



PRIOR LAKE-SAVAGE  
AREA SCHOOLS

Please submit the enrollment packet to:

Paulette Noel

[pnoel@priorlake-savage.k12.mn.us](mailto:pnoel@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.

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? YES NO - in which District was your child screened				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) YES NO			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		GENDER M                      F		
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		GENDER M                      F		
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 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 certified birth certificate or 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.

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Signature of Parent/Guardian

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Date

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



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



# PRIOR LAKE-SAVAGE AREA SCHOOLS EMERGENCY INFORMATION 2018-19

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_\_  
School \_\_\_\_\_

Home Phone \_\_\_\_\_ Unlisted \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_ Room # \_\_\_\_\_  
Month Day Year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## Parent or Guardian Information: Write in extension or department at work when applicable

1. (Last name, First name) \_\_\_\_\_ Code \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Address, if different than student \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

2. (Last name, First name) \_\_\_\_\_ Code \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Address, if different than student \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Code Options  
F = Father  
M = Mother  
G = Guardian  
SP = Step parent  
FP = Foster parent  
N = Neighbor  
GP = Grandparent  
FD = Friend  
SI = Sibling  
R = Relative  
D = Daycare

## List three emergency contacts who will assume temporary care of child if you cannot be reached.

Name \_\_\_\_\_ Code \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Name \_\_\_\_\_ Code \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Name \_\_\_\_\_ Code \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

In case of serious accident or illness and I cannot be reached, I hereby authorize this Clinic \_\_\_\_\_ to give necessary treatment.

Clinic Phone (\_\_\_\_) \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Preferred Hospital: St. Francis Hospital-Shakopee \_\_\_\_\_ Fairview Ridges Hospital-Burnsville \_\_\_\_\_ Other: \_\_\_\_\_ Location: \_\_\_\_\_

## TO PARENT OR GUARDIAN:

The welfare of your child is our first consideration. In case of serious injury or illness of a student in school, our procedure is as follows **(due to variable nature of emergencies these steps/procedures are just guidelines and might be altered/omitted in the best interest of your child):**

1) The school nurse will be called. 2) If the nature of the illness/injury is severe and/or the parent/emergency contacts cannot be reached, **9-1-1** will be called and the student will be transported to the local clinic/emergency room as deemed most appropriate by the paramedics. Any charges incurred are the responsibility of the parent/guardian. 3) In the event school officials are unable to contact the parent(s)/guardian(s), the judgment of the doctor pertaining to the matter will govern. 4) In the event the parent(s)/guardian(s) do not want this procedure followed, a written notification expressing your wishes should be directed to the school nurse.

**There have been instances when we could not reach parents or guardians of injured or ill students because this form was not accurate. Please complete both sides of this form so we can keep our records up-to-date and initiate emergency care quickly. If there are any significant changes in your student's health, please keep the school nurse informed. It is the parent(s)/guardian(s) responsibility to make arrangements for proper care in case their child should meet with an accident or become too ill to remain in school at a time when the parent is away from home.**

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

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# ANNUAL HEALTH INFORMATION 2018-19

Student's Last Name

First

Middle

Grade

If your student has any condition which might result in an emergency during the school day - i.e., asthma, diabetes, bee sting allergy, severe food allergy, seizures, please request an Emergency Action Plan form from the school health office. Fill out the form and return to the office as soon as possible. All medications and treatments require signed authorization forms. If there is a health concern you prefer to discuss privately, please contact your school nurse.

Please check any conditions which apply to this student:

