

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:

- Registration form
- Consent to Release Private Data form (to request records from previous school)
- Transportation form
- Medical Information form
- MN Language Survey
- Consent to Publish Student Work (return only if you Deny consent)
- Acceptable Use Consent form
- School-Parent Compact (**Grade Level**)
- Emergency closing of school form
- NTES permission slip form
- 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.)

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

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 (Legal):		First Name (Legal):	Middle Name (Full):	Nickname:
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Entering Grade:		Start Date:

Kindergarten Only

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? Yes No - In which District was your child screened?

Resident District Information

Resident District: ISD 192 Other: _____

If not a resident of ISD 192, has an Open Enrollment Agreement been completed and sent to Student Services? Yes No

Primary Address

Address:		City:	State:	Zip:	Home Phone:
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Date Moved In: _____

Have you moved into this school district within the last 36 months for temporary or seasonal agricultural or fishing work? Yes No

Does another family also live at this address? No Yes Please provide name of other family: _____

Previous Schools Attended (Most Recent First)

Name of School	City and State	Grades Attended	Dates Attended

Additional Student Information

<p>Is this student:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Homeless <input type="checkbox"/> Ward of the State <input type="checkbox"/> Immigrant <input type="checkbox"/> Foreign Exchange <input type="checkbox"/> Military-Connected Youth <input type="checkbox"/> None of the Above 	<p>Does your family require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your child receive any services in the following areas? Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Special Education - Individual Education Plan (IEP) <input type="checkbox"/> ADA Section 504 Plan (Includes Health Plans) <input type="checkbox"/> Title-I <input type="checkbox"/> English Learner (EL) <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Other _____ <input type="checkbox"/> None of the Above
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Please Complete Next Page ➡

STUDENT NAME: _____

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:		E-mail Address:		
Employer/Occupation		Access to Student Information: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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:		E-mail Address:		
Employer/Occupation		Access to Student Information: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Other Children Primary Household

First, MI, Last Name	School attending (include Non-Public schools)	IEP Y/N	Gender	Birth Date	Relationship to Student

Secondary Household

Address:				City:	State:	Zip:	Date Moved In:	Home Phone:
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Secondary Household Adult 1

Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: Cell: _____ Work: _____
Relationship to Student:		E-mail Address:		
Employer/Occupation		Access to Student Information: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Secondary Household Adult 2

Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Phone: Cell: _____ Work: _____
Relationship to Student:		E-mail Address:		
Employer/Occupation		Access to Student Information: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Emergency Contacts (Other than those listed above)

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

Please Complete Next Page ➤

STUDENT NAME: _____

Federal Designations

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

PLEASE PROVIDE ANSWERS TO EACH OF THE QUESTIONS 1 THROUGH 3.

1. Is the student Hispanic or Latino? Yes, Hispanic/Latino No, not Hispanic/Latino

(A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

2. Check ALL that apply:

American Indian or Alaska 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 any origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander

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 of the original peoples of Europe, the Middle East, or North Africa.

3. Please check the ONE box that best describes the student's primary racial/ethnic background

American Indian or Alaska Native

Asian or Pacific Islander

Hispanic

Black, not of Hispanic origin

White, not of Hispanic origin

***Educational institutions are required to collect and report this data. Individuals are not required to self-identify their race or ethnicity. If respondents do not provide information about their race or ethnicity, educational institutions should ensure that respondents have refused to self-identify rather than simply overlooked the questions. If adequate opportunity has been provided for respondents to self-identify and respondents still do not answer the questions, observer identification will be used. While the Department recognizes that obtaining data by observer identification is not as accurate as obtaining data through a self-identification process, places some burden on school district staff and may be contrary to the wishes of those refusing to self-identify, it is better that the alternative of having no information.

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/Legal Guardian Signature: _____

Date: _____

Note: Information on State and Federal data privacy laws are available upon request



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: _____

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)

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

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 _____

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.



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 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.

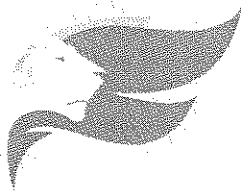
(Check only one)

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

North Trail School

Policies for Attendance Reporting and Parent Notification

If you have any questions regarding these policies please call 651-460-1800

*****PARENTS/GUARDIANS YOU MUST CALL THE STUDENT SECRETARY TO REPORT ANY ABSENCE AT 651-460-1805, PRIOR TO THE BEGINNING OF THE SCHOOL DAY*****

- 4 tardies = 1 UNEXCUSED absence
- 5 tardies = Tardy letter sent home
- 3 days UNEXCUSED absence – student is considered Truant under, Minn Stat. 260A.02, Minn Stat. 120A.22, Minn. Stat. 120A.05 . The school may notify the county. Letter may be sent home.
- 5 UNEXCUSED absences = Letter sent home.
- 5 days illness in a row or 8 days illness at sporadic times = Required Doctor note as to why they are ill may be requested by the school administrator. Note then required every time after.
- 7 UNEXCUSED absences= student is considered a Habitual Truant under, Minn Stat. 260C. The school will notify the county.
- An Unexcused Attendance Waiver form (available on the district website) must be filled out prior to any absence that is not a county or school district approved absence.