

### **AUTHORIZATION FOR RELEASE OF RECORDS**

The student listed below attends the Verndale Public School. We are requesting the following information:

- 1) Transcript of Grades
- 2) Health Records
- 3) Standardized Test Scores
- 4) Special Education Reports
- 5) Psychological Service Report
- 6) Teacher Comments
- 7) Work Samples
- 8) ESL Assessments
- 9) MARSS State I.D. Number
- 10) Medical Information
- 11) Free/Reduced Lunch Application Information
- 12) Transfer Grades

Name of Student:	Grade:	
Date of Enrollment at Verndale Public School:		_
School Previously Attended:		_
Signature of Parent or Authorized Staff Member	Date	

Please send the above information to:

Records Department Verndale Public School 411 Brown Street Verndale, MN 56481

Phone: 218.445.5184 Fax: 218.445.5185

IN ACCORD WITH REVISED FEDERAL AND STATE STATUTES, PERMISSION OF THE PARENT/ADULT STUDENT IS NO LONGER REQUIRED WHEN RECORDS ARE REQUESTED BY AUTHORIZED SCHOOL PERSONNEL. 45-05-705 Revised 1982 to replace 45-05-720 (K-12)

### **VERNDALE PUBLIC SCHOOL ENROLLMENT FORM**

Student's Name:		
Date Enrolled: Male Fem	First ale Birthdate:	Middle Age: Grade
Home Address:		ear
Street	City Zip	County
Pupil lives with: Both Parents Father Mother	Guardian Mother/Stepfather	Father/Stepmother
Other (Specify name & relationship):		
Home Phone: Er	nail address:	
Mother's Cell: Fa	ather's Cell:	
Does your student have any medical concerns <b>Yes</b>	or No (if yes, explain)	
Does your student have a current IEP? Yes or No		
Student received help in: Math Reading	Speech Other _	
Student's Race: American Indian/Alaska Native: <b>Y or N</b> Black/African American: <b>Y or N</b> Native Hawaiian/Pacific Isl (Circle one or more: Yes	ander: <b>Y or N</b> White: <b>Y or N</b>	
If student lives with only one parent, should the other parent reand/or instant alerts? Yes No Name: Phone:	ceive school information when mai  Address:  Email address:	
Please check here if there is legal documentation prohibiting	the non-custodial parent from seei	ng this child at school.
Name(s) of legal guardian(s) of student:	· ·	_
Comments:		
HEAD OF HOUSEHO	OLD AND SPOUSE	
Name:	Name:	
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	
Employer's Name:	Employer's Name:	
List Other Children in the Household (Oldest to younge	st):  Age Birthdate	
		<u> </u>
EMERGENCY	CONTACT	
Name:	Name:	
Relationship to Student:	Relationship to Student:	
Phone:	Phone:	



### **Ethnic and Racial Demographic Designation Form**

Student's First Name:		
Date of Birth: District:		School:
Schools are required to report ethnicity and race to the Minnesota state law, Minnesota disaggregates each parents or guardians are not required to answer the federal questions (in bold), federal law requires school complete the form. State questions are labeled as "Complete the form. State questions are labeled as "Complete the form. This information helps improve teaching and learning currently underserved. The information this form collearn more about the purpose of collecting this informidentified. The privacy notice can be found in our Free this information that the purpose of collecting this information this form collecting this information.	category into detailed groups to federal questions (in bold) for the fols to choose for you. This is a lad ptional" and schools will not fill g for everyone and helps us accullects is considered private information, how it will be used and response to the federal process.	further represent our student populations. eir children. If you choose not to answer the st resort—we prefer if parents or guardians in this information for you.  rately identify and advocate for students nation. You can review the privacy notice to not used, and how the detailed groups were
Is the student Hispanic/Latino as defined by the Mexican, Puerto Rican, South or Central America		· · · · · · · · · · · · · · · · · · ·
[You must select "yes" or "no" to this question.]		
O Yes [If yes, go to Question A.]	O No [	If no, go to Question 1.]
Optional Question A: If yes was chosen a answered by school staff):	above, select all that apply fro	om the list below (this question will not be
<ul><li>□ Decline to indicate</li><li>□ Guatem</li><li>□ Colombian</li><li>□ Ecuadorian</li><li>□ Puerto</li></ul>	n 🗆 Spaniard/Spa	
Go to Question 1.		
[Select "yes" to at least one of the Questions (1-6) k	pelow.]	
Question 1: Does the student identify as Ameri state of Minnesota definition includes persons h maintain cultural identification through tribal af state aid/funding.]	naving origins in any of the ori	ginal peoples of North America who
O Yes [If yes, go to Question 1a.]	O No [!	f no, go to Question 2.]
answered by school staff):  ☐ Decline to indicate ☐	Cherokee   O	om the list below (this question will not be ther North American Indian Tribal Affiliation nknown
Go to Question 2.		

