



PRIOR LAKE-SAVAGE
AREA SCHOOLS

Please submit the enrollment packet to:

Beth Tlusty btlusty@priorlake-savage.k12.mn.us

or mail it/drop it off to her attention at:

PLSAS District Services Center
Enrollment
4540 Tower St. SE
Prior Lake, MN 55372

Office Hours: M-F, 8 a.m. - 4 p.m.

PRIOR LAKE-SAVAGE AREA SCHOOLS ISD #719

STUDENT ENROLLMENT FORM

STUDENT INFORMATION									
LEGAL Last Name		LEGAL First Name		Middle Name		Birth Date		<i>(voluntary)</i>	
Grade	GENDER	Early Childhood Screening (age 2- 5) is required for entry into public school kindergarten. Has your child completed screening with ISD719?				Is this student: Homeless Special Ed Ward of the State Active IEP Foreign Exchange ESL 504 Gifted/Talented			
Entering	M F								
Start Date									
Resident District <i>(If not Prior Lake- Savage Area Schools)</i>				If not a resident of ISD719, has an Open Enrollment Agreement been completed and approved?				YES NO	
Previous Schools Attended	Name of School			City		State		Dates	
FEDERAL DESIGNATIONS									
Ethnicity: <i>(state of MN Mandate)</i>			What language do the adults in the home speak?				Has this student completed 3 or more years of school in the USA? YES NO		
Is this student Hispanic/Latino? (Cuban, Mexican, Puerto Rican, South/Central American or other Spanish Culture or origin, regardless of race)			Do you prefer an interpreter?						
			YES NO						
			Birth County if Born Outside of USA:						
			Date of entry to USA:						
			Date of first enrollment in USA school:						
Student's Race: <i>(check all that apply)</i>		White Black or African American Asian Native Hawaiian/ Other Pacific Islander American Indian/Alaska Native							
FAMILY INFORMATION									
Primary Household									
Address			City		State	Zip	Home Phone		
Primary Parent/Guardian #1 <i>(*Primary Contact for District Announcements)</i>					Primary Parent/Guardian #2				
Last Name		First Name		Last Name			First Name		
Middle Name		Relationship to Student		GENDER M F		Middle Name		Relationship to Student	
Email		Cell Phone				Email		Cell Phone	
		Work/Other Phone						Work/Other Phone	
Second Household									
Address			City		State	Zip	Home Phone		
Second Household Parent/Guardian #1 <i>(*Primary Contact for District Announcements)</i>					Second Household Parent/Guardian #2				
Last Name		First Name		Last Name			First Name		
Middle Name		Relationship to Student		GENDER M F		Middle Name		Relationship to Student	
Email		Cell Phone				Email		Cell Phone	
		Work/Other Phone						Work/Other Phone	
Siblings Under Age 21 in Home	Last Name		First Name		Middle Initial	Gender	Birth Date	Relationship to Student	
Enrolling Parent/ Guardian Signature						Date			

RES DIST # _____

ENTRY CODE _____

START DATE _____

STUDENT ID# _____

MN Language Survey Y N

BIRTH CERTIFICATE Y N

RE-ENROLL Y N

SCHOOL INITIALS _____

IMMUNIZATIONS Y N

MARSS# _____

updated 12.1.17

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.



INDEPENDENT SCHOOL DISTRICT 719
Prior Lake – Savage Area Schools

NEW STUDENT FORM

Last Revision 2016

Dear Parent/Guardian:

As part of your student's total education, personnel are available to work with your student if the need should arise.

Parents of students new to Independent School District 719 are asked to complete this form.

Student's Name _____ Grade _____ Date _____

Has your student ever been expelled from a school? _____ If yes, when? _____

Has your student ever received help or service in any of the following areas of Special Education/Tutoring:

- | | |
|--|--------------------------------|
| _____ Specific Learning Disabilities (SID) | _____ Speech/Language (Speech) |
| _____ Emotional/Behavioral Disorders (E/BD) | _____ Tutoring |
| _____ Mild/Moderate Mentally Handicapped (MMH) | _____ Resource Room |
| _____ Severe/Profound Mentally Handicapped (MSMH) | _____ Hearing Impaired |
| _____ Physical or Other Health Impaired (POHI or OHI) | _____ Vision Impaired |
| _____ Developmental/Adaptive Physical Education (DAPE) | _____ 504 Plan |
| _____ Other (Please Describe) | |

If you checked any of the above, does your student have a current Individual Education Plan (IEP)?
_____ Yes _____ No

If no, what grade was service ended? _____

If known, name and phone number of last case manager/Special Education teacher:

Name: _____ Phone Number: _____

Do you feel your student has any personal, learning or academic problems that should be discussed with a guidance counselor or Special Education Teacher?

