



Verndale Public School

411 SW Brown Street, Verndale, MN 56481

218.445.5184

www.verndaleschool.org

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
Email: attendance@verndaleschool.org

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)

The mission of the Verndale Public School District is to provide a safe and innovative learning environment where all students are prepared for an ever-changing world through educational excellence.



VERNDALE PUBLIC SCHOOL ENROLLMENT FORM

Student's Name: _____
Last First Middle
Date Enrolled: _____ ☐ Male ☐ Female Birthdate: _____ Age: _____ Grade: _____
Month Day Year
Home Address: _____
Street City Zip County

HEAD OF HOUSEHOLD AND SPOUSE

Name: _____ Name: _____
Primary Phone: _____ Primary Phone: _____
Email address: _____ Email address: _____
Work Phone: _____ Work Phone: _____
Employer's Name: _____ Employer's Name: _____

List Other Children in the Household (Oldest to youngest):

Name	Sex	Age	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT – (OTHER THAN PARENTS)

Name: _____ Name: _____
Relationship to Student: _____ Relationship to Student: _____
Phone: _____ Phone: _____

Pupil lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian ☐ Mother/Stepfather ☐ Father/Stepmother
☐ Other (Specify name & relationship): _____

If student lives with only one parent, should the other parent receive school information when mailed out and/or instant alerts? Yes _____ No _____

Name: _____ Address: _____
Phone: _____ Email address: _____

☐ Please check here if there is legal documentation prohibiting the non-custodial parent from seeing this child at school.

Name(s) of legal guardian(s) of student: _____

Does your student have any medical concerns **Yes or No** (if yes, explain)

Does your student have a current IEP? **Yes or No**

Student received help in: Math _____ Reading _____ Speech _____ Other _____

Comments: _____

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 _____

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 family in any of the following situations? Check all that apply.

- ☐ Staying in a shelter (family shelter, youth shelter, domestic violence shelter, etc.) or a FEMA trailer.
- ☐ Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.
- ☐ Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
- ☐ Unknown nighttime residence.
- ☐ Waiting for foster care placement.

2. Unaccompanied Youth: not in the physical custody of a parent or guardian. Check one box.

- ☐ Yes. Student(s) is/are with an adult that is not a parent or legal guardian, or alone without an adult.
- ☐ No. Student(s) does not meet the definition of “unaccompanied youth.”

3. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? Check one: _____ Yes _____ No

- ☐ **1, 2, or 3 do not apply. STOP:** If you checked this box, you do **not** need to complete the remainder of this form.
Submit this form to school personnel.

4. Please list ALL children currently living with you (ages 0-21):

First	Middle	Last	M/F	D.O.B.	Grade	School Name

Your children have the right to:

- ✓ Continue to attend school in the school attended before you became homeless (school of origin).
- ✓ Receive transportation to the school of origin.
- ✓ Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment.
- ✓ Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- ✓ Participate in all school extra-curricular activities including athletics, music, theatre, etc.
- ✓ Have enrollment disputes quickly addressed.

Print Parent/Guardian Name

Signature

Date

District Homeless Liaison

Title

Date

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) –

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 History

(Please give details if your student has any problems in the areas listed below.)

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-

**** In the best interest of my child, I give permission to share this information with appropriate school staff in providing a safe, healthy environment for my student while at school.**

Parent/Guardian Signature

Date

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.

VERNDALE PUBLIC SCHOOL JMC PARENT ACCESS

First: _____ Last: _____

Address: _____

City: _____ State: _____ 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 2025-2026

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 box #2 pencils
1 composition notebook
1- 4 pack of black dry erase markers
1- box of 8 large Crayola crayons
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**

1st Grade:

Crayons (24 pack)
Markers (8 count)
1 Box #2 Wood Pencils
Pencil holder (bag style)
Eraser
10-12 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
1 package of ziplock bags
Headphones **NO 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

2nd Grade:

Crayons 24 count
1 set of 4 black dry erase 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
Headphones **NO BLUETOOTH EARBUDS**
1 box of Kleenex
Backpack
(See previous column, under 1st grade for folders & notebooks)

3rd Grade:

24 pack of crayons (optional)
12 pack of colored pencils
2 large packs of #2 pencils
8 count of markers
2 dry erase markers (8 count)
2 large glue sticks
1- 1 inch 3 ring binders
Pencil erasers
Scissors
1- 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 2025-2026

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.

