

## 2024-2025 3SR Program/Payment Options:

## STUDENT INFORMATION

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

## CLASS DESCRIPTION

We offer half-day preschool options up to three days a week from 8:00 – 11:00 each preschool day. We offer wrap around care in the afternoon if you would like your child to stay the full day. If you register your child for wrap around care, your child can be dropped off as early as 6:30 A.M. and stay as late as 6:00 P.M.

## SCHOOL READINESS TUITION:

☐ We will pay the full monthly tuition amountPreschool and Wrap Around Care

3 Days = \$478/Month | 2 Days = \$330/Month

Preschool Only:

3 Days = \$220/Month | 2 Days = \$160/Month

☐ We are requesting tuition assistance (price breakdown listed below)**\*\*A copy of your most recent tax form must be provided to receive tuition assistance\*\***Preschool and Wrap Around Care

3 Days: \$0 to \$30,000 = \$405/month

2 Days: \$0 to \$30,000 = \$277/month

\$30,001 - \$49,999 = \$430/month

\$30,001 - \$49,999 = \$294/month

Preschool Only:

3 Days: \$0 to \$30,000 = \$147/month

2 Days: \$0 to \$30,000 = \$107/month

\$30,001 - \$49,999 = \$172/month

\$30,001 - \$49,999 = \$124/month

☐ We are requesting to apply for a scholarship

**\*\*Scholarship applications will be mailed home for completion mid-July. If your child does not qualify for a scholarship, Community Ed will contact you regarding what your payment will be. Scholarships only apply towards preschool tuition. Wrap around care is a separate cost. \*\***

## PRESCHOOL CLASSES: SELECT WHICH CLASS YOU ARE REGISTERING FOR

Program Option

3 Half Days

2 Half Days

Placement letters will be mailed home in May to notify you which class, days, and times your child is registered to attend.

## WRAP AROUND CARE

☐ No, we will not be sending our child to wrap around care☐ Yes, we will be sending our child to wrap around care

## PARENT/LEGAL GUARDIAN OF STUDENT CERTIFICATION

Please review and sign the backside of this form.

Signature is required for your child to enroll in School Readiness Preschool.

## OFFICE USE ONLY

Student Start Date: \_\_\_\_\_

Student End Date: \_\_\_\_\_

Program: \_\_\_\_\_

Attending Wrap Around Care: ☐ Yes ☐ No

Payment Plan:

☐ Pay in Full☐ Requesting assistance☐ Scholarship

## 2024-2025 Payment Schedule:

### Payment Info:

Placement letters will be mailed home early May to notify families which class, days, and times your child is registered to attend. Full payment info will also be included.

**Before your preschooler can begin programming, you need to call Community Education at (320) 982-7307 to set up automatic payments.** Monthly tuition will be automatically charged on the 15th of each month. If the 15th falls on a weekend, or holiday, Milaca Public Schools will charge your card the next business day. If the credit card on file is declined for any reason, there will be a \$25.00 fee added to your monthly tuition that is due and payable immediately. It is your responsibility to make sure your credit card is up to date and the expiration date is valid. Your preschooler will not be able to attend programming until a new payment is submitted and approved.

If tuition is paid in full with cash or a check, you will receive a 10% discount for payment in full. If tuition is paid in full with a credit card you will receive a 5% discount for payment in full. Full payment must be made before the first day of preschool to qualify for the tuition discount.

### Payment Schedule:

<u>Month</u>	<u>Due Date</u>
September Tuition	August 15
October Tuition	September 15
November Tuition	October 15
December Tuition	November 15
February Tuition	January 15
March Tuition	February 15
April Tuition	March 15
May Tuition	April 15

There is no tuition due for the month of January. This is a free month for all families.

### Parent/Legal Guardian of Student Authorization

By checking this box and signing below I, \_\_\_\_\_ understand that I am financially responsible for my child's monthly tuition obligation and agree to the above Payment Terms and authorize Milaca Public Schools to automatically charge my credit card on the 15th of each month beginning August 15, 2024 through April 15, 2025.