_____ Yes _____ No (please describe): _____

Copies to: Cum Folder

Dean/Counselor



Independent School District 719
Prior Lake-Savage Areas Schools
4540 Tower Street SE
Prior Lake, MN 55372

AGE AND NAME VERIFICATION

This verification is needed BEFORE the student attends classes at Prior Lake-Savage Area Schools.

Prior Lake-Savage Area Public Schools require that all students initially entering or new to the school district provide documents verifying their birth date and legal name.

Documentation must be in the form of a copy of a certified birth certificate or copy of a current passport.

Your required signature to this form, as part of the registration process, indicates your awareness of the requirement and your commitment to provide the needed documentation.

Signature of Parent/Guardian

Date

Please note: If you cannot provide documentation immediately, please use this form as a reminder.



Request for Information for Registration of New Student

Independent School District 719

Please send records for the following student who has enrolled in our district:

STUDENT'S FULL NAME: _____

DATE OF BIRTH: _____ **GRADE STUDENT IS ENTERING** _____

DATE STUDENT WILL ATTEND NEW SCHOOL: _____

PREVIOUS SCHOOL STUDENT ATTENDED: _____

PREVIOUS SCHOOL ADDRESS: _____

PREVIOUS SCHOOL PHONE: _____ **PREVIOUS SCHOOL FAX:** _____

Please send the information to:

<input type="checkbox"/> La ola del lago Elementary(K-2)	952.226.0900	5304 WestWood Drive SE – Prior Lake, MN 55372	Fax: 952.226.0949
<input type="checkbox"/> Five Hawks Elementary (K-5)	952.226.0100	16620 Five Hawks Avenue SE – Prior Lake, MN 55372	Fax: 952.226.0149
<input type="checkbox"/> Glendale Elementary (K-5)	952.226.0200	6601 Connelly Parkway – Savage, MN 55378	Fax: 952.226.0249
<input type="checkbox"/> Grainwood Elementary (K-5)	952.226.0300	5061 Minnesota Street – Prior Lake, MN 55372	Fax: 952.226.0349
<input type="checkbox"/> Jeffers Pond Elementary (K-5)	952.226.0600	14800 Jeffers Pass – Prior Lake, MN 55372	Fax: 952.226.0649
<input type="checkbox"/> Redtail Ridge Elementary (K-5)	952.226.8000	15200 Hampshire Avenue – Savage, MN 55378	Fax: 952.226.8049
<input type="checkbox"/> WestWood Elementary (K-5)	952.226.0400	5370 WestWood Drive SE – Prior Lake, MN 55372	Fax: 952.226.0449
<input type="checkbox"/> Hidden Oaks Middle (6-8)	952.226.0716	15855 Fish Point Road-Prior Lake, MN 55372	Fax: 952.226.0875
<input type="checkbox"/> Twin Oaks Middle (6-8)	952.226.0572	15860 Fish Point Road-Prior Lake, MN 55372	Fax: 952.226.0595
<input type="checkbox"/> Prior Lake High (9-12)	952.226.8602	7575 150 th Street W-Savage, MN 55378	Fax: 952.226.8686
<input type="checkbox"/> Bridges ALC (9-12)	952.226.0840	15875 Franklin Trail SE, Ste 108-Prior Lake, MN 55372	Fax: 952.226.9724
<input type="checkbox"/> District Services Center	952.226.0043	4540 Tower Street SE-Prior Lake, MN 55372	Fax: 952.226.0049

Information to be released:

- Copy of permanent record
- Transcript
- Health record
- All academic assessments (including but not limited to: MAP,DIBELS,MCA,MTAS, ACCESS)
- Pupil progress reports
- Special Education records
- Psychological records
- Family background information
- Verified reports of serious or recurrent behavior patterns
- Attendance record
- Grade point average/class rank
- Other (specify) _____

NOTE: According to the Family Educational Rights Privacy Act (FERPA 34CFT§99.31), it is no longer necessary to obtain written consent/permission of the guardian/parent or adult student when records are requested by authorized school personnel.