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

Quest	Question 2. Is the student American Indian from South or Central America?							
0	Ye	<b>s</b> [Go to Question 3.]			0	<b>No</b> [Go to Questi	on 3.]	
origins	s in a	B. Is the student Asian as ny of the original peoples China, India, Japan, Kore	of the F	ar East, South	neast Asia, or t	he Indian subcor	ntinent ir	ncluding, for example,
0	Ye	<b>s</b> [If yes, go to Question 3a.]			0	<b>No</b> [If no, go to C	uestion 4	.]
		al Question 3a. If yes was red by school staff):	chosen	above, select	all that apply	from the list belo	ow (this o	question will not be
		Decline to indicate Asian Indian		Chinese Filipino		Karen Korean		Other Asian Unknown
		Burmese		Hmong		Vietnamese		
Go	to (	Question 4.						
		I. Is the student black or A			-	_	nent? Th	e federal definition
	•	<b>s</b> [If yes, go to Question 4a.]	•		•	No [If no, go to C	uestion 5	.]
		al Question 4a. If yes was	chosen	above, select	all that apply	from the list belo	ow (this d	question will not be
		Decline to indicate			Ethiopian-Ot	her		Somali
		African-American Ethiopian-Oromo			Liberian Nigerian			Other black Unknown
G	io to	Question 5.						
	ıl def	i. Is the student Native Ha inition includes persons h				-	_	
0	Ye	<b>s</b> [Go to Question 6.]			0	<b>No</b> [Go to Questi	on 6.]	
		i. Is the student white as ny of the original peoples		-	-		finition i	ncludes persons having
0	Ye	s			0	No		
Parent	t(s)/0	Guardian Name					Date	
Paren	t(s)/0	Guardian Signature						

### **Verndale Public Schools- Families in Transition Intake Form**

\*Completion of this form is **voluntary**, however information provided will allow us to best serve enrolling students. Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire.

1.	Presently, are you and/or your fa	amily in any of the fol	lowing sit	tuations? Check al	l that appl	y.	
	Staying in a shelter (family she	elter, youth shelter, dor	nestic vio	lence shelter, etc.)	or a FEMA	A trailer.	
	☐ Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.						
	Living in a car, park, campgro	ound, public space, abar	doned bu	ilding, substandard	l housing o	or similar.	
	Temporarily living in a motel			_	_		
	Unknown nighttime residence.						
	Waiting for foster care placem						
2.	Unaccompanied Youth: not in the		a parent	or guardian. Chec	ck one box		
	Yes. Student(s) is/are with an a		-	0			
					without ar	i aduit.	
3.	■ No. Student(s) does not meet t  Have you moved in the past 3 ye			<u> </u>	f forming	(sod doiny chicke	
J.	vegetable, citrus, or other) or fish		-		n iai iiiiig	(sou, dany, chicke	11,
	$\square$ 1, 2, or 3 do not apply. STO				nlete the r	amainder of this for	
	Submit this form to school per		oox, you c	io <u>not</u> need to com	ipiete tile i	emaniuel of this for	.11.
4.	<del>_</del>		es 0-21):				
	First Middle	Last	M/F	D.O.B.	Grade	School Name	
			I	<u>l</u>			
Yo	our children have the right to:						
	✓ Continue to attend school in the		re you bed	came homeless (scl	nool of ori	gin).	
	✓ Receive transportation to the s	•					
	✓ Enroll in school without givin				the school	arranges for a scho	ol
	transfer, immunization records		•		1 4 1		
	✓ Receive the same special pro	ograms and services, in	needed,	as provided to al	i otner cn	naren servea in the	se
	programs.	ayami aylan aatiyiti aa in al	ludina ath	lating music thant	ma ata		
	✓ Participate in all school extra-		luding ath	netics, music, meat	re, etc.		
	✓ Have enrollment disputes quic	Kry addressed.					
Pri	int Parent/Guardian Name	Sign	ature		D	ate	
Di	strict Homeless Liaison	Title			D	ate	

