



Preschool Enrollment Guide

In order to expedite the registration process please have the following items with you when registering:

- _____ **Original birth certificate OR passport** to enroll in Early Learning Services through Grade 12 if is not included in previous school records. This is to verify the student's date of birth, legal name, and legal gender. To obtain a certified copy of your child's Birth Certificate, visit the CDC website at: www.cdc.gov/nchs/w2w.htm or contact your local County Recorder.
- _____ Legal guardianship paperwork or Delegation of Parental Rights if registration is done by a noncustodial parent/guardian.

Registration Checklist (* required upon registration)

- FORM A** * Registration Form (**required**)
- FORM B** * Ethnic and Racial Demographic Designation Form (**required**)
- FORM B-1** * Minnesota Language Survey Form (**required**)
- FORM C** * Child/Parent Status (**required**)
- FORM D** * Parent Authorization Form (**required**)
- FORM E** * Emergency Contact Form (**required**)
- FORM F** * Health Care Summary Form (**required**)
- FORM G** * Immunization Record Form (*required **only** needed if not sent from previous school*)
- FORM H** * Family Education Rights and Privacy Act (FERPA) Form (**required**)
- FORM I** * Registering Adult Form (**required**)
- FORM J-1** Preschool Transportation Registration/Change Form
- FORM K** Educational Benefits Form (*if you qualified in the current school year in a different district, please notify the District Office at 952-492-4221*)
- FORM K-1** Waiver of Confidentiality (*if qualifies for Form K - Educational Benefits*)
- FORM N** * Preschool Screening (**required**)

INTENTIONAL BLANK PAGE

**JORDAN PUBLIC SCHOOLS
DISTRICT 717
EARLY LEARNING SERVICES – ENROLLMENT FORM**

FORM A_(ELS)

**** Please provide a copy of the student's birth certificate**

Student **LAST** Name (Legal): _____ Student **FIRST** Name (Legal): _____ Student **MIDDLE** Name (Full): _____

Legal Gender: Male Female **Birth Date (mm/dd/yyyy):** _____

Student's **PRIMARY** Household – all information will be sent to the primary household

Student lives with:

- Mother
- Father
- Step-Parent
- Foster-Parent
- Family Relative
- Other (please list): _____

Note: Please notify the school office and provide legal documentation if there is a custodial concern.

Primary Street Address

City State Zip Code

	Primary Parent/Guardian	Primary Parent/Guardian
Name (include maiden)		
Birth Date		
Home Phone		
Cell Phone		
Work Phone		
Email Address		
Preferred Language		

Student's **SECONDARY** Household (if applicable) – all information will be sent to the secondary household

Student lives with:

- Mother
- Father
- Step-Parent
- Foster-Parent
- Family Relative
- Other (please list): _____

Note: Please notify the school office and provide legal documentation if there is a custodial issue.

Primary Street Address

City State Zip Code

	Primary Parent/Guardian	Primary Parent/Guardian
Name (include maiden)		
Birth Date		
Home Phone		
Cell Phone		
Work Phone		
Email Address		
Preferred Language		

Student LAST Name (Legal): _____

Student FIRST Name (Legal): _____

Student MIDDLE Name (Full): _____

RESIDENCE STATUS

Was your student born in the United States? Yes No

If not, when did the student enter the United States? Date: _____

Birth Country: _____

MILITARY CONNECTIONS

1. Are any of the student's parents or legal guardians a member of the Army, Navy, Air Force, Marine Corp, or Coast Guard (excluding National Guard)? Yes No

2. Relationship to student: Father Mother Other: _____

3. Approximate enlistment date (mm/yyyy): _____

4. Status of military personnel (choose one):

- Active Duty – Deployed
- Active Duty – Not Deployed
- Discharged
- Injured
- Killed in Action
- Inactive
- Student Military Identifier
- Transitioning Out of the Military
- Retired

TRANSLATION SERVICES

Do you require translator services? Yes No

If yes, what language is needed for translation? _____

SPECIAL EDUCATION SERVICES INFORMATION – please check all that apply

Which Special Service(s) has the student received or is currently receiving?

- Vision Impaired
- Hearing Impaired
- Speech/Language
- Title One Reading
- Emotional/Behavioral
- Learning Disabled
- English Language Learner (ELL)
- Other: _____
- Gifted & Talented
- Student has an IEP
- Student has a 504 Plan

CENSUS – please list all other children in student's household

Full Legal Name	Birth Date (mm/dd/yyyy)	Legal Gender (male or female)	Grade Level

Data provided on this registration form will be used by personnel in the Jordan School District 717 to identify the student and family for school placement, open enrollment, and transportation. You are not required to respond to all requests for information on this form; however, be advised that incomplete information may limit the ability of the Jordan Schools to fully provide educational services.