<input type="checkbox"/> Allergies (specify) _____ <input type="checkbox"/> Requires Emergency Plan or Accommodations at School <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Requires Epi-Pen at School <input type="checkbox"/> Requires Oral Meds at School <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> <b>ASTHMA (EAP Required at School)</b> <input type="checkbox"/> Doctor Diagnosed <input type="checkbox"/> Uses Inhaler/Nebulizer <input type="checkbox"/> has had hospital visit within past 12 months for Asthma <input type="checkbox"/> Behavior Concerns (specify) _____ <input type="checkbox"/> <b>DIABETES (EAP Required at School)</b> <input type="checkbox"/> Dizzy/Fainting Spells (specify) _____ <input type="checkbox"/> Eczema/Chronic Rash <input type="checkbox"/> Emotional Concerns (specify) _____ <input type="checkbox"/> <b>EPILEPSY/SEIZURES (EAP Required at School)</b> <input type="checkbox"/> Frequent Colds <input type="checkbox"/> Sinus Infections <input type="checkbox"/> Frequent Earaches/Infections <input type="checkbox"/> PE Tubes in Place <input type="checkbox"/> Frequent Headaches (specify type/symptoms) _____ _____ <input type="checkbox"/> Requires Medication at school <input type="checkbox"/> Hearing Problems (specify) _____ <input type="checkbox"/> Wears Hearing Aids <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	<input type="checkbox"/> Heart Disease/Condition (specify) _____ _____ <input type="checkbox"/> Orthopedic Concerns (specify) _____ <input type="checkbox"/> Serious Accident (specify) _____ <input type="checkbox"/> Surgery (specify/procedure/year) _____ <input type="checkbox"/> Special Diet (specify) _____ <input type="checkbox"/> Vision Concern <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Known Lazy Eye  <input type="checkbox"/> Currently Under Medical Care (specify) _____ _____ <input type="checkbox"/> On Medication (specify) _____ <input type="checkbox"/> At Home <input type="checkbox"/> At School ( <b>Medication Form Required</b> ) <input type="checkbox"/> Physical Education Restrictions (specify) _____ <input type="checkbox"/> Special Education (specify) _____ <input type="checkbox"/> 504 <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> Toileting/Personal Hygiene Concerns (specify) _____ _____ <input type="checkbox"/> Other (specify) _____ _____
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☐ **NO new health concerns this year.**

☐ **NO new immunizations this year.** ☐ **Received new immunizations this year (Please submit on immunization form or copy from MD office.)**

**This information is confidential. Please initial the appropriate statement.**

**This information may \_\_\_\_\_ may not \_\_\_\_\_ be shared with school staff and transportation as deemed necessary by Health Services.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Physician (not required): \_\_\_\_\_ 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 <sup>③</sup> For Kindergarten	Age: 7 through 11 years For 1 <sup>st</sup> through 6 <sup>th</sup> grade	Age: 12 years and older For 7 <sup>th</sup> through 12 <sup>th</sup> grade
Hepatitis A (Hep A) ✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B <sup>⑦</sup> ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT <sup>④</sup> ✓✓✓✓✓	✓✓✓tetanus and diphtheria containing doses <sup>⑥</sup>	✓Tdap <sup>⑧</sup> & at least 2 tetanus and diphtheria containing doses
Polio ✓✓✓	Polio <sup>⑤</sup> ✓✓✓✓	Polio ✓✓✓	Polio ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal <sup>⑨</sup> ✓ & booster
Pneumococcal <sup>①</sup> ✓✓✓✓			
Varicella <sup>②</sup> ✓	Varicella <sup>②</sup> ✓✓	Varicella <sup>②</sup> ✓✓	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.