Authorized Signature:

Date:

GENERAL INFORMATION: This questionnaire should be completed only ONE TIME per school year FOR EACH FAMILY ENROLLED in the Early Childhood Family Education (ECFE) and/or the School Readiness Program. Each family is asked to voluntarily provide participant information that will be used for local and state program planning and evaluation. If you do not provide this information, it will not prevent you or your child from participating in ECFE or School Readiness. Only one family member should complete this questionnaire. DO NOT write your name on this form. The information that you provide will be kept confidential and WILL NOT be directly connected with you or your family.

Minnesota  
Department  
of Education

SCHOOL  
YEAR

1. Please indicate whether you are this child's

- ☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather  
☐ Foster Mother ☐ Foster Father ☐ Guardian ☐ Other Relative

2. Your highest level of school completed (mark only one box):

- ☐ Eighth Grade ☐ Associate's Degree  
☐ 12<sup>th</sup> Grade ☐ Bachelor's Degree  
☐ High School Diploma ☐ Master's Degree  
☐ Some college but no degree ☐ PH. D.

3. Your Date of Birth (Month/Day/Year): \_\_\_\_ | \_\_\_\_ | \_\_\_\_

4. Your current job status (mark only one box):

- ☐ Employed more than 25 hours per week ☐ Unemployed, seeking employment  
☐ Employed less than 25 hours per week ☐ Unemployed, not seeking employment

5. The racial/ethnic of your children (check all that apply)

- ☐ White ☐ Black/African American ☐ Hispanic or Latino ☐ Asian  
☐ Native Hawaiian or Other Pacific Islander ☐ American Indian/Alaskan Native  
☐ Other, single race ☐ Other, two or more races

6. What are your primary languages (check all that apply)

- ☐ English ☐ Arabic ☐ Spanish ☐ Russian  
☐ Hmong ☐ Mandarin ☐ Somali ☐ Laotian  
☐ Vietnamese ☐ Oromo ☐ Karen ☐ Cambodian  
☐ Other: \_\_\_\_\_

7. What was your household's total yearly income, before taxes last year, rounding to the nearest thousand?

\$ \_\_\_\_\_

8. How many people were in your household last year?

2      3      4      5      6      7      8



# Milaca Elementary School Enrollment Forms

500 Highway 23 West, Milaca, MN 56353  
Phone: (320)982-7301 | Fax: (320)982-7178



## STUDENT INFORMATION

Name (Legal): \_\_\_\_\_  
(Last) (First) (Middle)

Birth Date: \_\_\_\_ | \_\_\_\_ | \_\_\_\_ Gender: ☐ Female ☐ Male Grade Enrolling: \_\_\_\_\_  
Month Day Year

Name child is to be called in school: \_\_\_\_\_

## RESIDENCY INFORMATION:

Physical Home Address for child: \_\_\_\_\_  
Street and/or PO Box City, State Zip Code

Mailing Address (if different than physical): \_\_\_\_\_  
Street and/or PO Box City, State Zip Code

Is physical address located in the Milaca School District: ☐ Yes ☐ No (please request Open Enrollment Form)

Who does the child live with? ☐ Both Father and Mother ☐ Father and Stepmother ☐ Mother and Stepfather  
☐ Father Only ☐ Mother Only ☐ Foster Parent(s)  
☐ Other: \_\_\_\_\_

## BIOLOGICAL FATHER INFORMATION:

Father \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
*If different than student's address*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_ Contact allowed? ☐ Yes ☐ No

## BIOLOGICAL MOTHER INFORMATION:

Mother \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
*If different than student's address*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_ Contact allowed? ☐ Yes ☐ No

## OTHER ADULT #1 INFORMATION (If student lives with):

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Employer: \_\_\_\_\_

Email \_\_\_\_\_ Contact allowed? ☐ Yes ☐ No

## OTHER ADULT #2 INFORMATION (If student lives with):

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Employer: \_\_\_\_\_

Email \_\_\_\_\_ Contact allowed? ☐ Yes ☐ No



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## ETHNIC AND RACIAL DEMOGRAPHIC

