



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
Student Information							
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							
Kindergarten Only							
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							
Primary Household					Date Moved In:		
Address:		City:		State:	Zip:	Home Phone:	
Primary 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:			
Primary 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:			

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:	Other Phone:	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<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:	Other Phone:	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<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).
- 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 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 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)

Is this student:

- Homeless
- Ward of the State
- Immigrant
- Foreign Exchange
- Military-Connected
- Youth
- None of the above

Does your child receive any services in the following areas? Check all that apply:

- Special Education - Individual Education Plan (IEP)
- ADA Section 504 Plan (Includes Health Plans)
- Title-I
- English Learner (EL)
- Gifted/Talented
- Other _____
- None of the above

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: _____

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 - 170th 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 # <small>(School to enter)</small>
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(Parent/Guardian) Last Name	(Legal) First Name	MI	
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Home Address _____

Home Phone: _____ (w/area code) Work Phone: _____ Cell Phone: _____

Pick Up: (if different from "Home address") _____

Disclaimer From Marshall Lines: **No more than
2 pick up/drop off addresses**

Address	City
---------	------

(Contact Person) Last Name <small>(Bus company RTE NO. _____)</small>	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 <small>(Bus company RTE No. _____)</small>	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.

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 or 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.

MEDICAL INFORMATION FORM

Student's Name _____ Grade: _____

Physician Diagnosed Health Conditions and Allergies:

Please complete and the answer(s) below pertinent to your child:

Food Allergy to: _____ Food Sensitivity to: _____

Symptoms of reaction: _____ Date of last reaction _____

Treatment: Epi pen Benadryl No Medication Avoidance

****Contact Chartwells Food Service to discuss your child's dietary restrictions at 651-463-5025.**

Asthma: Exercise-induced Seasonal Persistent

Neb/Inhaler: Self-carry (for grades 6-12 only) Inhaler kept in health office

(Permission form required to self-carry. See www.farmington.k12.mn.us under *Services – Health Services – Medication Administration and Required Forms.*)

Seizures: Date of last seizure: _____ Daily Med: _____ Emergency Med _____

Medication:

Daily Medication: _____ Taken for: _____

Daily Medication: _____ Taken for: _____

Daily Medication: _____ Taken for: _____

***Parent and doctor permission is required annually for health staff to administer medication at school (including over-the-counter medications.) Over-the-counter medicine, such as Cough Drops, Tums, Tylenol, Ibuprofen, etc., is not available at school for students and must be provided by parents along with the medical permission form.**

Permission forms for prescription and over-the-counter medications are available online at the www.farmington.k12.mn.us under *Services – Health Services – Medication Administration and Required Forms.*

Emergency Procedure:

If your child becomes ill or injured, school staff will attempt to call the parent/guardian. If school staff is not able to reach a parent, the emergency contact phone numbers given to the school will be called. If your child has a serious injury or illness, 911 will be called if necessary. To ensure the health and safety of your child, this information may be shared with school district or emergency personnel. Please contact the Health Services Coordinator, Gail Setterstrom, RN, LSN, with any questions at 651-460-1965.

Parent (Printed) Name

Parent Signature

Date

Emergency Information Form

School: _____

Section A

Please Print

For Student: _____ Grade: _____ Birth date: _____

Address: _____

Parents/Guardians (use reverse side if additional lines are needed):

Name: _____ Relationship: _____ Email: _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Address (if different from student): _____

Name: _____ Relationship: _____ Email: _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Address (if different from student): _____

Name: _____ Relationship: _____ Email: _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Address (if different from student): _____

Other household members:

Name: _____ DOB: _____ Grade: _____ School: _____

Name: _____ DOB: _____ Grade: _____ School: _____

Name: _____ DOB: _____ Grade: _____ School: _____

Emergency Contacts (other than parents/guardians):

Relationship	Name	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section B

Health Conditions and Allergies:

Daily Medication: _____ 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). ***

If your child becomes ill or injured, the school will attempt to call the parent/guardian at home or at work. If you can not 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 health and safety of your child, this information may be shared with school district or emergency personnel.

Complete ALL ITEMS on this form and return to the school promptly.

Parent/Guardian Signature _____

Date _____