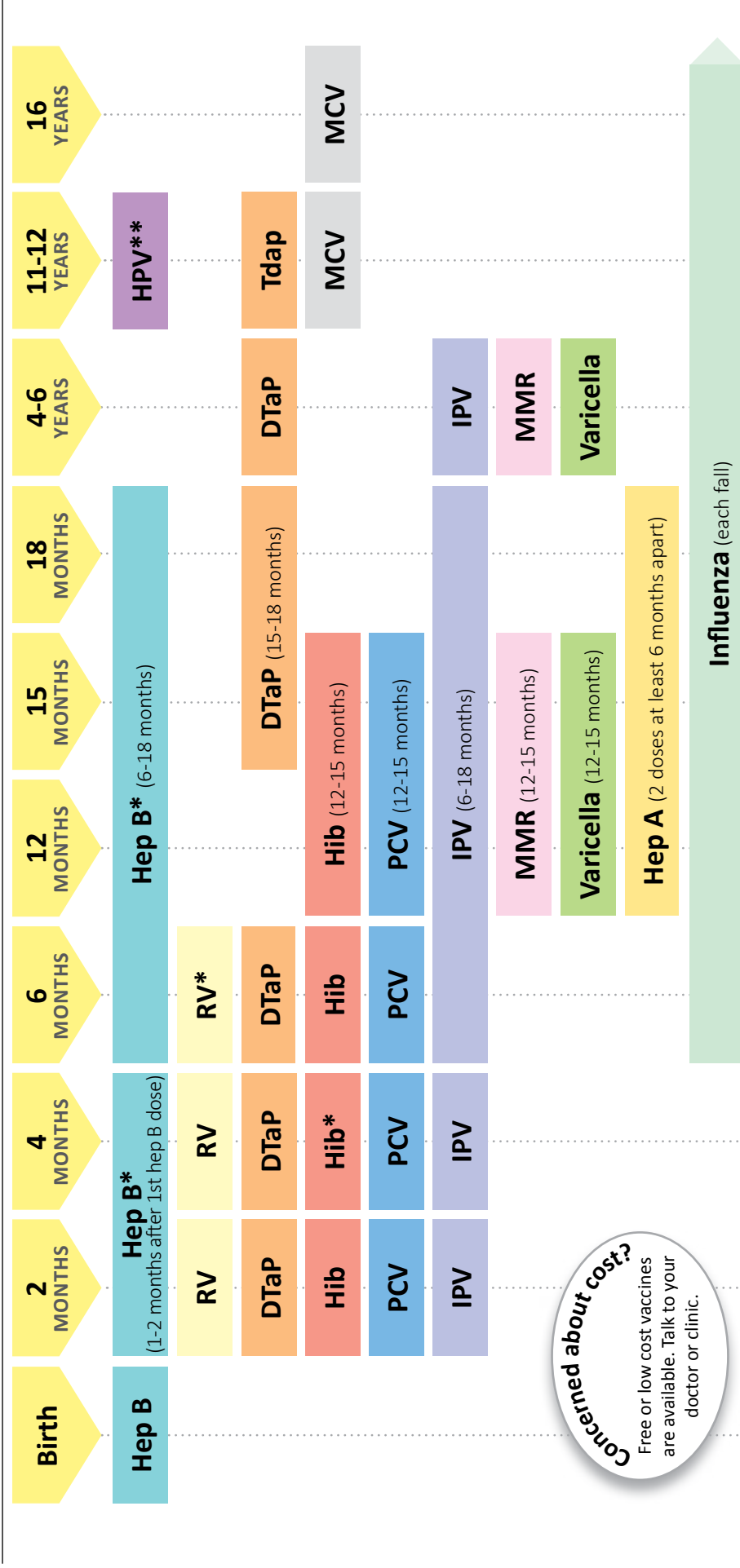
### Looking for Records?

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 = diphtheria, pertussis, tetanus		Hib = Haemophilus influenzae type b
Hep B = hepatitis B	Hep A = hepatitis A	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](http://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
<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						
<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

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



**NO ACTION IS REQUIRED** if you wish for your child to be included in the use of Information Technology, Google Apps for Education and iPads

**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 also have access to Google Apps for Education. 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, this form must be completed and submitted to the ISD 719 Office of Information Technology, 4540 Tower St. SE, Prior Lake, MN 55372 or [smoore@priorlake-savage.k12.mn.us](mailto:smoore@priorlake-savage.k12.mn.us) **NO LATER THAN OCTOBER 1 EACH SCHOOL YEAR.**

☐ I **DO NOT** give permission for my child to have access to the Internet during the school day and request alternative educational activities not requiring Internet access.

☐ I **DO NOT** give permission for my child to have access to Google Apps for Education, including Chromebooks.

☐ I **DO NOT** give permission for my child to have access to an iPad or school-issued tablet.

Student Name \_\_\_\_\_  
(please print) \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Signature of Parent/Guardian (student if 18 or older)

\_\_\_\_\_

Print Parent/Guardian name (student if 18 or older)

\_\_\_\_\_

If you have checked any of the boxes above, this form must be returned by October 1  
of each school year to:

ISD 719 District Services Center, the Office of Information Technology  
4540 Tower Street SE, Prior Lake, MN 55372

- or -

[smoore@priorlake-savage.k12.mn.us](mailto:smoore@priorlake-savage.k12.mn.us) (contact for questions)

**If you choose to leave the above boxes blank, you are giving permission for your student to be included in the use of Information Technology, Google Apps for Education and iPads.**

## 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](mailto:ccasebolt@priorlake-savage.k12.mn.us)

# 6<sup>th</sup> GRADE REGISTRATION FORM 2018-2019

Please print all information neatly and select answers when given options. If you have any questions about course offerings and placements, please refer to our website: <http://www.priorlake-savage.k12.mn.us/schools/HOMS/index.aspx>.