☐ Yes ☐ No 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

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 ☐ Colombian ☐ Ecuadorian ☐ Guatemalan ☐ Mexican  
☐ Puerto Rican ☐ Salvadoran ☐ Other Hispanic/Latino ☐ Unknown  
☐ Spaniard/Spanish/Spanish-American

☐ Yes ☐ No 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

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 ☐ Anishinaabe/Ojibwe  
☐ Dakota/Lakota ☐ Other North American Indian Tribal Affiliation ☐ Unknown

☐ Yes ☐ No Is the student American Indian from South or Central America?

☐ Yes ☐ No 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.

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

☐ Yes ☐ No 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.

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

☐ Yes ☐ No 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.

☐ Yes ☐ No 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

## HOME LANGUAGE INFO:

	Check the phrase that best describes your student:	Indicate language(s) other than English
My student first learned:	<input type="checkbox"/> only English <input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and other language(s)	
My student speaks:	<input type="checkbox"/> only English <input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and other language(s)	
My student understands:	<input type="checkbox"/> only English <input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and other language(s)	
My student has consistent interaction in:	<input type="checkbox"/> only English <input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and other language(s)	

## PARENT/LEGAL GUARDIAN OF STUDENT CERTIFICATION

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Student Services/Additional Info:

### OTHER SIBLINGS OF THE STUDENT INFORMATION:

Last Name:	First Name:	Middle Name:	Gender:	DOB
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____   ____   ____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____   ____   ____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____   ____   ____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____   ____   ____

### STUDENT'S PERSONAL INFORMATION / MILITARY-CONNECTED YOUTH:

☐Yes ☐No Has student ever registered under a different name? If YES, what name: \_\_\_\_\_

☐Yes ☐No Is the Student a Ward of the County or State? If YES, what county: \_\_\_\_\_

☐Yes ☐No Does this student have an immediate family member, including a parent or sibling, who is currently in the armed forces either as a reservist or on active duty or has recently retired from the armed forces?

☐Yes ☐No If yes, is the family member on active duty?

☐Yes ☐No In the past 3 years have you or anyone in your family moved (city, state or school district) so that you or a family member could work or look for /seasonal or temporary, agricultural or fishing work?

### FOSTER CARE INFORMATION (ONLY COMPLETE IF STUDENT IS IN FOSTER CARE)

Which type of foster care placement is the student living with? ☐Relative Caregiver ☐Non-Relative Caregiver

Has parent's rights been terminated? ☐Yes ☐No

### EMERGENCY CONTACT INFO

People other than the student's parent /legal guardian the school can call if the school cannot reach the parent/legal guardian

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_



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## Permission Sign-off Form

This form is a comprehensive tool that provides Milaca School District parents/guardians the opportunity to give permission for several items of importance at one time. This permission will remain in effect throughout your child's school career. If your permission preferences change, you may submit a new form.

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

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CIRCLE BELOW

Please read the following statements and circle "yes" or "no" for each item that you are providing permission for your student to participate. In addition, please discuss and complete the "Student Internet Acceptable Use and Safety Agreement" form with your student.

INTERNET USE AGREEMENT: \_\_\_\_\_ YES \_\_\_\_\_ NO

I give permission for my child to use the Internet, computers, iPad and equipment provided by Milaca School District. I understand and accept the responsibilities and liabilities that are placed on me and my child as a result of signing this contract should my child violate the rules as stated in the Internet Safety Agreement Policy. I understand that the Internet contains some material that is inappropriate for minors. I support the School District's position that students are individually responsible for not accessing such material. Unacceptable use of the School District's Internet access will result in possible suspension of privileges or other discipline. I will not hold the District liable for any inappropriate information my child may encounter or any unwanted financial obligations that may result by using the School District's Internet access.

DISPLAYING SCHOOL WORK: \_\_\_\_\_ YES \_\_\_\_\_ NO

I give permission for my child's course work or art projects to be displayed in school district buildings, on school and district Web pages, and in school and district publications and videos. Student work may or may not be accompanied by the students' name.