I certify the information given above is true and complete to the best of my knowledge.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

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

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

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

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

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

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

No *[If no, go to Question 1.]*

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

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

Go to Question 1.

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

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

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

No *[If no, go to Question 2.]*

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

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

Go to Question 2.

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

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

Yes [Go to Question 3.]

No [Go to Question 3.]

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

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

No [If no, go to Question 4.]

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

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

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

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

No [If no, go to Question 5.]

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

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

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

Yes [Go to Question 6.]

No [Go to Question 6.]

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

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

**JORDAN PUBLIC SCHOOLS
DISTRICT 717
MINNESOTA LANGUAGE SURVEY FORM**

FORM B-1

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 LAST Name (Legal): _____ **Student FIRST Name (Legal):** _____ **Student MIDDLE Name (Full):** _____

Birth Date 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 Signature

Parent/Guardian Printed Name

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.

JORDAN PUBLIC SCHOOLS
DISTRICT 717
Child/Parent Status

FORM C

Child's LAST Name (Legal): _____

Child's FIRST Name (Legal): _____

Child's MIDDLE Name (Full): _____

Child lives with:

Both Parents

Mother

Father

Father/Stepmother

Mother/Stepfather

Guardian

Foster Parents

Other Relationship:

Who has parental/guardian rights? Please check all that apply.

	Name	Name
<input type="checkbox"/> Both Parents:	_____	_____
<input type="checkbox"/> Mother:	_____	_____
<input type="checkbox"/> Father:	_____	_____
<input type="checkbox"/> Terminated*:	_____	_____
<input type="checkbox"/> Other*:	_____	_____

* if "Terminated or Other", please provide legal documentation

Q1: Is the student living with someone OTHER than their biological parent(s)? Yes No

Q2: If yes, have the biological parent's rights been terminated?

Mother Yes No Father Yes No

If you checked **NO** to Q2, please provide the biological parent's name and address:

Name: _____ Address: _____

Name: _____ Address: _____

If there are custodial concerns, do you have documentation by a court that the natural parent(s) may **NOT** be contacted?

No Yes (If yes, please attach copies)

NON-HOUSEHOLD CONTACT

As required by State of MN law, both parents must be notified of and receive documentation regarding the assessment procedure.

IF NOT LISTED ON FORM A, PLEASE PROVIDE THE ADDRESS OF A NON-HOUSEHOLD PARENT BELOW SO THEY CAN RECEIVE COPIES OF ALL DISTRICT MAILINGS:

Name (Legal): _____

Address: _____
 Street City State Zip Code

Phone: _____ **Email:** _____

 Parent/Guardian Signature

 Parent/Guardian Printed Name

 Date

EARLY LEARNING SERVICES – AUTHORIZATION FORM

Student LAST Name (Legal):

Student FIRST Name (Legal):

Student MIDDLE Name (Full):

1. I will contact the Early Learning Services (ELS) office at 952-492-3233 if I will be late to pick up.
2. I understand that the registration fee is non-refundable.
3. I understand that my child must complete his/her preschool screening within 90 days of starting preschool. This is mandated by the state. Failure to do so will result in my child losing his/her preschool spot. Please visit www.jordan.k12.mn.us/screening to register.
4. I understand that my child may not start until all the forms are in and complete. I also understand that failure to do this will result in my child losing his/her spot.
5. I understand tuition is due the 15th of the month. Auto pay set up is highly encouraged.
6. I give permission for my child to participate in short field trips (walks to the park, etc.) during preschool class. I understand that my child will be under the direct supervision of the teachers of this program. I will not hold the teacher, staff, and/or volunteer of Independent School District 717 or the City of Jordan responsible for any injuries or loss of property which may be sustained by my child as a direct or indirect result of participating in this program.
7. I give my permission for staff, in an emergency situation, to administer First Aid and to obtain emergency aid by contacting 911 services. I understand I will be contacted immediately if this happens.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

EARLY LEARNING SERVICES – EMERGENCY CONTACT

FORM E^(ELS)

An emergency contact is needed in case a parent cannot be reached at home or work in the event of student illness or injury.