3rd & 4th 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
1- 1 or 1.5 inch three ring binder
#2 wood pencils (36)
Crayons (24 pack)
2 boxes of Kleenex
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
1- box regular pencils
Colored Pencils
5 Highlighters (Pink, Blue, Yellow, Green Orange)
1- 8 pack of Expo Markers (For Math-will need more)
Whiteboard Eraser
1- box kleenex
glue
Headphones **NO BLUETOOTH EARBUDS**
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



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 Information

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: _____

City: _____

District of Choice (non-resident school district)

District of Choice Name: _____

District Number: _____

City: _____

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

School Site or Program Preferences

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. _____

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 [Achievement and Integration Revenue](#), 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: _____

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): _____

Date: _____

Submission Information

For priority consideration, please complete this application and send it to the Superintendent's Office in the [non-resident District](#) 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 [School District Non-resident Agreement 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:

School Building Name: _____

Starting Date: _____ **Grade Level:** _____

NOT APPROVED

The non-resident district has denied the request for open enrollment because of the following reason(s) allowed in [Minnesota Statutes 2022, section 124D.03](#). Reminder: ECSE open enrollment applications cannot be denied based on special education program capacity. Check all that apply:

The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See Statewide Enrollment Options Instructions or [Minnesota Statutes 2022, section 124D.03](#), subdivision 3.

Statutory enrollment cap has been reached for open enrollment. ([Minn. Stat. 2022 section 124D.03, subd.2](#))

Grade is closed district-wide by board action. ([Minn. Stat. 2022 section 124D.03, subd. 2 and subd.6](#))

District has denied the application because of specific expulsion reasons allowed in law.
(<https://www.revisor.mn.gov/statutes/2012/cite/124D.03>)

NOTIFICATION TO RESIDENT DISTRICT

Non-resident district must notify resident district or last district of attendance by March 15 or 30 days later of the pupil's intent to enroll in the non-resident district. The same procedures apply to a pupil who applies to transfer from one participating non-resident district to another participating non-resident district.

Name of Superintendent/Responsible Authority: _____

Signature: _____ **Date:** _____

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

Verndale SCHOOL DISTRICT #818 2025-2026 SCHOOL CALENDAR

July 2025

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Summer Office Hours

The office will be open Mondays-Wednesdays from June 9th-August 8th, from 8-3:30 pm

4 Office Closed- Independence Day

January 2026

1-2	No School
5	School Resumes
7	Late Start- School begins at 10:15
16	End of 1st Semester- 82 days
19	No School- Staff Development

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
				S-19	T-20	

August 2025

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31					S-0	T-4

5	NEW Teacher Workshop
14	NEW Teacher Workshop
25	Teacher Workshop
26	Teacher Workshop
27	Teacher Workshop
27	Open House
28	Teacher Workshop

February 2026

4	Late Start- School begins at 10:15
16	No School- President's Day

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
				S-19	T-19	

September 2025

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				
				S-20/21	T-21	

1	No School- Labor Day
2	First day for K-7, and 12
3	First day for 8-11
TBA	Homecoming Week

March 2026

4	Late Start- School begins at 10:15
TBA	Spring Concert (5-12)
19	Evening Staff Development
20	No School- Staff Development

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
			S-21	T-22.5		

October 2025

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
				S-21	T-21	

1	Late Start- School begins at 10:15
16	No School- MEA Break
17	No School- MEA Break

April 2026

1	No School-Staff Dev./ Regional Music Contest
2-3	No School- Easter/Spring Break
27	No School- Staff Development

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		
				S-18	T-20	

November 2025

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30				S-15	T-17.5	

5	Late Start- School begins at 10:15
6	No School- Staff Development/PT Conf.
7	No School- Staff Development
10	No School
27	No School- Thanksgiving Break
28	No School- Thanksgiving Break

May 2026

6	Late Start- School begins at 10:15
21	Seniors Last Day
22	Graduation
25	No School-Memorial Day
28	Last Day of School K-12 (Sem. 2- 86 days)
28	Early Release 12:30
29	Staff Development

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31					S-19	T-20

December 2025

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31		S-15	T-15

3	Late Start- School begins at 10:15
TBA	High School Band & Choir Concert
TBA	Elementary Christmas Concert
22-31	No School- Winter Break

June 2026

1	Staff Development (Flex PD Day)
19	School Closed- Juneteenth

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30			S-0	T-1

Student Days = 167/168

Teacher Days = 181

Key:

School Resumes
Late Start
Special Note

Parent Teacher Conferences
No School/ Office Closed
Teacher Staff Development

Graduation
Music Program
Last Day of School- Early Release

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 are to be picked up or dropped off at a location other than their home address,(Daycare, non-custodial parent etc.) you will need to fill out a monthly schedule. Please contact Transportation coordinator Wade Kern for monthly calendars or for any other questions at 218-445-5184 ext. 304

Student to be transported: _____ / _____
(Name) (Grade)

Student to be transported: _____ / _____
(Name) (Grade)

Student to be transported: _____ / _____
(Name) (Grade)

Student to be transported: _____ / _____
(Name) (Grade)

