



# Glencoe-Silver Lake Public Schools

Independent School District #2859

## New Student Registration Form

**Use legal name only.** The purpose and intended use of this data is to enable the school staff to effectively and safely provide service to you and your family. You have the right to refuse the needed information; however, if you do not complete all information you may not receive services needed. The information we collect will be maintained in the office and may be shared with authorized school personnel.

### Enrolling Student:

Legal last name		Legal first name		
Middle name	None <input type="checkbox"/>	Grade	Date of birth	Gender – circle one M or F
Country of birth _____ If country of birth is not USA, date of first enrollment in a USA school Date _____ Year _____				
Child lives with: _____ both parents _____ mother only _____ father only _____ joint custody _____ foster parents _____ other (specify) _____				
<b><u>Students 9-12 Grade</u></b> Cell Phone: _____ Email: _____				

### Parent/Legal Guardian and Emergency Contact #1:

Last name		First name		Middle name	
Gender: M or F	Email		Employer/Occupation		
County you live in			Work phone		
Home phone			Cell phone		
Residential address <input type="checkbox"/> Check here if you are currently homeless		City		State	Zip
Mailing address (if different or P.O. Box)		City		State	Zip
Relationship to student					

### Parent/Legal Guardian and Emergency Contact #2:

Last name		First name		Middle name	
Gender: M or F	Email		Employer/Occupation		
County you live in			Work phone		
Home phone			Cell phone		
Residential address <input type="checkbox"/> Check here if you are currently homeless		City		State	Zip
Mailing address (if different or P.O. Box)		City		State	Zip
Relationship to student					

**REQUIRED** Please list school name, city, state and phone number of previous schools attended last 4 years

(School most recently attended)

**REQUIRED** Has this child ever attended a school in Minnesota? ☐ Yes ☐ No

If yes, where and when? \_\_\_\_\_

Have you recently moved within the last 36 months for temporary or seasonal agricultural or fishing work? ☐ Yes ☐ No

Has this child ever received special education services? ☐ Yes ☐ No Does this child have an active IEP? ☐ Yes ☐ No

Is this child currently on a 504 Plan? ☐ Yes ☐ No Is this child receiving ESL services? ☐ Yes ☐ No

Is this child receiving Title I services? ☐ Yes ☐ No Indicate special needs, handicaps or disabilities the school should be aware of \_\_\_\_\_

Has this child completed Early Childhood Screening? ☐ Yes ☐ No Screening Date: \_\_\_\_\_

**LEGAL GUARDIANSHIP PAPERS ON FILE?** ☐ Yes ☐ No

The school has the responsibility for the welfare of the child, but can only function according to the law when properly informed. If parents of the child are separated, the school district must be informed (1) who has the custody of the child and (2) what person(s) are approved to see the child or to transport him/her away from school. If there is a restraining order in effect denying either of the parents the right to see or contact the child, there must be a court order on file in the school office.

Who has legal custody? ☐ Both parents ☐ Father ☐ Mother ☐ Other \_\_\_\_\_

Restraining order? ☐ Yes ☐ No If yes, date of court order \_\_\_\_\_

Court order on file in school office? ☐ Yes ☐ No

### Siblings of enrolling student

Legal last name	Legal first name	Legal middle name	Gender: M or F	Date of birth
Legal last name	Legal first name	Legal middle name	Gender: M or F	Date of birth
Legal last name	Legal first name	Legal middle name	Gender: M or F	Date of birth
Legal last name	Legal first name	Legal middle name	Gender: M or F	Date of birth
Legal last name	Legal first name	Legal middle name	Gender: M or F	Date of birth

Please add additional children on another piece of paper.

☐

Check box if you would like to receive **Spanish-interpreted documents** when available.

**Non-household Member Emergency Contact #3:** Adult who can assume responsibility & is authorized to take your child in an emergency.

Name	Gender: M or F	Relationship to student
Home phone		Cell phone

**Non-household Member Emergency Contact #4:** Adult who can assume responsibility & is authorized to take your child in an emergency.

Name	Gender: M or F	Relationship to student
Home phone		Cell phone

**Elementary students**-A student's transportation eligibility is determined based on the distance they must travel to and from school. Transportation is provided to those students who must travel from home or a daycare provider that is one mile or more from school.

Name of daycare provider \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address of daycare provider \_\_\_\_\_ City \_\_\_\_\_

**Junior/Senior High Students** - Grades 7-12 that live more than 2 miles from the Junior/Senior High School are eligible for transportation. If a student lives within 2 miles of the school they are not eligible for transportation.

I hereby give my permission for the professional persons, school district, or agency listed above to release all school records, psychological assessments, and/or health records regarding my child to Glencoe-Silver Lake School District #2859 for the purpose of planning educational services. If there are changes to any information provided, I will contact GSL Schools.