Student Full Name: _____ Birth Date (mm/dd/yyyy): _____

	Primary Parent/Guardian	Primary Parent/Guardian
Name		
Address		
Primary Phone		
Email Address		

Emergency contact information (other than parents):

#1 Name _____ Relationship _____ Phone _____

#2 Name _____ Relationship _____ Phone _____

Individuals authorized to pick up my child:

#1 Name _____ Relationship _____ Phone _____

#2 Name _____ Relationship _____ Phone _____

Medical and dental information:

Physician _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

Please list any medical problems, food allergies, or health concerns (e.g. asthma, allergies, diabetes, etc.)

Is student taking any special medication? No Yes Explain: _____

Are this child's immunizations up to date? No Yes

MUST BE COMPLETED BY YOUR HEALTH CARE SOURCE

Child's LAST Name (Legal):

Child's FIRST Name (Legal):

Child's MIDDLE Name (Full):

Child's Primary Address:

Legal Gender: Male

Birth Date (mm/dd/yyyy):

Female

Street

City

State

Zip Code

Date of Enrollment

Name of Parent(s)/Guardian:

Date of last physical examination

How long have you been seeing this child?

How frequently do you see this child when he/she is not ill?

Does this child have any allergies (including allergies to medications)?

Is a modified diet necessary?

Is any condition present that might result in an emergency?

What is the status of the child's... Vision

Hearing

Speech

Please list below the important health problems:

Important Health Problems

Followed By You

Followed By Other Med Source (Name)

Requires Special Attention at Center

Other information helpful to the child care program

Signature of Health Source:

Date:

Address:

Phone:

INTENTIONAL BLANK PAGE

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Record Form

Name _____ Birthdate _____

Immunizations required for child care, early childhood programs, and school. To be used for 2018-2019 school year.

Vaccine	Birth to 6 months		12 -24 months		At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Varicella (chickenpox)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A				<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)						<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)						<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child’s immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child’s immunization history. If you are missing or need information about your child’s immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of varicella disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

FORM G



Immunization Program (2018-2019)
www.health.state.mn.us/immunize

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share Immunization Information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Varicella		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I certify that this child should not receive the vaccines marked with an X in the table because of medical contraindications or the laboratory-confirmed presence of adequate immunity.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of varicella disease. By my signature below, I verify that this child should not receive varicella vaccine for the following reason:

- 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).
- I am the parent or guardian of the child and state that the child had varicella disease on or before September 1, 2010, in the year _____.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian)

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

B. Non-medical exemption: A child is not required to have an immunization that is contrary to their parent or guardian’s conscientiously held beliefs. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, unvaccinated children may be excluded from child care, school, and other activities in order to protect them and others.

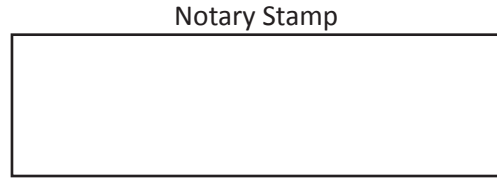
By my signature, I certify that this child will not receive the vaccines marked with an X in the table because of my conscientiously held beliefs. I understand that my child may be excluded during a disease outbreak.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This instrument was acknowledged before me on _____ (date)
by _____
(name of parent or guardian)

Notary Signature: _____



STATE OF MINNESOTA, COUNTY OF _____

3. Consent to share immunization information (optional): This school is asking for permission to share your child’s immunization record with Minnesota’s immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you chose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child’s school to share my child’s immunization documentation with Minnesota’s immunization information system:

Signature: _____ Date: _____
(of parent/guardian)

FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) FORM

Dear Parent/s or Guardian/s:

The **Family Education Rights and Privacy Act (FERPA)**, a Federal law, requires that Jordan School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Jordan School District may disclose appropriately "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. **The primary purpose of directory information is to allow Jordan School District to include this type of information from your child's education records in certain school publications. Examples may include, but are not limited to the following:**

- **The yearbook, honor roll, recognition list, graduation program, school web pages, marketing materials and/or social media, a theatre playbill, and sports activity sheets, showing height and weight of team members.**

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965 (ESEA)* to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior consent.