STUDENT INFORMATION	
Student's name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian's name:	
Will your 6 <sup>th</sup> grader have a sibling attending middle school next year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what building? <input type="checkbox"/> Hidden Oaks <input type="checkbox"/> Twin Oaks If yes, what grade level? <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> If yes, would you like siblings placed in the same building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child a multiple (twins, triplets, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, would you like them placed at the same school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COURSE PLACEMENTS	
<b>All of our students take a music course in rotation with Spanish. Please select which course you would prefer:</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Band</span> <span><input type="checkbox"/> Choir</span> <span><input type="checkbox"/> Musical Exploration/Digital World</span> </div>	
<b>Please select the math level you anticipate for your child.</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Basic(below 40<sup>th</sup> percentile)</span> <span><input type="checkbox"/> Standard(40-89<sup>th</sup> percentile)</span> <span><input type="checkbox"/> Advanced(90<sup>th</sup> percentile or higher)</span> </div>	
<b>Advanced Course Placements are based on a 90<sup>th</sup> percentile rank or higher on the Fall MAP assessment. Please select the course(s) you wish your child to be considered for.</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> No Advanced Courses</span> <span><input type="checkbox"/> Advanced Social Studies</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Advanced English</span> <span><input type="checkbox"/> Advanced Science</span> </div>	
<b>Extension Course Placements may be provided for students who have not met standards on the MCA (MN Comprehensive Assessments).</b>  Did your child Meet or Exceed Standards on last year's <b>Reading MCA</b> ? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> <span><input type="checkbox"/> Not sure/Not from MN</span> </div>  Did your child Meet or Exceed Standards on last year's <b>Math MCA</b> ? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> <span><input type="checkbox"/> Not sure/Not from MN</span> </div>	
SIGNATURE	
As you are reviewing these selections and making decisions with your child, please be aware that we are making a contract together. By making these selections you are agreeing to participate in these classes. We are usually able to meet the scheduling needs of our students, however, we reserve the right to withdraw, add or replace any classes due to insufficient enrollment or staffing.	
_____ <b>PARENT/GUARDIAN SIGNATURE</b>	_____ <b>DATE</b>

# 7<sup>th</sup> GRADE REGISTRATION FORM 2018-2019

Please print all information neatly and select answers when given options. If you have any questions about course offerings and placements, please refer to our website:

<http://www.priorlake-savage.k12.mn.us/schools/HOMS/index.aspx>.

STUDENT INFORMATION	
Student's name: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian's name: _____	
COURSE PLACEMENTS	
<b>Please select the math level you anticipate for your child.</b>	
<input type="checkbox"/> Basic(below 40 <sup>th</sup> percentile) <input type="checkbox"/> Standard(40-89 <sup>th</sup> percentile) <input type="checkbox"/> Advanced(90 <sup>th</sup> percentile or higher)	
<b>Advanced Course Placements are based on a 90<sup>th</sup> percentile rank or higher on the Fall MAP assessment. Please select the course(s) you wish your child to be considered for.</b>	
<input type="checkbox"/> No Advanced Courses <input type="checkbox"/> Advanced Social Studies <input type="checkbox"/> Advanced English <input type="checkbox"/> Advanced Science	
<b>Extension Course Placements may be provided for students who have not met standards on the MCA (MN Comprehensive Assessments).</b>	
Did your child Meet or Exceed Standards on last year's <b>Reading MCA</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure/Not from MN	
Did your child Meet or Exceed Standards on last year's <b>Math MCA</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure/Not from MN	
SPECTRUM ELECTIVE COURSE PLACEMENTS	
<b>Please mark one choice on each line. Examples can be found on the next page. Full course descriptions can be viewed on our website (listed above).</b>	
<ul style="list-style-type: none"> <li>List your class choices in order of preference.</li> <li>Write year-long courses twice.</li> </ul>	
1) (required): _____ PE 7 #7531  3) _____  5) _____  7) _____	2) (required): _____ Health 7 #7541  4) _____  6) _____  8) _____
<b>ALTERNATES (Please list in order of preference):</b> We are usually able to meet the scheduling needs of our students; however, we reserve the right to withdraw, add or replace any classes due to insufficient enrollment or staffing.	
(1) _____  (3) _____	(2) _____  (4) _____
SIGNATURE	
As you are reviewing these selections and making decisions with your child, please be aware that we are making a contract together. By making these selections you are agreeing to participate in these classes. We are usually able to meet the scheduling needs of our students, however, we reserve the right to withdraw, add or replace any classes due to insufficient enrollment or staffing.	
_____ <b>PARENT/GUARDIAN SIGNATURE</b>	_____ <b>DATE</b>



