

Independent School District #181

Brainerd, MN 56401

SCHOOL ENROLLMENT FORM

PLEASE PRINT CLEARLY

For Office Use Only

Copy of Birth Certificate _____

Copy of Immunization Record _____

MARSS # _____

Resident District _____

Date of Records Request _____

Date Records Received _____

Today's Date: _____

Student's Legal Name _____
(Last) (First) (Middle)

Gender: Male Female

Date of Birth _____ Age _____ Grade _____ Graduation Year _____

City and State of Birth _____

Is student Hispanic/Latino? Yes No

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Primary Home Language _____

Is the student a military-connected youth? Yes No

A "military-connected youth" means having 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.

Student's First Day of School will be _____
(month/day/year)

Has student ever previously attended a school in Brainerd? Yes No

Student Lives With: Both Parents Father only Mother only Other, relationship _____
 Father and _____ (relationship) Mother and _____ (relationship)

Current Living Situation: Own Home with relatives shelter hotel
 Vehicle/campground Other _____

Student's Address _____ Home Telephone # _____

Father/Guardian LEGAL Name _____ Email Address _____

Address _____ City, State Zip _____

Employed at _____ Work # _____ Cell # _____

Mother/Guardian LEGAL Name _____ Email Address _____

Address _____ City, State Zip _____

Employed at _____ Work # _____ Cell # _____

Siblings _____ Gender: M F Birthdate _____
 (Last) (First) (Middle)

_____ Gender: M F Birthdate _____
 (Last) (First) (Middle)

_____ Gender: M F Birthdate _____
 (Last) (First) (Middle)

_____ Gender: M F Birthdate _____
 (Last) (First) (Middle)

Does your child have a current Individual Education Plan (IEP)? Yes No

Does your child have a 504 Accommodation Plan? Yes No

Has the student ever attended a public school in Minnesota? Yes No

Is your child up to date on his/her immunizations? Yes No

List any medications your child may be taking _____

Any other health concerns our school nurses need to be aware of? _____

Parent's Signature _____

EMERGENCY CONTACT

Other than those living with student

1. _____
 Name Relationship Phone Other Phone

Address _____ City, State Zip _____

2. _____
 Name Relationship Phone Other Phone

Address _____ City, State Zip _____

FOR KINDERGARTEN ENROLLMENTS ONLY

.....
 This information will help us plan the **Kindergarten** school year. If your plans for kindergarten change, or if you have a change of address, please contact the ISD #181 Main Office at 454-6900 or call the Early Childhood Center at 454-5430.

- 1) My Child is eligible to start Kindergarten in _____
 _____ I plan to have my child start Kindergarten then
 _____ I plan to have my child remain at home another year
 _____ I am undecided at this time
- 2) My child will attend:
 _____ Brainerd Public Schools
 _____ Lake Region Christian School
 _____ St. Francis Parochial School
 _____ Other _____
- 3) _____ We may or will be moving out of the area.



Brainerd Public Schools

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Request For Student Records

Previous School Attended: _____

Address: _____

City: _____ State/Zip: _____

Phone#: _____ Fax #: _____

Student Name: _____

Date of Birth: _____ Current Grade: _____

Has enrolled in our school district on _____ and will start on _____

Please release the following information for this student for scheduling purposes as it pertains to the listed student. A district, charter school, or nonpublic school that receives services or aid under sections 123B.40 to 123B.48 from which a student is transferring must transmit the student's educational records within 10 business days of a request to the school in which the student is enrolling. (Minn Statute 120A.22 Subd. 7 Educational records).

PK-4th

- Copy of birth certificate
- PK Screening(PK and KG only)
- Health & Immunization Records
- IEP/Special Education Information
- Other information that may be helpful for placement

Grades 5-12

- Transcript of Grades
- Testing information including the MN Basic Standards Test scores & MCA scores
- Attendance Record
- Special Services Record
- Health & Immunization Records / Physical forms
- Psychological Assessments
- IEP / and Evaluation Reports
- Disciplinary Reports
- Birth Certificate
- Other information that may be helpful in placement

Signature of Parent/Guardian: _____

Minnesota Schools: MARSS Number: _____

SEND INFORMATION TO:

Grades PK - 4th

Andrene Crook
 Washington Educational Services Bldg.
 804 Oak St.
 Brainerd, MN 56401
 Phone: (218) 454-6902
 Fax: (218) 454-6901
andrene.crook@isd181.org

Grades 5- 8

Susan Rioux
 Forestview Middle School
 12149 Knollwood Dr.
 Baxter, MN 56425
 Phone: (218) 454-6067
 Fax: (218) 454-6687
susan.rioux@isd181.org
 Send Sped Forms to:
kimberly.doty@isd181.org

Grades 9-12

Michelle Cabrera
 Brainerd High School
 702 5th St. S.
 Brainerd, MN 56401
 Phone: (218) 454-6206
 Fax: (218) 454-6311
michelle.cabrera@isd181.org
 Send Sped Forms to:
christine.tangen@isd181.org



Brainerd Public Schools

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Transportation Office 804 Oak Street Brainerd, MN 56401 (218)-454-6900

TRANSPORTATION REQUEST/INFORMATION CHANGE FORM

Each student is allowed **one** stop for inbound and **one** stop for outbound. This includes daycare **within** the students elementary attendance boundary. If student lives in a split household, then each has **one** inbound and **one** outbound **within** the students elementary attendance boundary. **Parents are responsible for making all temporary arrangements. There is NO busing for temporary stops.**

A.M. PICK-UP ADDRESS

CITY

ZIP

--	--	--

P.M. DROP-OFF ADDRESS

CITY

ZIP

--	--	--

PARENT/FAMILY 1 NAME:

ADDRESS

CITY

ZIP

--	--	--

HOME PHONE:

CELL PHONE:

WORK PHONE:

PARENT/FAMILY 2 NAME:

ADDRESS

CITY

ZIP

--	--	--

HOME PHONE:

CELL PHONE:

WORK PHONE:

DAYCARE CONTACT NAME:

ADDRESS

CITY

ZIP

--	--	--

HOME PHONE:

CELL PHONE:

WORK PHONE:

STUDENT NAME/S:

SCHOOL

GRADE

1.		
2.		
3.		
4.		

