

## ROYALTON SCHOOL DISTRICT 485 REGISTRATION

Today's Date	School <input type="checkbox"/> Elementary <input type="checkbox"/> Middle/High	Grade Enrolling In	First Day of Anticipated Enrollment	School last attended	
Student <b>LAST</b> Name (Legal)		Student <b>FIRST</b> Name (Legal)		Student <b>MIDDLE</b> Name (Legal)	
Student Preferred Name (Optional)		Student Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Student Birth Date <span style="float: right;">Age</span>	
Student Ethnicity – <i>Due to differences in State and Federal reporting guidelines, it is necessary to make selection(s) in all three sections below:</i>					
For Federal reporting, check one response: <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> Hispanic or Latino		For Federal reporting, check all responses that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		For State reporting, check one response: <input type="checkbox"/> American Indian /Alaskan Native <input type="checkbox"/> Asian /Other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin	
<b>Student's PRIMARY household</b> <b>All information and mailings will be sent to the primary household.</b>					
Student lives with: <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother (and Stepfather if applicable) <input type="checkbox"/> Father (and Stepmother if applicable) <input type="checkbox"/> *Foster family <input type="checkbox"/> *Relative/Other - Please list: _____  <small>*Provide legal custody document OR fill in legal/parent/guardian info in Secondary Household section below.</small>		Address			
		City		State	Zip Code
		County		Home Phone (     )	
		Current Resident District (if not Royalton) _____			
		<i><b>Note:</b> If this address is NOT within the Royalton School District boundaries, please request an Open Enrollment form from the school office.</i>			
Please list names of siblings in primary household that are attending Royalton Schools					
<b>Student's SECONDARY household (if applicable)</b> <b>All information and mailings will be sent to the secondary household.</b>					
<input type="checkbox"/> Request that school information NOT be sent to this household, legal documentation is required.					
<input type="checkbox"/> Mother (and Stepfather if applicable) <input type="checkbox"/> Father (and Stepmother if applicable) <input type="checkbox"/> Other Please list: _____ <small>Note: Please notify the school office and provide legal documentation if there is a custodial issue.</small>		Address			
		City		State	Zip Code
		County		Home Phone (     )	
<b>Emergency Information</b>					
<b>Emergency contacts:</b> (Persons who can be called and will come for student in case parents/guardians cannot be reached):					
Name		Relationship	Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Name		Relationship	Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	

*Continued on the back side*

### Student's Special Needs

**For New Students:**

- ☐ Yes ☐ No Has your child ever had a 504 Accommodation plan?
- ☐ Yes ☐ No Has your child ever been assessed, or referred for assessment of Special Education services?
- ☐ Yes ☐ No Does your child currently require Special Education services? If Yes, please identify their disabilities below and submit a copy of the IEP/IFSP/IIIP upon registration.
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Deaf-Blind                  | <input type="checkbox"/> Developmental Cognitive Disability |
| <input type="checkbox"/> Developmental Delay      | <input type="checkbox"/> Emotional/Behavior Disorder | <input type="checkbox"/> Hearing Impairment                 |
| <input type="checkbox"/> Physical Impairment      | <input type="checkbox"/> Severe Multiple Impairment  | <input type="checkbox"/> Specific Learning Disability       |
| <input type="checkbox"/> Speech/Language          | <input type="checkbox"/> Traumatic Brain Injury      | <input type="checkbox"/> Visual Impairment                  |
| <input type="checkbox"/> Other Health Disability  |  |   |

### Student's Personal Information

- ☐ Yes ☐ No Is English your child's primary home language?
- ☐ Yes ☐ No Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work?
- ☐ Yes ☐ No Is the primary family responsible for lunch payments?
- ☐ Yes ☐ No Is this child homeless?
- ☐ Yes ☐ No Does this student have parents/siblings currently active in the military?
- If Yes, Please list names/relationship \_\_\_\_\_

**I certify that the information given on this form is complete and correct to the best of my knowledge. I give permission for school staff to activate emergency procedures regarding my child as needed.**