The signature above certifies that according to information provided, the students listed meet the eligibility requirements for assistance under the McKinney-Vento Education for Homeless Children and Youth Act.

### **HEALTH QUESTIONNAIRE**



Dear Parent(s) -

Parent/Guardian Signature

To best be informed of your child's health status, I would like to collect some current health information. Please complete this form and return it to the school health office before school starts this fall. If your student needs to take medication during school hours (prescription or over-the counter), a "Consent for Administration of Medication" must be signed and returned to the school health office. Thanks for your cooperation!

Sincerely,	
Jill Davis, RN, PHN School Nurse	
••••	
Student's Name:	Date of Birth:
Parent's Name:	Grade/Teacher:
Mailing Address:	Physician/Clinic:
Phone Number(s):	
Health His	tory
(Please give details if your student has any	-
Allergies –	
Asthma/Lungs –	
Endocrine/Hormonal (i.e. diabetes, growth disorders) –	
Musculoskeletal/Orthopedic (bones, muscles) –	
Circulatory (i.e. heart, blood) –	
Bowel/Bladder –	
Neurological (i.e. seizures, paralysis) –	
Hearing/Vision –	
Surgeries –	
Other-	
**************************************	share this information with appropriate school

Date



## Home Language Questionnaire ED-01336-08E

The following is to be completed by School District Personnel:

140			
Ctudontio Full None	STUDENT IDENTIFICATI	ON INFORMATION	AND ESTATE
Student's Full Name Date Of Birth	T	T.C.,	ada Lavial
Date Of Birth	Age	Gr	ade Level
	DISTRICT INFORMATION/VERI	EICATION INFORM	ATION
School name VF			
School hame VE	RNDALE PUBLIC SCHO	OL I	District number 0818
I hereby verify that	the above information is true and	accurate to the bes	t of my knowledge and belief.
	KATIE BOL	LAND	
	Name (Pri		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
T		PRINCIP/	٩L
Signati	ure – Responsible Authority	Title	Date
Down Parents and Cur	STUDENT LANGUAGE	INFORMATION	
Dear Parents and Gua			
	hild learn, your child's teachers need to		guage your child uses most.
Please respond to the	questions below by checking the appro	priate box.	
Which language	did your child learn first?	☐ English ☐ Othe	er (specify):
	is most often spoken in your home?		
	does your child usually speak?		er (specify):
			<del></del>
	PARENT/GUARDIAN	INFORMATION	
I hereby verify that	t the above information is true and	correct to the best	of my knowledge and belief.
	Name (Prin	nted)	
	Signature – Parent/Guardia	n	Date
	Signature Farenty Guardia		Date

# VERNDALE PUBLIC SCHOOL JMC PARENT ACCESS

FIISt	Last:	
Address:		
City:		Zip:
Parent Signature: _		Date:
	Username: parents last name	
	Password:	-

# VERNDALE PUBLIC SCHOOL JMC PARENT ACCESS

Found under Parents at

http://www.verndaleschool.org

Username:	parents last name
Password:	

Keep this information from your children. The weekly update to scores is best estimate. Due to some topics being covered, scores might not be updated every week. The day of the week for updates is on an individual teacher basis.