Parental Rights: The parents of students have the right to inspect and review any and all official records, files and data directly related to their children, including all material that is incorporated into each student's cumulative folder, and intended for school use or to be available to parties outside the school or school system.

PRIOR LAKE-SAVAGE AREA SCHOOLS
2018-2019 School Year Enrollment Health Information

STUDENT: First _____ Last _____
Date of Birth _____ ☐ Male ☐ Female Grade _____
Address _____ City _____ Zip _____
Home Phone _____ School _____

Parent/Guardian Information:

1) First Name _____ Last Name _____
Relationship _____
Address _____ Email _____
Phone (C) _____ (H) _____ (W) _____

2) First Name _____ Last Name _____
Relationship _____
Address _____ Email _____
Phone (C) _____ (H) _____ (W) _____

List three emergency contacts who will assume temporary care of child if parent/guardian cannot be reached.

1) First Name _____ Last Name _____
Relationship _____ Gender _____
Phone (C) _____ (H) _____ (W) _____

2) First Name _____ Last Name _____
Relationship _____ Gender _____
Phone (C) _____ (H) _____ (W) _____

3) First Name _____ Last Name _____
Relationship _____ Gender _____
Phone (C) _____ (H) _____ (W) _____

Preferred Hospital: ☐ St Francis Hospital-Shakopee ☐ Fairview Ridges Hospital-Burnsville
Other: _____ Location: _____

Student Name _____ Date of Birth _____ Grade _____

Parent/Guardian: Please check if your student has any of the following:

- ☐ No health concerns
- ☐ Injury/Illness in past year _____
- ☐ Emergency room visits in past year _____
- ☐ Medication allergies _____
- ☐ Hearing impairment ☐ Hearing device _____
- ☐ Vision impairment ☐ Glasses/Contacts _____
- ☐ Mental Health/Emotional Concerns _____
- ☐ ADHD/ADD ☐ Medication required at school _____
- ☐ Autism Spectrum Disorder _____
- ☐ Headaches/Migraines ☐ Medication required at school _____
- ☐ Special Diet _____
- ☐ Medication (*Med form required if needed at school*) _____
- ☐ Additional Health Information _____

Emergency Action Plan required for the following conditions

- ☐ Asthma: Triggers _____ ☐ Meds required at school _____
- ☐ Allergies (i.e. peanut, bee): _____ ☐ Epi ☐ Antihistamine
- ☐ Seizures: Type: _____ Last seizure: _____ ☐ Med required at school _____
- ☐ Diabetes: ☐ Type 1 ☐ Type 2 ☐ Insulin Injections ☐ Insulin Pump ☐ CGM ☐ Oral Medication

Immunizations:

PLSAS requires up-to-date immunizations (or proof of exemption). Refer to primary care provider for assistance.

- ☐ No new immunizations
- ☐ New immunizations received (submit [Immunization Form](#) or copy from doctor).

This information is confidential. The information I have provided will only be shared with staff in the school district whose jobs require access to this information to ensure my child's safety and school success.

I understand that in case of a serious accident or illness in which I cannot be reached, 911 will be called, and my child will be transported to the Hospital I have designated in Infinite Campus at the discretion of the first responders.

*****Any update in Emergency contact information and hospital preference should be communicated to your school secretary. For assistance accessing Infinite Campus, please contact Lynn Wieczorek at 952-226-0062 or lwieczorek@priorlake-savage.k12.mn.us.*****

*****If we do not receive updates or changes, we will use past information on file for your student.***

Signature of Parent/Guardian: _____ **Date:** _____

Are Your Kids Ready?

