



Milaca High School Enrollment Forms

500 Highway 23 West, Milaca, MN 56353

Phone: (320)982-7223 Fax: (320)982-7293



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



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: _____



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: _____



Student Records Request

REQUEST FOR RECORDS FOR:

Student Legal Name: _____
Last First Middle

Birth Date: ____ | ____ | ____ Grade: ____ School Year: ____
Month Date Year

☐ Student lives in Independent School District 912 ☐ Student is Open Enrolling

Request Date: _____ Student Start Date: _____

RECORDS ARE REQUESTED FROM:

Last School Attended: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

This student has enrolled at Milaca School District. Please send Records, Test Scores, Transcripts, Health Records (Including Immunizations), MARSS Number, Special Ed Records, (Including IEP, Assessment Reports, and Verification of Handicap), Social Worker Involvement, Discipline, and all other information to help in placement of this student.

Please send records to (via fax or email preferred):

Briana Walthers

briana.walther@milaca.k12.mn.us

Milaca High School, District 912

500 Highway 23 West | Milaca, MN 56353

Phone: (320)982-7223 | Fax: (320)982-7293

In accordance with federal & state law, parent/legal guardian signature is not required to authorize this collection and/or release of information.



ISD 912 Milaca McKinney-Vento Residency Questionnaire

Your child may be eligible for additional educational services through Title 1 A and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire. The purpose of this information is to ensure the rights of your children and youth under the McKinney-Vento law. This information is confidential. Please contact your child's school with questions.

Presently, are you and/or your family in any of the following situations? (Check all that apply)

- ☐ Yes ☐ No Is this student's home address a temporary living arrangement?
- ☐ Yes ☐ No Is this a temporary living arrangement due to a loss of housing or economic hardship?
- ☐ Yes ☐ No Is this student in a temporary foster care placement or awaiting foster care?
- ☐ Yes ☐ No Is this student living with someone other than his/her parent or legal guardian?

*If you did not check any boxes above, you do not need to complete the remainder of this form. If you lose your housing during the school year, please contact your child's school social worker for assistance.

COMPLETE IF ANSWERED YES TO ANY OF THE ABOVE QUESTIONS:

Where is the student currently living?

- ☐ In a Motel ☐ In a Group Home ☐ Moving from place to place
- ☐ In a Shelter ☐ In Transitional Housing
- ☐ With more than one family in a house or apartment | List who: _____
- ☐ In a location not designed for sleeping accommodations such as a car, park, or campsite

Name of Student: _____ Grade: _____

Address of Current Residence: _____

Name of Motel/Shelter or current residence: _____

Would you like to participate in our Snack Pack Program (see back side for more info?) ☐ Yes ☐ No

TO BE COMPLETED BY MILACA HIGH SCHOOL OFFICE:

This student identified as in transition: ☐ Yes ☐ No This student is on an IEP: ☐ Yes ☐ No

Start Date: _____ | _____ | _____ Resident District: _____

Student identified as:

- ☐ Double up Homeless ☐ Unsheltered Homeless ☐ Sheltered Homeless ☐ Motel/Hotel Homeless
- ☐ Traditional Housing ☐ Housed ☐ Safe Haven ☐ Don't know ☐ Not collected
- ☐ Refused ☐ Other homeless situation

Student is an unaccompanied youth: ☐ Yes ☐ No

PARENT/LEGAL GUARDIAN OF STUDENT CERTIFICATION

Printed Name: _____ Signature: _____ Date: _____

Homeless Liaison Maren Erickson: _____



ISD 912 Milaca McKinney-Vento Residency Questionnaire SNACK PACK PROGRAM

Our public school provides free and reduced meals to families in need through the National Lunch Program. In some instances, if it weren't for these meals, our students would be trying to learn on an empty stomach. The Milaca Wolves Snack Pack program will provide high school students who qualify under the McKinney-Vento Act a pack filled with nutritious, easy-to prepare food for students until access to the school meal program resumes.

The program will provide two pieces of fruit, two breakfast items, two lunch items, and two snacks. If there is an extended weekend, there may be food packed for one additional day. The maximum amount of days is three, due to the fact that the size of the bags needs to be manageable by young students. The food will be placed in bags and put into your child's backpack as discretely as possible by authorized school staff only.

Since this program is for students referred by staff are eligible, we need your permission to add your child's name to the list for distribution. This information is held in the strictest confidentiality and will be extended only to those who will distribute bags. Please make sure you sign the front side of this form to give permission for the school district to release your child's name and status to the Milaca Wolves Snack Pack Program liaison(s) for the sole purpose of distribution of the weekend bags into my child's backpack.

The McKinney Vento Education Assistance Act ensures the educational rights above for the students who are homeless. A homeless individual is one who lacks a fixed, regular and adequate nighttime residence. This includes: a) children/youth sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelter; are abandoned in hospitals; or are awaiting foster care placement; b) children/youth who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings (Examples: cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings) Mn. Stat. 120A.20, subd 2.



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 st 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:



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 no pauses or buffering

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