# Verndale Public School Home of the Pirates

# School Supply List 2024-2025

\*\*\*The Verndale School is working on a schoolwide organizational goal, so it is important for families to buy what is specifically on their class list. If it is not on the list, it is not needed.\*\*\*

### Kindergarten:

1- 4 pack of black dry erase markers

1- Crayola crayons (24 count)

Crayola Markers (8 count)

10-12 glue sticks

1 Pink eraser

Plastic Pencil Box

1 Blunt tip kids scissors

1 box of Kleenex to share

Backpack

Gym Shoes

Headphones NO BLUETOOTH EARBUDS

### 1<sup>st</sup> Grade:

Twistable Crayons (8 pack)

Markers (8 count)

1 Box #2 Wood Pencils

Pencil holder (bag style)

Eraser

1 Set of 6 Glue Sticks (leave in package)

Scissors (children's/no pointed ends)

1- 4 pack of black dry erase markers

1 large box of Kleenex

1 Container of Large Anti-Bacterial Wipes

Headphones NO BLUETOOTH EARBUDS

**Back Pack** 

(See below for folders and notebooks)

### 1st & 2nd Grade Folders & Notebooks:

One (1) Each- Spiral Wide Ruled **Notebook** & Plastic **Folder** in the following colors:

- Red
- Blue

### 2<sup>nd</sup> Grade:

Crayons 24 count

1 set of 4 black dry eraser markers

Washable markers

Colored pencils

1 box #2 wood pencils

Pencil holder (bag style)

1 set of 6 glue sticks (leave in package)

Eraser

**Scissors** 

1 antibacterial wipes

Headphones NO BLUETOOTH EARBUDS

1 box of Kleenex

Backpack

(See previous column, under 1st grade for

folders

& notebooks)

### 3<sup>rd</sup> Grade:

24 pack of crayon

12 pack of colored pencils

2 large packs of #2 pencils

2 dry erase markers (8 count)

2 large glue sticks

2-1 inch 3 ring binders

Pencil erasers

Scissors

Box of Kleenex

1 large container of Clorox wipes

2 packs of post it notes

Quart sized ziplock bag OPTIONAL

Headphones NO BLUETOOTH EARBUDS

**Backpack** 

JOHNSON- flashlights (used or new)

(See back page for folders and notebooks)



# Verndale Public School Home of the Pirates

# School Supply List 2024-2025

\*\*\*The Verndale School is working on a schoolwide organizational goal, so it is important for families to buy what is specifically on their class list. If it is not on the list, it is not needed.\*\*\*

### 3<sup>rd</sup> & 4<sup>th</sup> Grade Folders & Notebooks:

One (1) Each - Spiral Wide Ruled **Notebook** & Plastic **Folder** in the following colors:

- Red
- Blue
- Green
- Yellow
- Purple

### 4th Grade:

2 packs of Sticky Notes

**Scissors** 

Pencil Box

4 Dry Erase Markers

3 Large Glue Sticks

Colored Pencils

#2 wood pencils (36)

Crayons (24 pack)

2 boxes of Kleenex (Gwiazdon)

2 Containers of Clorox Wipes

Gym Shoes

Backpack

Headphones NO BLUETOOTH EARBUDS (See above for folders & notebooks)

\*\*Thank you again for your support of our schoolwide organizational goal, through our work with AVID. We are looking forward to seeing the organizational gains in preparation and work completion.\*\*

### 5th & 6th Grade:

- 1 Red Plastic Folder
- 1 Green Plastic Folder
- 1 Blue Plastic Folder
- 1 Yellow Plastic Folder
- 1 Red Wide Ruled Spiral Notebook 3 Subject
- 1 Green Wide Ruled Spiral Notebook
- 1 Blue Folder Wide Ruled Spiral Notebook 3 **Subject**

1 Yellow Wide Ruled Spiral Notebook

Mechanical Pencils

**Colored Pencils** 

5 Highlighters (Pink, Blue, Yellow, Green Orange)

1- 8 pack of Expo Markers (For Math-will need

more)

Whiteboard Eraser

Headphones NO BLUETOOTH EARBUDS

Colored index cards

Backpack

**NO TRAPPER KEEPERS** 

### 7th - 12th Grade

Folders & Notebooks:

English Classes- Red

Science Classes- Green

Math Classes- Blue

Social Studies Classes- Yellow

All other classes- color of your choice

Pencils

Pens

Highlighters

**Colored Pencils** 

**Erasers** 



**Student Information** 

# **General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education**

The General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education is the required application for all Minnesota school districts. Please use this application for inter-district K-12 open enrollment and inter-district enrollment in Early Childhood Special Education (ECSE). Please use the Statewide Enrollment Options Application for State-funded Voluntary Pre-Kindergarten and School Readiness Plus for voluntary pre-kindergarten or school readiness plus open enrollment.