DISPLAYING/PUBLISHING PHOTOGRAPHS/DIGITAL IMAGES/VIDEOS: \_\_\_\_\_ YES \_\_\_\_\_ NO

I give permission for my child's picture/digital image or video to be taken either individually or in a group setting to be displayed in school district buildings, community locations, in local newspapers, on school and district Web pages (including district YouTube and Facebook page), videos or other electronic media, or other public publications/electronic media.

WALKING FIELD TRIPS: \_\_\_\_\_ YES \_\_\_\_\_ NO

I give permission for my child to take walking field trips off school grounds during the school year.

SCHOOL ALERTS: \_\_\_\_\_ YES \_\_\_\_\_ NO

I give permission to receive alerts regarding school information.

SCHOOL COMMUNICATION: \_\_\_\_\_ EMAIL \_\_\_\_\_ PAPER

In an effort to support the Go Green Initiative, we are asking all parents who have email access to provide the school with email addresses to keep you updated on the school's current events.



# Milaca Elementary School Enrollment Forms

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## Student Health Update Form

**\*\*A copy of your child's immunization record must be turned in before your child can start\*\***

### STUDENT INFORMATION

Name (Legal): \_\_\_\_\_  
(Last) (First) (Middle)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_

### HEALTH HISTORY INFORMATION

**This information is required in order to provide appropriate health services for your student. This data will be treated as private data and will be recorded in the Student Health Record.**

Has your child ever had or has now? (Please check all that apply):

- |   |   |                     |
|---|---|---------------------|
| <input type="checkbox"/> Allergies (Food, Medications, etc.)  | <input type="checkbox"/> Diabetes                 | Kidney Problems     |
| <input type="checkbox"/> Needs an Epi-pen                     | <input type="checkbox"/> Epilepsy/Seizures        | Mental Disability   |
| <input type="checkbox"/> Acid Reflux                          | <input type="checkbox"/> Eye Problems             | Migraines           |
| <input type="checkbox"/> ADD/ADHD                             | <input type="checkbox"/> Hearing Aid              | Physical Disability |
| <input type="checkbox"/> Asthma                               | <input type="checkbox"/> Hearing Loss             | Sickle Cell Disease |
| <input type="checkbox"/> Cancer                               | <input type="checkbox"/> Heart Condition          | Speech Problems     |
| <input type="checkbox"/> Concussion                           | <input type="checkbox"/> Hepatitis                | Tuberculosis        |
| <input type="checkbox"/> Corrective Lenses (Contacts/Glasses) | <input type="checkbox"/> Irritable Bowel Syndrome | Vision Loss         |

Has your child had the Chicken Pox? ☐ Yes ☐ No If YES, what month and year: \_\_\_\_ / \_\_\_\_

Has your child been hospitalized for illness, surgery, or injury? ☐ Yes ☐ No

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

Does your child take any medication? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Please list any severe allergies: \_\_\_\_\_

Is your child under regular medical supervision for any of the above conditions? ☐ Yes ☐ No

If emergency treatment is required and you can't be reached immediately, may the school authorities use their judgment in calling an ambulance? ☐ Yes ☐ No

I give permission for the school nurse to communicate to the student's teachers and other school employees who may provide services for my child, about the student's health condition(s) via the school's "Confidential Health Report", and the action of any medication the student may be taking on an "as need to know basis." ☐ Yes ☐ No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

# Immunization Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

## Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<input type="text"/>	
Meningococcal (MCV4)				<input type="text"/>	<input type="text"/>

Complete this form or bring a copy of your child's immunization record



Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

### Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- ☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- ☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian’s beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me  
on \_\_\_\_\_ (date)  
by \_\_\_\_\_  
(name of parent or guardian)

Notary Signature: \_\_\_\_\_

Notary Stamp  
  
STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**3. Consent to share immunization information:** This school is asking for permission to share your child’s immunization record with Minnesota’s immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child’s school to share my child’s immunization documentation with Minnesota’s immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)