<b>Possible Spectrum Elective Choices</b>	<b>Course Number</b>	<b>YES</b>	<b>MAYBE</b>	<b>NO</b>
Art Technology & Clay	7843			
World Art & Crafts	7842			
Keyboarding	7810			
Webpage Design	7813			
It's Not Just Cooking	7822			
Cook it! Buy it! Sew it!	7821			
Transportation & Aerospace	7832			
Design & Modeling	7831			
Spanish A (year-long)	6901 and 6902			
Spanish B (year-long) if completed Spanish A	7971 and 7972			
Cambiata Choir or Treble Choir	Girls-7731, 7732 Boys-7721, 7722			
Band (year-long)	7701, 7702, 7703, 7704			
Drumming and Electronic Music	7741			
PE B.L.A.S.T. or PERSONAL PERFORM	7511 7521			
PE B.L.A.S.T. or PERSONAL PERFORM	7512 7522			

Your top choices are not guaranteed. All other spectrum classes will be used as alternatives and we reserve the right to withdraw, add or replace any classes due to insufficient enrollment or staffing. Requests for changes, other than those necessary for educational reasons or errors, will not be granted.

Full course descriptions can be found on our website:

**EXAMPLES:**

<b>SEMESTER</b>	<b>SEMESTER</b>
Day 1 (required): _____ PE 7 _____	Day 1 (required): _____ Health 7 _____
Day 2 (elective 1): _____ BAND _____	Day 2 (elective 2): _____ BAND _____
Day 1 (elective 3): _____ ART, TECHNOLOGY & CLAY _____	Day 1 (elective 4): _____ DESIGN & MODELING _____
Day 2 (elective 5): _____ PE BLAST _____	Day 2 (elective 6): _____ PE BLAST _____

<b>SEMESTER</b>	<b>SEMESTER</b>
Day 1 (required): _____ PE 7 _____	Day 1 (required): _____ Health 7 _____
Day 2 (elective 1): _____ TREBLE CHOIR _____	Day 2 (elective 2): _____ TREBLE CHOIR _____
Day 1 (elective 3): _____ SPANISH B _____	Day 1 (elective 4): _____ SPANISH B _____
Day 2 (elective 5): _____ KEYBOARDING _____	Day 2 (elective 6): _____ It's Not Just Cooking _____

<b>SEMESTER</b>	<b>SEMESTER</b>
Day 1 (required): _____ PE 7 _____	Day 1 (required): _____ Health 7 _____
Day 2 (elective 1): _____ WORLD ART & CRAFTS _____	Day 2 (elective 2): _____ WEBPAGE DESIGN _____
Day 1 (elective 3): _____ Transportation & Aerospace _____	Day 1 (elective 4): _____ Cook it-Buy it-Sew it! _____
Day 2 (elective 5): _____ Personal Performance _____	Day 2 (elective 6): _____ PE BLAST _____

# 8<sup>th</sup> GRADE REGISTRATION FORM 2018-2019

Please print all information neatly and select answers when given options. If you have any questions about course offerings and placements, please refer to our website:

<http://www.priorlake-savage.k12.mn.us/schools/HOMS/index.aspx>

STUDENT INFORMATION			
Student's name: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Parent/Guardian's name: _____			
COURSE PLACEMENTS			
<b>Please select the math level you anticipate for your child.</b>			
<input type="checkbox"/> Basic(below 40 <sup>th</sup> percentile) <input type="checkbox"/> Standard(40-89 <sup>th</sup> percentile) <input type="checkbox"/> Advanced(above 90 <sup>th</sup> percentile)			
<b>Advanced Course Placements are based on a 90<sup>th</sup> percentile rank or higher on the Fall MAP assessment. Please select the course(s) you wish your child to be considered for.</b>			
<input type="checkbox"/> No Advanced Courses <input type="checkbox"/> Advanced Social Studies <input type="checkbox"/> Advanced English <input type="checkbox"/> Advanced Science			
<b>Extension Course Placements may be provided for students who have not met standards on the MCA (MN Comprehensive Assessments).</b>			
Did your child Meet or Exceed Standards on last year's <b>Reading MCA</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure/Not from MN			
Did your child Meet or Exceed Standards on last year's <b>Math MCA</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure/Not from MN			
SPECTRUM ELECTIVE COURSE PLACEMENTS			
<b>Please mark one choice on each line. Examples can be found on the next page. Full course descriptions can be viewed on our website (listed above).</b>			
<ul style="list-style-type: none"> <li>List your class choices in order of preference.</li> <li>Write all year-long courses four times.</li> </ul>			
1) _____	2) _____	3) _____	4) _____
5) _____	6) _____	7) _____	8) _____
<b>ALTERNATES (Please list in order of preference):</b> We are usually able to meet the scheduling needs of our students; however, we reserve the right to withdraw, add or replace any classes due to insufficient enrollment or staffing.			
(1) _____		(2) _____	
(3) _____		(4) _____	
SIGNATURE			
As you are reviewing these selections and making decisions with your child, please be aware that we are making a contract together. By making these selections you are agreeing to participate in these classes.			
_____ <b>PARENT/GUARDIAN SIGNATURE</b>		_____ <b>DATE</b>	

8 <sup>th</sup> GRADE Registration	Course Number	YES	MAYBE	NO
Time Travel Art	8841			
Photoshop Design and Art	8842			
Keyboarding	8811			
Wall Street	8812			
Design Your Own	8821			
What's on the Menu?	8822			
Green Architecture	8832			
Automation & Robotics	8829			
Laker Boys or Bel Canto (year-long)	Boys-8721, 8722, 8723, 8724 Girls- 8725, 8726, 8727, 8728			
Band (year-long)	8711, 8712, 8713, 8714			
All Amped Up	8741			
PE A.T.T.A.C.K. or Personal Training	8521 or 8531			
PE A.T.T.A.C.K. or Personal Training	8522 or 8532			
PE A.T.T.A.C.K. or Personal Training	8523 or 8533			
PE A.T.T.A.C.K. or Personal Training	8524 or 8534			
Health in the Digital World	8514			
Medical Detective	8540			
Introduction to French	8970			
Introduction to German	8980			
French I (year-long)	8971, 8972, 8973, 8974			
German I (year-long)	8981, 8982, 8983, 8984			
Spanish I (year-long)	8951, 8952, 8953, 8954			
Spanish II (year-long)	8965, 8966, 8967, 8968			

Your top choices are not guaranteed. All other spectrum classes will be used as alternatives and we reserve the right to withdraw, add or replace any classes due to insufficient enrollment or staffing. Requests for changes, other than those necessary for educational reasons or errors, will not be granted.

Full course descriptions can be found on our website:

#### EXAMPLES:

Two Year-Long Courses



QUARTER	QUARTER	QUARTER	QUARTER
<b>BAND</b>	<b>BAND</b>	<b>BAND</b>	<b>BAND</b>
<b>SPANISH I</b>	<b>SPANISH I</b>	<b>SPANISH I</b>	<b>SPANISH I</b>

One Year-Long Course  
Four Quarter-Long Courses



QUARTER	QUARTER	QUARTER	QUARTER
<b>What's on the Menu?</b>	<b>Time Travel Art</b>	<b>Keyboarding</b>	<b>Design Your Own</b>
<b>BEL CANTO CHOIR</b>	<b>BEL CANTO CHOIR</b>	<b>BEL CANTO CHOIR</b>	<b>BEL CANTO CHOIR</b>

Eight Quarter-Long Courses



QUARTER	QUARTER	QUARTER	QUARTER
<b>Health in the Digital World</b>	<b>Automation - Robotics</b>	<b>All Amped Up</b>	<b>Intro French</b>
<b>Medical Detectives</b>	<b>Personal Training</b>	<b>PE ATTACK</b>	<b>PE ATTACK</b>



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

Applications can be found:

[www.priorlake-savage.k12.mn.us/uploaded/2017-18\\_Application\\_for\\_Educational\\_Benefits\\_Packet.pdf](http://www.priorlake-savage.k12.mn.us/uploaded/2017-18_Application_for_Educational_Benefits_Packet.pdf)

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.