DENIAL OF RELEASE: DIRECTORY INFORMATION

Please check any information you **DO NOT WANT USED PUBLICLY** by Jordan Public Schools

Jordan School District has designated the following information as its **directory information**. **Parents, you need to inform your child of the requests.**

- Student's name
- Photographs and other visual and audio representations for school-approved publications, yearbooks, newspapers, public presentations, social media, student ID badges and publication on school-approved Internet pages (**important to note: if you check this box your student will not be in the yearbook**)
- Degrees, honors, diplomas and awards received
- Participation and performance in officially recognized school activities and sports
- Grade level
- School of attendance
- Date and place of birth
- Weight and height of members of athletic teams (used only for athletics)
- Dates of attendance
- Enrollment status
- Most recent previous educational agency or institution attended
- Major field of study

CONTINUED ON OTHER SIDE

**JORDAN PUBLIC SCHOOLS
DISTRICT 717**

FORM I_(ELS)

EARLY LEARNING SERVICES – REGISTERING ADULT FORM

This form is required by Jordan Schools District for Department of Education required reporting.

Adult LAST Name (Legal): _____

Adult FIRST Name (Legal): _____

Adult MIDDLE Name (Full): _____

Adult birth date (mm/dd/yyyy): _____

Relation to Child: Father Mother Foster Parent Guardian Other Relative

Education Level: Master's Associate's High School Diploma
 PHD Some College 12th Grade; No Diploma
 Bachelor's GED 8th Grade

Yearly household income: _____

of people in the household: _____

Receiving Interpreter Assistance: Yes No

Employment Status

- Employed over 25 hours per week
- Employed less than 25 hours per week
- Unemployed & seeking employment
- Unemployed & not seeking employment

Classroom Volunteer Type

- Not Volunteering
- Classroom volunteer
- Parent Advisory Council Volunteer
- Other

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

OFFICE USE ONLY

Program Type

- SR
- ECFE
- ECFE / ABE
- SR / ABE
- Other

Fee Status

- Full Fee
- Reduced Fee
- No Fee

Special Ed Yes No

Funding Source

- Parent Fee
- SR
- ECFE
- ECSE
- Head Start
- Scholarship
- Pathways I or II
- Early Head Start
- Title 1
- Non-DHS Funded Child Care
- Community Scholarship
- Other District
- Other County

INTENTIONAL BLANK PAGE



Jordan Public Schools ISD717
Preschool Bus Registration Form
 500 Sunset Drive, Jordan, MN 55352
 Phone: 952-492-6200 Fax: 952-492-4445

**ONLY COMPLETE IF
 BUSING IS NEEDED**

FORM J-1 (ELS)

Student Information

Please list all children in preschool program Last Name, First Name	Birthdate (mm/dd/yyyy)	Gender M/F	Preschool Class Attending	Pick up (choose one)	Drop off (choose one)	Place an * if student has health concerns	FOR OFFICE USE ONLY Student ID#
			<input type="checkbox"/> Mon/Wed/Fri 8:30am – 2:30pm <input type="checkbox"/> Mon/Wed 8:30am – 2:30pm <input type="checkbox"/> Tues/Thurs 8:30am – 2:30pm <input type="checkbox"/> Mon - Thurs 12pm – 3pm <input type="checkbox"/> Mon/Wed/Fri 8:30am – 11am <input type="checkbox"/> Tues/Thur 8:30am – 11am	<input type="checkbox"/> Home <input type="checkbox"/> Daycare	<input type="checkbox"/> Home <input type="checkbox"/> Daycare		
			<input type="checkbox"/> Mon/Wed/Fri 8:30am – 2:30pm <input type="checkbox"/> Mon/Wed 8:30am – 2:30pm <input type="checkbox"/> Tues/Thurs 8:30am – 2:30pm <input type="checkbox"/> Mon - Thurs 12pm – 3pm <input type="checkbox"/> Mon/Wed/Fri 8:30am – 11am <input type="checkbox"/> Tues/Thur 8:30am – 11am	<input type="checkbox"/> Home <input type="checkbox"/> Daycare	<input type="checkbox"/> Home <input type="checkbox"/> Daycare		

Family Information

Physical Home Address (street, city, state, zip code)	Mailing Address (PO box, city, state, zip code)	Home Phone:
Parent Name:	Cell Phone:	Work Phone:
Parent Name:	Cell Phone:	Work Phone:

Alternate Bus Stop Authorization If noted above, the alternate Bus Stop is for parents of students who want to designate a daycare location for bus pick-up and/or drop off.

Child Care Provider Name	Phone	Address
--------------------------	-------	---------

Emergency Contact

Emergency Contact Name #1 (other than parent):	Cell Phone:	Home Phone:
Emergency Contact Name #2 (other than parent):	Cell Phone:	Home Phone:

"Bus Buddy" Information

Do you have a preference in a bus buddy for your child? (for example: older sibling) Yes No

If yes, please list their name:

Parent/Guardian Signature _____

Date _____

Please complete the form and return to the Early Learning Services office.