**\*\*Please bring in a copy of your child's Birth Certificate or Passport when register.\*\***

Form completed by \_\_\_\_\_ Date \_\_\_\_\_  
Please print name

**Parent's  
signature**

Signature

Relationship to student

**Thank you for returning this form to your child's GSL school. Questions? Contact:**

Preschool: Tamera Zajicek, 320-864-2681 TJZajicek@gsl.k12.mn.us	GSL Jr./Sr. High School (7-12): Cheryl Templin, 320-864-2405 CTemplin@gsl.k12.mn.us
Lincoln Elementary School (K-2): Kim Ruschmeier, 320-864-2666 KRuschmeier@gsl.k12.mn.us	District Office: Trisha Zajicek, 320-864-2494 TZajicek@gsl.k12.mn.us
Lakeside Elementary (3-6): Lori Hatlestad, 320-864-2500 LHatlestad@gsl.k12.mn.us	

**Internal Use Only**

Teacher/RAP:	Transportation	Locker #
Records Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Records Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:



## Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations.

Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

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

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

☐ **No** *[If no, go to Question 1.]*

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

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

*Go to Question 1.*

*[Select “yes” to at least one of the Questions (1-6) below.]*

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

☐ **Yes** *[If yes, go to Question 1a.]*

☐ **No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

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

*Go to Question 2.*

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

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

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

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

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

☐ **No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ Vietnamese

Go to Question 4.

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

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

☐ **No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ Unknown

Go to Question 5.

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

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

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

☐ **Yes**

☐ **No**

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

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

Print/Save

## 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 First 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 forlegally 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.







## Student Digital Equity Survey

### Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

### Student Information

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Primary Address: \_\_\_\_\_  
\_\_\_\_\_

### Digital Device Access

1. ***Does the student use an electronic device like a computer, tablet or smart phone to complete homework?***

**No** (skip to question 2)

**Yes** (continue to 1a)

- a. *If yes, what type of electronic device does the student usually use to complete homework?***

(select ONLY one)

- ☐ Desktop or Laptop
- ☐ Tablet
- ☐ Chromebook
- ☐ Smart phone
- ☐ Other

- b. *Is the electronic device (from 1a) provided by the school?***

- ☐ Yes
- ☐ No

**c. Is the electronic device shared with anyone else in the home?**

- ☐ Yes
- ☐ No

**Internet Access**

**2. Can the student access the Internet on their electronic device at home?**

- ☐ No – Internet is **not** available at home (skip to end of survey)
- ☐ No – Internet is **not** affordable at home (skip to end of survey)
- ☐ No – Other (skip to end of survey)
- ☐ Yes (continue to 2a)

**a. If yes, what kind of Internet service do you have at home?**

- ☐ Residential broadband (e.g. Cable, Fiber, DSL)
- ☐ Cellular network
- ☐ School-provided hotspot
- ☐ Satellite
- ☐ Dial-up
- ☐ Other
- ☐ I am not sure.

**b. Can the student stream a video on their electronic device without pauses?**

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



# Glencoe-Silver Lake Public Schools

Independent School District #2859

*Proudly serving the communities of Biscay, Brownston, Glencoe, New Auburn, Plato, and Silver Lake*

GSL Health Services

## **ANNUAL GSL Emergency Student Health Information Survey**

*\*Please return to your child's school health office as soon as possible.*

**Student** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Primary Physician** \_\_\_\_\_ **Clinic** \_\_\_\_\_ **Phone** \_\_\_\_\_

### Emergency Contacts

PLEASE make sure your child's Infinite Campus profile has accurate information for names and numbers of emergency contacts. The Information on Infinite Campus is what we will use in the case of an emergency

### **Section 1: No Health Problems** \_\_\_\_\_

### **Section 2: Serious Health Concerns—check all that apply**

\_\_\_\_ Asthma  
\_\_\_\_ Diabetes  
\_\_\_\_ Severe allergy → Allergic to \_\_\_\_\_  
\_\_\_\_ Seizures → Type of seizure \_\_\_\_\_  
\_\_\_\_ Other → Explain \_\_\_\_\_

### **Section 3: Medication – check all that apply**

____ Insulin/glucagon →	____ Student carries	____ Located in school health office	____ not needed at school
____ Insulin pump →	____ Student carries	____ Located in school health office	____ not needed at school
____ Inhaler →	____ Student carries	____ Located in school health office	____ not needed at school
____ Epi-Pen →	____ Student carries	____ Located in school health office	____ not needed at school
____ Diastat →	____	____ Located in school health office	____ not needed at school
____ Medication	Drug _____ Dose _____ Time _____		
____ Medication has been provided to school    ____ Medication <b>not</b> needed at school			

*\*A medication administration form, with physician orders, must be completed each year in order for the health office to administer any medications to your child.*

### **Section 4: Release of Information**

I understand that by signing below this authorizes the LSN or health assistant in the building my student attends to contact my physician regarding this plan. The nurse will also provide a copy of this plan to appropriate school personnel as is necessary for my child's safety and well-being. I understand that health services are available to my child during the academic school day only, not before or after. I will also keep the school district updated of any changes to this plan or contact information.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_