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:

- Student Enrollment form (3 pg)
- Ethnic and Racial Demographic Designation form (2 pg)
- 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
- 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!
# Student Enrollment Form

### Student Information

<table>
<thead>
<tr>
<th>Student Last Name (Legal):</th>
<th>First Name (Legal):</th>
<th>Middle Name (Full):</th>
<th>Nickname:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birth Date:</th>
<th>Gender:</th>
<th>Entering Grade:</th>
<th>Start Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>

### 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

- [ ] 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

<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Home Phone:</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City and State</th>
<th>Grades Attended</th>
<th>Dates Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Student Information

- [ ] Homeless  
- [ ] Ward of the State  
- [ ] Immigrant  
- [ ] Foreign Exchange  
- [ ] Military-Connected Youth  
- [ ] None of the Above  

- [ ] Does your family require an interpreter?  
  - [ ] Yes  
  - [ ] No  

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

---

Please Complete Next Page 1
## STUDENT NAME:

### Primary Household Adult 1

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Gender:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Relationship to Student: [ ]

E-mail Address: [ ]

Employer/Occupation: [ ]

Access to Student Information: [ ] Yes [ ] No

### Primary Household Adult 2

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Gender:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Relationship to Student: [ ]

E-mail Address: [ ]

Employer/Occupation: [ ]

Access to Student Information: [ ] Yes [ ] No

### Other Children Primary Household

<table>
<thead>
<tr>
<th>First, MI, Last Name</th>
<th>School attending (Include Non-Public schools)</th>
<th>IEP</th>
<th>Gender</th>
<th>Birth Date</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Secondary Household

<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Home Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Secondary Household Adult 1

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Gender:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Relationship to Student: [ ]

E-mail Address: [ ]

Employer/Occupation: [ ]

Access to Student Information: [ ] Yes [ ] No

### Secondary Household Adult 2

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Gender:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Relationship to Student: [ ]

E-mail Address: [ ]

Employer/Occupation: [ ]

Access to Student Information: [ ] Yes [ ] No

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Work Phone:</th>
<th>Cell Phone:</th>
<th>Home Phone:</th>
<th>Relationship to Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please Complete Next Page ▼
<table>
<thead>
<tr>
<th>Federal Designations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of Birth: _________________</td>
</tr>
<tr>
<td>If born outside of USA: Date of entry to USA: _________________</td>
</tr>
<tr>
<td>Date of first enrollment in USA School: _________________</td>
</tr>
<tr>
<td>Has this student completed three or more years of school in the USA? □ Yes □ No</td>
</tr>
</tbody>
</table>

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.
2019-20 Ethnic and Racial Demographic Designation Form

Student's First Name: ________________ Middle Name/Initial: _____ Last Name: ____________________________

Date of Birth: ________________ District: ____________________________ School: ____________________________

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (in bold) for their children. If you choose not to answer the federal questions (in bold), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our Frequently Asked Questions: Ethnic and Racial Designation Form.

<table>
<thead>
<tr>
<th>Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. ¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>[You must select “yes” or “no” to this question.]</strong></td>
</tr>
<tr>
<td>• <strong>Yes</strong> [If yes, go to Question A.]</td>
</tr>
</tbody>
</table>

Optiona; Question A: If yes was chosen above, select all that apply from the list below (this question will not be answered by school staff):

- Decline to indicate
- Guatemalan
- Salvadoran
- Other Hispanic/Latino
- Colombian
- Mexican
- Spanish/Alapanish-American
- Ecuadorian
- Puerto Rican
- Unknown

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

**Question 1:** Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

- **Yes** [If yes, go to Question 1a.]
- **No** [If no, go to Question 2.]

Optional Question 1a: If yes was chosen above, select all that apply from the list below (this question will not be answered by school staff):

- Decline to indicate
- Cherokee
- Other North American Indian Tribal Affiliation
- Anishinaabe/Ojibwe
- Dakota/Lakota
- Unknown

Go to Question 2.

---

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274
Question 2. Is the student American Indian from South or Central America?

O Yes [Go to Question 3.]  No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons 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.1

O Yes [If yes, go to Question 3a.]  O No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (this question will not be answered by school staff):

☐ Decline to indicate  ☐ Chinese  ☐ Karen  ☐ Other Asian
☐ Asian Indian  ☐ Filipino  ☐ Korean  ☐ Unknown
☐ Burmese  ☐ Hmong  ☐ Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.1

O Yes [If yes, go to Question 4a.]  O No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (this question will not be answered by school staff):

☐ Decline to indicate  ☐ Ethiopian-Other  ☐ Somali
☐ African-American  ☐ Liberian  ☐ Other black
☐ Ethiopian-Oromo  ☐ Nigerian  ☐ Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.1

O Yes [Go to Question 6.]  O No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.1

O Yes  O No

Parent(s)/Guardian Name ____________________________  Date ________

Parent(s)/Guardian Signature ____________________________
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 District: #192
5580 – 170th Street West
Farmington, MN 55024
Phone: 651-460-1800 Fax: 651-460-1810

☐ To release information to: Check either or both boxes, as needed
☐ To obtain information from:

School Name: ____________________________________________

Street Address: ____________________________________________

City, State, Zip: ____________________________________________

Information to be release: (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) < If on SpedForms, please share with Heather Bergstrom
* 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.

_________________________________________ Month/Day/Year: ______________________________

Signature
TRANSPORTATION INFORMATION FORM
Farmington Independent School District #192

PLEASE PRINT

School: ___________________________ Grade _______ Effective Date: __________________

<table>
<thead>
<tr>
<th>(Student) Last Name</th>
<th>(Legal) First Name</th>
<th>MI</th>
<th>Student ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(School to enter)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Parent/Guardian) Last Name</th>
<th>(Legal) First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Home Address

Home Phone: ___________________ Work Phone: ___________________ Cell Phone: ________________
(w/area code)

Pick Up: (if different from “Home address”)

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(Contact Person) Last Name</th>
<th>First Name</th>
<th>Telephone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Bus company RTE NO. ______)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Drop Off: [ ] Same as “HOME” address OR [ ] Same as “PICK UP” address.

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(Contact Person) Last Name</th>
<th>First Name</th>
<th>Telephone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Bus company RTE No. ______)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.farmineton.kl2.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.farmineton.kl2.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, Sayra Maberry, RN, BSN, PHN, LSN, with any questions at 651-460-1965.

_________________________________  ________________________  ________________
Parent (Printed) Name  Parent Signature  Date
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>
<tr>
<td>Birthdate or Student ID:</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>___ language(s) other than English.</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>___ language(s) other than English.</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>___ language(s) other than English.</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>___ language(s) other than English.</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>
<tr>
<td>Parent/Guardian Signature:</td>
</tr>
</tbody>
</table>

*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.
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 ___________________________
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.
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 Absence 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.