\_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian signature**

**For Office Use Only:**

Date entered \_\_\_\_\_ SPED \_\_\_\_\_ Health \_\_\_\_\_ Office \_\_\_\_\_



# ROYALTON PUBLIC SCHOOLS ISD 485

120 South Hawthorn Street, Royalton, MN 56373 | (320) 584-4000 | fax (320) 584-4101

John Phelps, *Superintendent*  
(320) 584-4250  
superintendent@isd485.org

## HEALTH FORM

Please attach any updated immunizations, complete form, sign, and return by the first day of school. **This is a required document.**

Dear Parent/Guardian:

The American Academy of Pediatrics recommends children receive a physical examination at the ages of 5, 6, 8, 10, and then yearly. Health information is vital in planning and supporting students while attending school. Please provide us with current medical information for your child.

**Student Full Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female

**Student's doctor:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Student's Dentist:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Current Health Status Please check the appropriate box(es) and describe concerns:**

- ☐ Allergies (List them) \_\_\_\_\_
- ☐ Asthma or other breathing problem \_\_\_\_\_
- ☐ Diabetes \_\_\_\_\_
- ☐ Heart Problems \_\_\_\_\_
- ☐ Seizures \_\_\_\_\_
- ☐ Social/emotional/mental health (Including ADD/ADHD) \_\_\_\_\_
- ☐ Bladder/Bowel concerns or modifications needed \_\_\_\_\_
- ☐ Activity Restrictions \_\_\_\_\_
- ☐ Other health concern or significant history of problems \_\_\_\_\_
- ☐ Vision or hearing concerns (glasses or hearing aids) \_\_\_\_\_
- ☐ No Health Concerns

**Any recent surgeries, injuries, or hospitalization?** ☐ NO ☐ YES **Please Describe:** \_\_\_\_\_

**EMERGENCIES:** Does this student have a health problem that could result in an emergency (ex. Life threatening allergy)? ☐ NO ☐ YES If yes, describe: \_\_\_\_\_

**MEDICATIONS:** List ALL medications that this student takes daily or as needed, this includes over the counter medications. *Please note: for any over the counter and/or prescribed medications to be given during the school day; the appropriate authorization form must be completed by both parent/guardian and the prescribing health care provider.* One form for each medication is required and will be valid for the current school year.

Health service forms are available on the school website under Department > Health Services > Medication Forms

Medication Name	Dose	Purpose	How often taken?

- ☐ I *give* permission for the school nurse to contact my child's health care provider in reference to any of the above health concerns.
- ☐ I *do not* give permission for the school nurse to contact my child's health care provider in reference to any of the above health concerns.

**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Student Immunization Form

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

Birthdate \_\_\_\_\_ Student Number \_\_\_\_\_

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

## FOR SCHOOL USE ONLY

- ( ) Complete; booster required in \_\_\_\_\_  
 ( ) In process; 8 mos. expires \_\_\_\_\_  
 ( ) Medical exemption for \_\_\_\_\_  
 ( ) Conscientious objection for \_\_\_\_\_  
 ( ) Parental/guardian consent \_\_\_\_\_

### Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

**School Personnel:** Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of Vaccine	DO NOT USE (✓) or (✕)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
<b>Required</b> (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
<b>Diphtheria, Tetanus, and Pertussis</b> (DTaP, DTP, DT) • for children age 6 years and younger • final dose on or after age 4 years						
<b>Tetanus and Diphtheria</b> (Td) • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above					5th dose not required if 4th dose was given on or after the 4th birthday	
<b>Tetanus, Diphtheria and Pertussis</b> (Tdap) • for children in 7th - 12th grade						
<b>Polio</b> (IPV, OPV) • final dose on or after age 4 years						
<b>Measles, Mumps, and Rubella</b> (MMR) • minimum age: on or after 1st birthday						
<b>Hepatitis B</b> (hep B)						
<b>Varicella</b> (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required						
<b>Meningococcal</b> (MCV, MPSV) • for children in 7th - 12th grade • booster given at age 16 years						
<b>Recommended</b>						
<b>Human Papillomavirus</b> (HPV)						
<b>Hepatitis A</b> (hep A)						
<b>Influenza</b> (annually for children 6 months and older)						

### Additional exemptions:

- Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- Students in grades 7-12:** A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- Students 18 years of age or older:** Do not need polio vaccine.