Minnesota's Immunization Law

Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. The table on the back shows the ages when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years ^③ For Kindergarten	Age: 7 through 11 years For 1 st through 6 th grade	Age: 12 years and older For 7 th through 12 th grade
Hepatitis A (Hep A) ✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ^⑦ ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT ^④ ✓✓✓✓✓	✓✓✓tetanus and diphtheria containing doses ^⑥	✓Tdap ^⑧ & at least 2 tetanus and diphtheria containing doses
Polio ✓✓✓	Polio ^⑤ ✓✓✓✓	Polio ✓✓✓	Polio ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal ^⑨ ✓ & booster
Pneumococcal ^① ✓✓✓✓			
Varicella ^② ✓	Varicella ^② ✓✓	Varicella ^② ✓✓	Varicella ✓✓

Immunizations recommended but not required:

Influenza

Annually for all children age 6 months and older

Rotavirus

For infants

Human papillomavirus

At age 11-12 years

- ① Not required after 24 months.
- ② If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form confirming disease.
- ③ First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
- ④ Fifth shot of DTaP not needed if fourth shot was after age 4. Final dose of DTaP on or after age 4.
- ⑤ Fourth shot of polio not needed if third shot was after age 4. Final dose of polio on or after age 4.
- ⑥ Need proof of at least three tetanus and diphtheria containing doses. If up to date on DTaP/DT series, no additional doses needed.
- ⑦ An alternate two-shot schedule of hepatitis B may also be used for kids age 11 through 15 years.
- ⑧ One dose of Tdap is required beginning at 7th grade. Also need proof of at least two tetanus and diphtheria containing doses (DTaP/DT/Td). If a child received Tdap prior to 7th grade, another dose of Tdap is not needed.
- ⑨ One dose is required beginning at 7th grade. The booster dose is usually given at 16 years.

Exemptions

To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption.

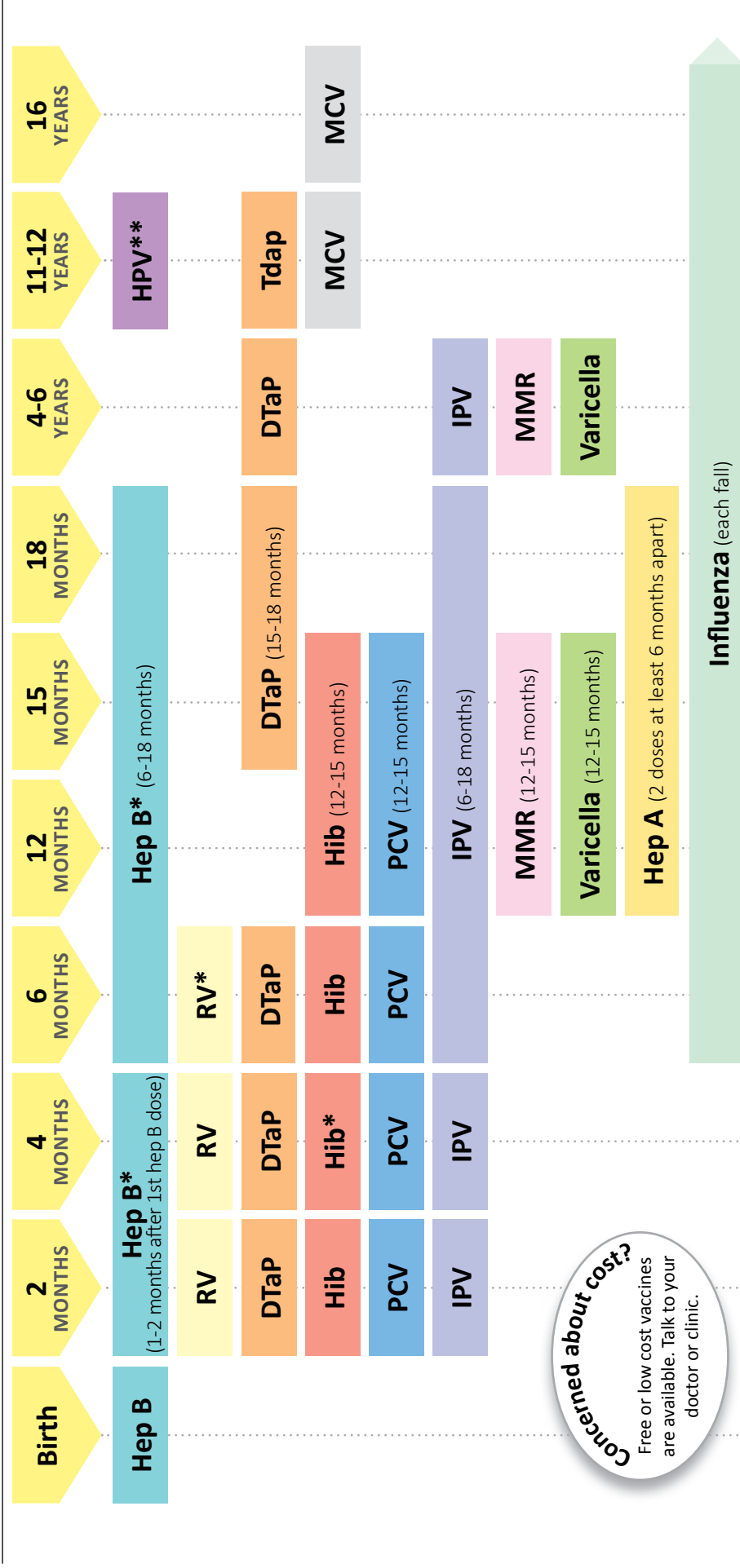
Parents may file a medical exemption signed by a health care provider or a non-medical exemption signed by a parent/guardian and notarized.

