



# 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

### SERVICES RECEIVED AT PREVIOUS SCHOOLS:

☐Yes ☐No Has your child ever received any of following support services? Check all that apply

☐ADSIIS ☐Title 1 ☐AmeriCorps ☐RTI ☐English Learner/LEP ☐ALP

☐Yes ☐No Has your child ever had a 504 Accommodation plan?

☐Yes ☐No Has your child ever been assessed for Special Education services?

☐Yes ☐No Does your child currently require Special Education services? If YES, check all that apply:

☐Autism ☐Deaf - Hard of Hearing ☐Development Cognitive Disability

☐Developmental Delay ☐Emotional/Behavioral ☐Other Health Disability

☐Physically Impaired ☐Speech/Language ☐Specific Learning Disabilities

### 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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## Student Health Update Form

### STUDENT INFORMATION

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

Grade: \_\_\_\_ 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 ParentVue.

Name any chronic illness or medical conditions that your student is being treated for:

Diagnosis	Date	Doctor/Clinic

Will your student take medications taken at school? ☐ Yes ☐ No **\*If yes, contact the school nurse**

List: \_\_\_\_\_

Does your student take medications taken at home? ☐ Yes ☐ No

List: \_\_\_\_\_

List any food, medicine, or environmental substances your student is ALLERGIC to.

Allergen	Reaction	Date 1 <sup>st</sup> Reaction	Epi-pen Y/N

Has your student been hospitalized for illness, surgery or injury in the last year?

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

Does your student wear glasses or contacts? ☐ Yes ☐ No | ☐ Nearsighted ☐ Farsighted.

Does your student wear hearing aids? ☐ Yes ☐ No | ☐ Right ☐ Left

Has your student had immunizations in the last year? (or list clinic your student went to \_\_\_\_\_)

Date: \_\_\_\_\_ Immunizations: \_\_\_\_\_

Please list any other information that may be helpful in caring for your student:

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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.



## Student Digital Equity Survey

*Thank you for participating in the Student Digital Equity Survey. This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. Milaca may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside the classroom or school building. It is important that we gather accurate information from every student so that each student and family has the equipment, help and support needed. The information you provide in this survey will be reported to the Minnesota Department of Education (MDE). MDE may provide state- or school-level summary data—without personal, identifying information—to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. Milaca will not share your personal, identifying information provided in this survey with others without your consent.*

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your "home." You should answer the questions below based only on the conditions at this address. There is an opportunity at the end of the survey to say more about additional places you live and do homework.

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

### DIGITAL DEVICE ACCESS

1. Does the student use an electronic device like a computer, tablet or smart phone to complete homework?

- ☐ No (Skip to internet access questions)
- ☐ Yes (complete questions below)

If yes, what type of electronic device does student usually use to complete homework? (Select ONLY one)

- ☐ Desktop or Laptop
- ☐ Tablet
- ☐ Chromebook
- ☐ Smart phone
- ☐ Other

Is the electronic device provided by the school?

- ☐ No
- ☐ Yes

Is the electronic device shared with anyone else in the home?

- ☐ No
- ☐ Yes

### INTERNET ACCESS

2. Can the student access the Internet on their electronic device at home?

- ☐ No – Internet is not available at home (survey complete)
- ☐ No – Internet is not affordable at home (survey complete)
- ☐ No – Other (survey complete)
- ☐ Yes (continue below)

If yes, what kind of Internet service do you have at home?

Residential broadband (e.g. Cable, Fiber, DSL)

- ☐ Cellular network
- ☐ School-provided hotspot
- ☐ Satellite
- ☐ Dial-up
- ☐ Other
- ☐ I am not sure.

Can the student stream a video on their electronic device without pauses?

- ☐ Yes – with some pauses or buffering
- ☐ Yes - no issues
- ☐ No – streaming doesn't work
- ☐ Yes- with no pauses or buffering



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"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>	<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)