**Instructions, please complete:**

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

**1. Certify Immunization Status.** Complete A or B to indicate child's immunization status.

**A. Received all required immunizations:**

I certify that this student has received all immunizations required by law.

\_\_\_\_\_  
Signature of Parent / Guardian OR Physician / Public Clinic

\_\_\_\_\_ Date

**B. Will complete required immunizations within the next 8 months:**

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.

The dates on which the remaining doses are to be given are:

\_\_\_\_\_  
Signature of Physician / Public Clinic

\_\_\_\_\_ Date

**2. Exemptions to School Immunization Law.** Complete A and/or B to indicate type of exemption.

**A. Medical exemption:**

No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see \* below). List exempted immunization(s):

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician assistant

\_\_\_\_\_ Date

\*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician assistant (If disease occurred before September 2010, a parent can sign.)

**B. Conscientious exemption:**

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_ Date

Subscribed and sworn to before me this: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of notary

**3. Parental/Guardian Consent to Share Immunization Information (optional):**

Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system:

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_ Date

## Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued.

The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon high school graduation. 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 services. **Access to services are required by federal and state law. As a parent or guardian, you have the right to decline English Learner services at any time.**

Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has meaningful and consistent exposure to:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

**Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.**

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

\* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state

May 8, 2017

## 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](#).

**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.<sup>1</sup>

*[You must select “yes” or “no” to this question.]*

☐ **Yes** *[If yes, go to Question A.]*

☐ **No** *[If no, go to Question 1.]*

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

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

*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*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

*Go to Question 2.*

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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**Question 2. Is the student American Indian from South or Central America?**

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

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**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.<sup>1</sup>

☐ **Yes** [If yes, go to Question 3a.]

☐ **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.

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**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.<sup>1</sup>

☐ **Yes** [If yes, go to Question 4a.]

☐ **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.

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**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.<sup>1</sup>

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

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**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.<sup>1</sup>

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_





# ROYALTON PUBLIC SCHOOLS ISD 485

120 South Hawthorn Street, Royalton, MN 56373 | (320) 584-4000 | fax (320) 584-4101

John Phelps, *Superintendent*  
(320) 584-4250  
superintendent@isd485.org

## Transportation Request and Change Form

If your child is a new student who will become an active bus rider, or if you have changes regarding daycare use, home address, or phone number, please complete this form. Any change to a child's pick-up or drop-off location requires a parent or guardian to sign and indicate the requested date. **Please keep your child's transportation record current.**

☐ NEW STUDENT      ☐ CHANGE OF INFORMATION

**Student Name (Print):** \_\_\_\_\_ **Gender:** ☐ M ☐ F

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

### Morning Transportation Schedule

*Days busing needed:* ☐ M ☐ T ☐ W ☐ TH ☐ F

☐ Parent transports student to school

☐ Student is picked up at home by bus

☐ Student is picked up at daycare by bus  
(fill in daycare info below)

### Afternoon Transportation Schedule

*Days busing needed:* ☐ M ☐ T ☐ W ☐ TH ☐ F

☐ Parent transports student from school

☐ Student is dropped off at home by bus

☐ Student is dropped off at daycare by bus  
(fill in daycare info below)

### DAYCARE / ALTERNATE INFORMATION (If applicable):

**Daycare provider's name:** \_\_\_\_\_ **Daycare Phone #:** \_\_\_\_\_

**Daycare Address:** \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTE: change requests require 48 hours for processing.** Please plan accordingly.  
*Students should be at their bus 5 minutes prior to designated times.*

☐ **Preschool parents:** I understand an adult must physically be seen to drop off my child at home or daycare.

**Today's Date:** \_\_\_\_\_

**Date of request to start:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Return to: Royalton Public Schools  
120 S Hawthorn Street  
Royalton, MN 56373

or

Gaylene Witucki, Transportation Director  
320-584-4255  
[gwitucki@isd485.org](mailto:gwitucki@isd485.org)