Looking for Records?

For copies of your child's vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980.

When to Get Vaccines

Birth to 16 Years



It's not too late! If your child has fallen behind on their vaccinations, talk to your doctor or clinic to catch them up.

Minnesota law requires written proof of certain vaccinations for children in child care, early childhood programs, and school. However, if a child has a medical reason or if his/her parents are conscientiously opposed to any or all of the vaccinations, a legal exemption is available.

Children with certain medical conditions may need additional vaccines (e.g., pneumococcal or meningococcal). Talk to your doctor or clinic.

Pregnant? Protect yourself and your baby from whooping cough, get a Tdap vaccination between 27 and 36 weeks gestation. Talk to your doctor.

*The **number of doses** depends on the product your doctor uses.

**Two doses for 9 to 14 year olds; three doses for 15 to 26 year olds.

For copies of your child's **immunization records**, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980.

Key to vaccine abbreviations

DTaP/Td	pertussis, tetanus	Hib	Haemophilus influenzae type b
Hep B	= hepatitis B	IPV	= polio
MMR	= measles, mumps, rubella	PCV	= pneumococcal
		RV	= rotavirus

Immunization Program
651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize

m DEPARTMENT OF HEALTH

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
Required (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.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT) • for children age 6 years and younger • final dose on or after age 4 years						
Tetanus and Diphtheria (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						
Tetanus, Diphtheria and Pertussis (Tdap) • for children in 7th - 12th grade						
Polio (IPV, OPV) • final dose on or after age 4 years						
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday						
Hepatitis B (hep B)						
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required						
Meningococcal (MCV, MPSV) • for children in 7th - 12th grade • booster given at age 16 years						
Recommended						
Human Papillomavirus (HPV)						
Hepatitis A (hep A)						
Influenza (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

INDEPENDENT SCHOOL DISTRICT 719
Prior Lake-Savage Area Schools

Tennessen Notice for Student Registration Form

As part of the registration process, you are being asked to provide information as to your child's age, residency, immunizations, expulsion status and general health. This information is being used by the School District for purposes of determining your child's eligibility for registration and transportation services by the School District. If you refuse to provide this information, your child will not be enrolled at the School District.

Other information requested in the registration packet is being collected to determine appropriate programming for your child, including his or her need for special education or related services and/or Limited English Proficiency services. The information provided also will be used by the School District to maintain contact with parents and/or guardians or those charged with the care of the student in case of emergency. Information also is solicited for the purpose of contacting a student's previous school to obtain education records in accordance with state law. You are not legally required to supply any of the requested data. However, if you fail to provide any of the data requested for these purposes, your application for registration may be delayed or placement and services may be affected.

Information pertaining to a child's race, color, creed, national origin, sex, or disability, is not collected for purposes of determining eligibility for registration. This data is requested for the purpose of compliance with state and federal law, including School District reporting obligations. You are not legally required to supply this data. However, failure to provide this information may affect the School District's ability to comply with state and federal laws and may reduce the funding the School District is otherwise eligible to receive to provide educational services.