PARENT/GUARDIAN SIGNATURE: _____

FOR OFFICE USE ONLY: _____ DATE _____ INITIALS _____

- NEW ADDRESS
 BUSING NEEDED
 DAYCARE CHANGE
 SIF MESSAGE
 PUSH

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.¹

[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/
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.

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

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

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

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*):

- | | | | |
|--|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Chinese | <input type="checkbox"/> Karen | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Vietnamese | |

Go to Question 4.

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

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*):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Ethiopian-Other | <input type="checkbox"/> Somali |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Liberian | <input type="checkbox"/> Other black |
| <input type="checkbox"/> Ethiopian-Oromo | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Unknown |

Go to Question 5.

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

Yes [Go to Question 6.]

No [Go to Question 6.]

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

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____



Brainerd Public Schools
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Washington Educational Services Building
804 Oak Street
Brainerd, MN 56401
Phone: 218/ 454-6900
Transportation Phone: 218/ 454-6920
Fax: 218/ 454-6901
Website: www.isd181.org

Dear Parent(s) or Guardian(s),

Please review the following information regarding Bus Transportation.
Brainerd Public Schools contract with Reichert Enterprises, Inc. for its bus service.

Bus Cards: All bus riders that live within the busing zone, and are receiving transportation need to carry their bus card with them when riding the school bus. Without proper identification a student may not be allowed to board a bus. If they misplace their card they can speak to the building secretary about replacement.

Pickup and drop off locations: Students that live within the bus zone currently .3 miles from any school are allowed one pickup location and one drop off location. Elementary students may only be transported within their school attendance boundary.

If you move: Please contact the Student Enrollment Center at **218-454-6900**, and they will make the address change. Please indicate to the staff if you will need transportation. Transportation will send out new bus cards to your child's school. The start date will be indicated on the bus card. We ask that your student **does not** start riding until they receive their bus card and do not start prior to the date listed on the card. This will ensure that Reicherts and the bus driver have been made aware of the changes. Changes take approximately five working days.

Daycare: If you have a change in daycare, you need to contact the Transportation Office at **218-454-6920**. A bus card will be sent to your student's school reflecting the change. All the bus information, as well as the start date will be indicated on the bus card. The chosen daycare must also be within the student's elementary school boundary.

What if I decide I do not want transportation: If you decide you will not need transportation services please contact the Transportation Office at **218-454-6920** and we will remove them from the bus route. If later you decide you would like your student to ride a bus, simply call the transportation department.

Whom do I contact if my child did not get off the bus: The Brainerd School District contracts with Reichert Bus Enterprises, Inc. for bus service. You can contact them at **218-829-6955 extension 0**.

Late running morning buses: Reichert Bus Enterprises, Inc. will contact the Brainerd School District Transportation Office if a morning bus is running 15 minutes or more late. The Transportation Office will send out a Skylert to parents and guardians. Weather may also impact route time and buses may run behind on their schedule. Have your students dress appropriately for the possibility of longer waits at the bus stop.

School closing information: A Skylert will be sent out as well as the information aired on all local radio stations and TV stations.

Policies: You can find this policy, including the transportation policy at <http://www.isd181.org>

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)
Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) _____ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____
Address _____ City _____ State _____ Zip Code _____
Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

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 further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

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 consistent interaction in:	<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 or federal law to access the information. Compliance with this request for information is voluntary.



Brainerd Public Schools



Skyward Family Access

Family Access is an informational resource made available to every family. Access real-time information about grades, attendance, report cards, schedules, purchases and payment/balance information for food service accounts. Family Access features teacher/parent message boards, colorful graphs showing student data and much more!

Family Access offers:

- Student information is restricted by a secure username and password
- Translation available for over 60 languages
- Online fee management payments
- Email alerts
- Monitoring of food service accounts
- Much more!

Start using Family Access today!

Visit the district's website at isd181.org/ click on the **FAMILIES** quick link, then select **Skyward Family Access Information**

Skylert

Skylert is our automated phone and email notification system within Skyward Family Access. This feature relays messages related to emergencies, school closings, attendance and other general messages.

Family Access can be used from any web-enabled device. Brainerd Public School offers any guardian to have a family access account of their own.

Access the following information: (new features frequently added)

- **Attendance:** View absences at a glance using a convenient calendar.
- **Gradebook: (Secondary Level)** View current assignments, missing assignments, grades and previous marking period reports. Select a specific class to view daily assignments and scores. **Schedule:** View your student's full schedule.
- **Food Service:** Pre-pay food service accounts, view balances and see daily lunch purchases.
- **Report Cards:** View and print current marking period report cards.
- **Message Center:** View messages from the district, school and individual teachers.
- **More ... and much more!**

To obtain a Family Access username and password, please fill out an online application at www.isd181.org click on the **Families** quick link, and select **Family Access Application** or contact the **Help Desk** (helpdesk@isd181.org.) Please be sure to include your first and last name, the name of your child(ren) in the district and a daytime phone number.

Download the free Skyward Family Access mobile app!