Rev: 02/15/2020 KP

INTENTIONAL BLANK PAGE

2019-20 Application for Educational Benefits

Complete one application per household. Please use pen (not a pencil).

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information.

Child's First Name	MI	Child's Last Name	School	Grade	Birthdate	Foster Child
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

STEP 2: Do any household members (including you) currently participate in one or more of the following assistance programs: **SNAP, MFIP or FDPIR**? Medical assistance (MA) **DOES NOT** qualify.
If YES > Enter SNAP, MFIP or FDPIR **Case Number** _____ then go to STEP 4 (Do not complete STEP 3) **If NO >** Go to STEP 3.

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1.

Child Income	Weekly	Bi-weekly	2x Month	Monthly
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report **total gross income** only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report.

Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Name of Adult Household Members (First and Last)
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.

Weekly	Bi-Weekly	2x Month	Monthly	Gross earnings from Work Report income before deductions or taxes, for each source in whole dollars (no cents).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Monthly	Yearly	Net income from Self-Employment
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Weekly	Bi-Weekly	2x Month	Monthly	All Other Gross Income such as SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

C. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member XXX-XX-_____ Check if **no SSN:** **Total Household Members** (Children and Adults) _____

STEP 4: Contact information and adult signature. **Mail or return completed form to:** Jordan Public Schools 500 Sunset Drive, Suite 1 Jordan, MN 55352

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is give in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

I have checked this box if I do not want my information shared with Minnesota Health Care Programs as allowed by state law.

Printed name of adult signing form _____ Daytime Phone _____

Street Address (if available) _____ Apt# _____ City _____ Zip _____

Signature of Household Adult _____ Date _____

Do not fill out: For School Use Only

Annual Income Conversion:
 Weekly x 52
 Bi-Weekly x 26
 Twice a Month x 24
 Monthly x 12

All Total Income (Include child & adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annual	Household Size	Categorical Eligibility	Foster	Free	Reduced	Denied
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Selected for Verification – attach Verification Tracker

Determining Official's Signature _____ Date _____ Confirming Official's Signature _____ Date _____

Received: _____

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none"> Earnings from work Social Security <ol style="list-style-type: none"> Disability Payments Survivor's Benefits Income from person outside the household Income from any other source 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security A Parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses (before deductions or taxes) Net income from self-employment (farm or business) If you are in the U.S. Military: <ol style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Cash Assistance from State or local government Supplemental Security Income Unemployment benefits Worker's compensation Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security Disability benefits Regular income from trusts or estates Annuities Investment income Rental income Regular cash payments from outside household

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

Nondiscrimination statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, you have two options: 1. Complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at [Filing a Program Discrimination Complaint as a USDA Customer](#), and at any USDA office; or, 2. Write a letter addressed to USDA; provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by one of the following methods:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: 202-690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

**JORDAN PUBLIC SCHOOLS
DISTRICT 717
WAIVER OF CONFIDENTIALITY**

FORM K-1

To save you time and effort, the approval status of your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify **such as reduced fees for school activities and supplies**. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals. **It is the parent's/guardian's responsibility to submit this form in order to receive reduced activity/supply fees.**

- **Yes! I DO** want school officials to share the approval status from my Free and Reduced-Price School Meals Application with **Jordan Public Schools' Activities and Business office.**

If you checked yes to the box above, please fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the program you checked.

Child's Name:	School:
Child's Name:	School:
Child's Name:	School:
Child's Name:	School:
Child's Name:	School:

For more information, you may contact Hope Mack in the District Office at hmack@isd717.org or 952-492-4221.

Parent/Guardian Signature

Parent/Guardian Printed Name

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.

EARLY LEARNING SERVICES – PRESCHOOL SCREENING RECORD FORM

Student LAST Name (Legal): _____

Student FIRST Name (Legal): _____

Student MIDDLE Name (Full): _____

Legal Gender: Male Female Birth Date (mm/dd/yyyy): _____

PRESCHOOL SCREENING

Has this student been Preschool Screened in the State of Minnesota? Yes No

Was your student screened at Jordan School District 717? Yes No

If your student was **NOT** screened in Jordan please list where they were screened:

Screening District Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

I authorize the release of the official school records listed above to Jordan School District 717

Parent/Guardian Signature

Parent/Guardian Printed Name

Date