**IMPORTANT NOTE:** Do not disclose other information to the non-resident district until a seat is offered in writing. At that point, the district will request information such as special needs, birth date, race, ethnicity, academic and other records.

# Section 1: To be Completed by One or Both of the Student's Parents or Legal Guardians

# Student Last Name: First: Full Middle: Will the student be at least age 5 and under age 21 by September 1 of the enrollment year or be applying for ECSE? Yes No\* \*If No, please read information in the Statewide Enrollment Options Instructions before proceeding. Student's current grade level (If applying for ECSE, write EC): Grade Level Desired: Student Resident District Information Resident District Name: District Number:

# District of Choice Name: \_\_\_\_\_ District Number: \_\_\_\_\_

Identify the reason for the request to enroll in a nonresident district:

### **School Site or Program Preferences**

**District of Choice (non-resident school district)** 

If the non-resident school district has multiple school sites/programs that serve your child's needs, you may rank sites/programs in order of preference (add more preferences if desired).

1			
2.			
ــــــــــــــــــــــــــــــــــــــ			
3.			

### **Enrollment Timeline**

When are you seeking to enroll your child?

**Immediately** 

Not immediately, but sometime during the current school year

Next school year.

### **Special Situations**

Please check all that apply.

Sibling preference: student has a sibling currently open-enrolled in this non-resident district.

Employee child preference: Student has parent or legal guardian who is a Minnesota resident who is an employee of the non-resident district.

Family move: The student's Minnesota resident district changed after December 1 prior to the school year requested, waiving deadlines.

Student is a resident of City of Edina but the resident school district for the student's Edina home is not Edina Public Schools. Student seeks enrollment in Edina Public Schools.

Student is requesting a move into and/or a move out of a district that receives <u>Achievement and Integration</u> <u>Revenue</u>, waiving deadlines. You can check here if you do not know the answer to this:

Student is currently expelled under Minnesota Statutes 2022, section 121A.45 for a reason listed in Minnesota Statutes 2012, section 124D.03, Subdivision 1, which allows but does not require the non-resident district to deny the application.

### **Parent/Legal Guardian Information**

The student must live with at least one parent/guardian who lives in Minnesota.

### Minnesota Parent/Guardian 1 Last Name: First Name: MI: MI: Home Phone: Work Phone: Cell Phone: E-mail: Street Address: City: \_\_\_\_\_\_State: \_\_\_\_\_ZIP: \_\_\_\_\_ Parent/Guardian 2: Last Name:\_\_\_\_\_\_ First Name:\_\_\_\_\_ MI: Home Phone: Work Phone: Cell Phone: E-mail: Street Address: City:\_\_\_\_\_State:\_\_\_\_\_ZIP:\_\_\_\_\_ Physical or Electronic Signature of at Least One Parent/Legal Guardian is Required I hereby verify that the above information is true and correct to the best of my knowledge. Signature of parent/legal guardian 1: Date: Signature of parent/legal guardian 2 (optional):

### **Submission Information**

Date:

For priority consideration, please complete this application and send it to the Superintendent's Office in the <u>non-resident District</u> by **January 15** before the first fall enrollment. Please do not send this application to the Minnesota Department of Education. Use one application per student per requested district.

Applications received by the non-resident district after the January 15 deadline may qualify for exceptions to deadline or, if not, districts may voluntarily agree to allow enrollment through a voluntary <u>School District Non-resident Agreement</u> for Inter-district Enrollment.

### Section 2: To be Completed by the Non-resident District

Non-resident District: Notify parents/guardians of application approval or disapproval in writing by February 15 or no more than 90 days after receiving applications that come later through an Achievement and Integration School Choice Program If rejected, you must let families know legal reason for denial. Reminder: ECSE open enrollment applications cannot be denied solely due to lack of capacity to provide special education services. (See Minn. Stat. section 124D.03, subd. 6 [2022]).

Please expedite any requests for open enrollment into Early Childhood Special Education Services.

