understand that I may change this authorization at any time.

\_\_\_\_\_  
Signature

Month/Day/Year: \_\_\_\_\_

Date \_\_\_\_\_

## TRANSFER CARD

Name \_\_\_\_\_ Grade level \_\_\_\_\_ Date of Birth \_\_\_\_\_

Were special Ed. Services received at your previous school? (LD) (EBD) (MMI) (SPEECH)

Was your child in Title I? Yes No

Jr. Great Books Yes No High Potential offerings? Yes No

Any other programs that this child participated in: i.e. Friendship group, etc. \_\_\_\_\_

Does your child take any medication? Yes No If yes, what \_\_\_\_\_

Does your child have any physical handicaps? Yes No If yes, what type \_\_\_\_\_

Does your child have any behavior difficulties? Yes No If yes, what? \_\_\_\_\_

**TRANSPORTATION INFORMATION FORM**  
**Farmington Independent School District #192**

PLEASE PRINT

School: \_\_\_\_\_ Grade \_\_\_\_\_ Effective Date: \_\_\_\_\_

(Student)Last Name	(Legal)First Name	MI	Student ID # (School to enter)
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(Parent/Guardian)Last Name	(Legal)First Name	MI	
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Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(w/area code)

<b>Disclaimer From Marshall Lines: No more than 2 pick up/drop off addresses</b>
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Pick Up: (if different from "Home address") \_\_\_\_\_

Address	City
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(Contact Person)Last Name (Bus company RTE NO. _____)	First Name	Telephone	Cell Phone
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Drop Off:  Same as "HOME" address OR  Same as "PICK UP" address.

(Address)	City
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(Contact Person)Last Name (Bus company RTE No. _____)	First Name	Telephone	Cell Phone
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OTHER TRANSPORTATION OPTIONS: Please circle    **PARENT FURNISHES TRANSPORTATION,**

**DAYCARE FURNISHES TRANSPORTATION** – name of daycare \_\_\_\_\_

**Medical Conditions of Student – Bus Driver needs to be aware of:** \_\_\_\_\_  
(I.e. diabetes, seizures, allergies)

Transportation provided by Marshall Lines, Inc. Phone: 651.463.8689, Fax: 651.460.6183

The information provided will be used by ISD #192 and Marschall Bus Lines for the purpose of transporting students. This information is collected, maintained and released in compliance with federal laws, state laws and School Board policy. I understand that my refusal to provide information may impact the availability of some services.





Farmington School District  
 510 Walnut Street  
 Farmington, MN 55024  
 651-463-5025 – Fax 651-463-5061

## New Student Information Sheet Dining Services

Parent Name: \_\_\_\_\_ / \_\_\_\_\_  
                     First                  Last                          First                  Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Check here**  if you would like to receive Email notification of low balance in account

Student: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
                     First                  Last                  Birth Date

Student: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
                     First                  Last                  Birth Date

Student: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
                     First                  Last                  Birth Date

Student: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
                     First                  Last                  Birth Date

**For Office Use Only:**

Family ID # \_\_\_\_\_

Pin # \_\_\_\_\_

Pin # \_\_\_\_\_

Pin # \_\_\_\_\_

Pin # \_\_\_\_\_

Amount of Payment \$ \_\_\_\_\_ Check#: \_\_\_\_\_ Cash \_\_\_\_\_

**(Make Checks Payable To: Food Service)**





## ACCEPTABLE USE CONSENT FORM

Farmington Area Public Schools require that each student complete and sign this form demonstrating understanding of the District's Acceptable Use Policy. This policy may be viewed at [www.farmington.k12.mn.us/districtinfo/policies](http://www.farmington.k12.mn.us/districtinfo/policies) or obtained by contacting your child's school office.

Students must sign and return this form prior to using the District's technology resources. Failure to sign and submit this form does not relieve the student from disciplinary consequence arising out of use of the District's technology resources. A parent of students who are not yet 18 years of age must also sign this form.

### Student Portion of the Form

By signing below I agree to follow the District's Acceptable Use Policy. I understand that my use of network resources is a privilege. I further understand that failure to follow the Acceptable Use Policy may result in disciplinary action.

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

Student I.D. Number (a 5-digit number) \_\_\_\_ \_

\_\_\_\_\_  
(Student Signature Above)

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

### Parent or Guardian Portion of the Form

I **grant my child permission** to have access to the Internet using the District's technology resources. I also understand that some material accessible through the Internet may be inappropriate for school-aged children. I agree to defend, indemnify, and hold harmless the District from any and all claims arising out of or related to the usage of the District's technology resources, including access to the Internet. I further understand that I have the right to withdraw my approval at any time.

I **deny my child permission** to have access to the Internet using the District's technology resources.

(Check only one)

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\* The District's library search catalog software is Internet-based.



**CONSENT TO PUBLISH STUDENT WORK AND  
MEDIA RELEASE FORM**

The purpose of this form is to provide parents/guardians the opportunity to deny consent for the school district to publish their student's work and video/audio recordings, covering any activities during the normal course of education in the school district.

Farmington Area Public Schools value the use of technology tools in the classroom. Utilization of technology may increase student engagement, encourage student participation, boost creativity, facilitate communication with other learners and educators in other parts of the nation and world, and expand the classroom experience beyond physical barriers.

The use of technology tools may include, but is not limited to, blogs, videos, wikis, electronic pen pals, email, and others that make it possible to share content with classmates, students across the globe, and, where appropriate, the general public. Through the use of these educational tools, the school district may cause student work or video/audio images to be published by including materials in instructional materials, booklets, blogs, emails, websites, closed circuit television, messaging, video/audio connections on the Internet or intranet, brochures or flyers used in award ceremonies, sports, or fine arts presentations, and any other form that may be used to distribute or communicate the work.

- I deny consent** for the school district to publish my student's work and video/audio recordings. I understand that I can withdraw my denial of consent and replace this consent form with another form at any time.

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

\_\_\_\_\_  
Student I.D. Number

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date