Some of the data you provide, such as name, address, telephone number and date of birth, may be classified as directory information by the School District. The School District may provide such data to the public in accordance with School District Policy 515 – Student Records; unless you provide the required notice that you do not wish such data to be made public. A copy of the School District Policy 515 will be made available to you upon request. Any data which is not classified as directory information is considered private educational data and will not be released to the public. The data may, however, be shared with School District staff, other school districts, state or federal agencies, or other entities as required by state and federal law in accordance with Policy 515.

If you have any questions as to information solicited on the registration form, please contact the Assistant Superintendent of Schools at 952.226.0071

STUDENT USE OF INFORMATION TECHNOLOGY

Policy 524 contains information regarding Student Use of Information Technology. Students are able to access the Internet from every classroom. Students are expected to follow guidelines for acceptable use of the Internet and Student Code of Ethics Using Social Media.

Should parents (or students age 18 or older) **NOT** want the following technologies to be used, please schedule an appointment with the MARSS Coordinator at the District Service Center and you will be asked to complete a form. **This form must be completed annually by October 1st.**

During the school day, for educational purposes, students have access to:

- Internet
- Google Apps for Educations
- Chromebooks
- iPad or school-issued tablet

If you wish to discuss your students access to technology and complete a form limiting/denying your students technology access you can contact Richelle Lambert at:

Phone: 952-226-0043 or Email rlambert@priorlake-savage.k12.mn.us

The District Services Center is open Monday – Friday from 8 am – 4 pm

Address: 4540 Tower Street SE, Prior Lake MN 55372

DENIAL OF RELEASE OF DIRECTORY INFORMATION

Prior Lake-Savage Area Schools

In accordance with federal law and state statutes, the school board has defined Directory Information as listed below.

The following Directory Information will be released automatically for all students **UNLESS** the box below is checked to deny its release.

Directory Information includes:

- Student's name and address
- Telephone listing
- Date and place of birth
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Dates of attendance
- Grade level
- Degrees or awards received
- Previous educational agency or institution attended
- Pictures for school-approved publications, electronic newsletters, cable TV or Newspapers
- Student pictures, video and artwork on district web pages, including district and school social media sites
- Names and pictures of students participating in or attending extra-curricular activities, school events, and High School League activities or events.

☐

DENY RELEASE OF ALL DIRECTORY INFORMATION

I understand that by denying the release of the above information, the affected student's name may not appear on some lists, such as honor rolls, athletic programs, yearbooks and graduation rosters.

Signed _____ Address _____

Print Parent Name _____
(Last Name) (First Name)

Date _____

Student Affected (please print) _____

Address _____

School Currently Attending _____

The designation of Directory Information about a student as private will remain in effect for one year or until it is modified by the written direction of the student's parent/guardian or the eligible student, whichever occurs first.

Return the completed and signed copy to Chelsea Casebolt in the Communications office, District Services Center, 4540 Tower Street SE, Prior Lake, MN 55372 or ccasebolt@priorlake-savage.k12.mn.us



Prior Lake Savage Area Schools (PLSAS)

Dear Parent/Guardian:

Good nutrition and physical activity are essential for lifelong health and wellness. That is why PLSAS Child Nutrition Services, LakerMarketplace, provides healthful foods to our students to help them reach their full academic potential. We are committed to serving nutritious, homemade, whole foods while decreasing the amount of artificial preservatives and eliminating those ingredients that don't align with our philosophy. For menu information and pricing, please visit our website at <http://priorlake-savage.nutrislice.com>.

Your children may qualify for free or reduced price school meals. To apply complete the Free/Reduced Meal Program Application for Educational Benefits located on the District [Website](#) after July 1, 2018 for the 2018/2019 school year.

A new application **must** be submitted at the start of every school year.

Please return your completed Application for Educational Benefits to:

4540 Towers Street SE, Prior Lake, MN 55372

Attn: Child Nutrition Services

If no application has been submitted for the new school year, meals eaten will be charged to the student's lunch account and parents are responsible for payment of these accrued charges.

State funds help to pay for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help to pay for breakfasts for kindergarten students, so all participating kindergarten students receive breakfasts at no charge.