Families must accept or decline the offer by March 1 or 10 business days after notification that their application has been approved. After receiving the commitment to attend, the non-resident district must notify the resident district by March 15 (or 30 days after initial receipt if form filed after January 15) of the student's intent to enroll. Districts must report all counts of rejected applications and reasons to the Minnesota Department of Education by July 15 or each year.

Date Application Submitted:		
District Name:		District Number:
District Contact Name:		
Title:		
Phone:	_Email Address:	

### Does the January 15 deadline apply?

Yes, the deadline applies and it was met.

Yes, but it was not met. If this is the case, contact the superintendent's office in the resident district immediately regarding Section 3 of this form to determine whether the resident district and your district will agree to a Non-resident Agreement to serve the student prior to open enrollment becoming available.

No, one or both districts receive Achievement and Integration funding from MDE.

No, family moved to resident district on December 1 or later.

No, the commissioner of education and commissioner of human rights have determined the resident district's policies, procedures or practices are in violation of Title IV of the Civil Rights Act (Minn. Stat. section 124D.03, subd.7 [2022]).

### Will the student have priority in a lottery? No Yes, based on:

Sibling of currently open-enrolled student in this district.

MDE-approved Achievement and Integration with specific school choice plan involving the districts.

Child of Minnesota resident who is a district employee.

City of Edina resident whose resident school district is not Edina Public Schools, seeking entry to the district.

### **Approval/Disapproval of Open Enrollment Application**

### **APPROVED**

**APPROVED BUT WITH A NON-RESIDENT AGREEMENT** for upcoming year that is mutually agreed upon by both districts. Enrollment will continue in subsequent years as open enrollment provided that a lottery is not needed for the student's grade level in the first fall enrollment or the grade level has not been closed by board action.

Students will be entered into lottery if one is held. (Non-resident district: keep documentation of the agreement. Districts may document agreement using Section 3 or another format of their choosing.)

**STUDENT'S ASSIGNED SCHOOL SITE/PROGRAM:** On the basis of information provided in the above application, and with respect to district policies and procedures, the above student will be assigned to:

-	Grade Level:
NOT APPROVED	
in Minnesota Statutes 2022, s	denied the request for open enrollment because of the following reason(s) allowed section 124D.03. Reminder: ECSE open enrollment applications cannot be denied rogram capacity. Check all that apply:
, , , , , , , , , , , , , , , , , , , ,	es and was not met; situations that would have waived the deadline are not present tions Instructions or Minnesota Statutes 2022, section 124D.03,
Statutory enrollment cap has	been reached for open enrollment. (Minn. Stat. 2022 section 124D.03, subd.2)
Grade is closed district-wide b	by board action. (Minn. Stat. 2022 section 124D.03, subd. 2 and subd.6)
District has denied the applica ( <a href="https://www.revisor.mn.gov">https://www.revisor.mn.gov</a>	ation because of specific expulsion reasons allowed in law. /statutes/2012/cite/124D.03)
NOTIFICATION TO RESIDENT DISTR	ІСТ
intent to enroll in the non-resident	sident district or last district of attendance by March 15 or 30 days later of the pupil's district. The same procedures apply to a pupil who applies to transfer from one another participating non-resident district.
Name of Superintendent/Responsi	ble Authority:
Signature:	Date <sup>.</sup>

**Please Note:** districts may not modify this form, add data fields or create alternative formats.





**Program** 

### **Transportation Request Form**

Parents requesting school bus transportation for their children should fill out this form so that a school bus and driver can be assigned.

Parent/Guardian Name:				-
Street address:				-
City/Zip:				_
Telephone: Cell	/ Home _			
** Please note: If your children a their home address,( Daycare, no schedule. Please contact Transpo any other questions at 218-445-5	on-custodial parent etc. ortation coordinator Wa 5184 ext. 304	. ) you will r ade Kern fo	need to fill ou r monthly cal	t a monthly endars or for
Student to be transported:		/		
	(Name)		(Grade)	
Student to be transported:		/.		
	(Name)		(Grade)	
Student to be transported:		/.		Si Si
	(Name)		(Grade)	
Student to be transported:		/		8
	(Name)		(Grade)	