

# WADENA-DEER CREEK ELEMENTARY SCHOOL ENROLLMENT FORM K-4

---

---

Student's Legal Name \_\_\_\_\_  
Last First Middle

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female

Student's Race (check all that apply):  Hawaiian-Pacific Islander  Asian  Black-African American  
 Hispanic-Latino  White  American Indian-Alaskan Native  North American Indian

## Parent/Guardian #1 Information

## Parent/Guardian #2 Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Pupil lives with:  Both Parents  Father  Mother  Guardian  Parent/Partner

Other (Specify name & relationship): \_\_\_\_\_

### If child lives with only one parent, please provide other parent information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please check here if there is legal documentation prohibiting the non-custodial parent from seeing this child at school.  
If yes, school must be provided a copy of the legal documentation.

### PERSON TO CALL IN CASE OF AN EMERGENCY, OTHER THAN PARENTS:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

---

---

### For office use only:

Family Lunch ID: \_\_\_\_\_ Student Lunch ID: \_\_\_\_\_ MARSS ID: \_\_\_\_\_

Internet Policy: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

## **0-5 YEARS OLD - CENSUS FORM**

**Please list all the children in the household from age 0 - 5 years old and are not in school.** In order that we may complete our census records for this year, will you please fill in the blanks below and return this form with one of your children during the first week of school or mail to Wadena-Deer Creek Elementary School, 215 SW Colfax Ave, Wadena, MN 56482.

**HOUSEHOLD INFORMATION** (Please print)

---

Parent/Guardian #1 Full Name

---

Parent/Guardian #2 Full Name

---

Home Telephone

---

Mailing Address

---

Parent/Guardian #1 cell

---

Parent/Guardian #2 cell

---

School District you live in: \_\_\_\_\_

**CHILD INFORMATION: Please use legal name**

	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>SEX</b> M/F	<b>Birthdate</b> MM/DD/YY	<b>HANDICAP*</b>
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

\* Do any of the above children have problems with vision, hearing, seizures, or are they speech or language physically disabled, learning disabled, developmentally delayed, or do they have other health concerns? \_\_\_\_\_

Signature (Parent or Guardian): \_\_\_\_\_

As a help to us in locating new families, will you please list below any families that have moved into, or out of, the neighborhood 'within the past year' and their address, if known. Also, any parents who have had their first child within the past year. Thank you.

---



---

# Student Health Questionnaire

Student name: \_\_\_\_\_

Does your child have any allergies, such as food, bee sting, etc? \_\_\_\_\_

\_\_\_\_\_ If yes, do they have an Epi Pen? \_\_\_\_\_

Has your child been diagnosed with asthma? \_\_\_\_\_ If yes, do they have an inhaler? \_\_\_\_\_

Does your child take any daily medications? \_\_\_\_\_

If yes, please list \_\_\_\_\_

Does your child have any dental problems/concerns? \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

Is your child lactose intolerant? \_\_\_\_\_ Does your child have a gluten allergy? \_\_\_\_\_

Do you have any mental health concerns? \_\_\_\_\_

Does your child have significant past medical history/ surgeries? If yes, please list

\_\_\_\_\_

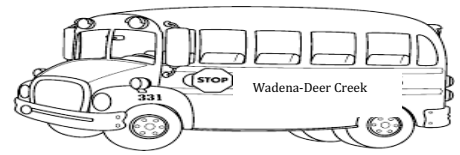
Does your child have a health care provider? Please list \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions or concerns, please call me at 218-632-2165. I am in the health office Monday through Friday, 7:30a.m. - 4:00p.m.

Thank you for taking the time to complete this form.

Barb Schmitz  
WDC Elementary



**STEP 1:**            **If your child requires bussing, contact Robert Brostrom,  
Transportation Director, to set up bus service.  
Email: rbrostrom@wdc2155.k12.mn.us  
Phone: 218-632-2146**

**PLEASE NOTE PICK-UP AND DROP-OFF TIMES ARE APPROXIMATE.**

Student(s) Name and Grade(s) \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

My child will ride Bus # home \_\_\_\_\_. Pick up time \_\_\_\_\_ Drop off time \_\_\_\_\_

**Your child may be picked-up or dropped off at one location. Please list below:**

<p><u>MORNING PICK-UP</u></p> <p>(1) Name _____</p> <p>(1) Relationship _____ circle days that apply    M   T   W   Th   F</p> <p>(1) Address _____ Phone _____</p> <p>My child will ride Bus # _____ Pick up time is _____</p>
---

<p><u>AFTERNOON DROP-OFF</u></p> <p>(1) Name _____</p> <p>(1) Relationship _____ circle days that apply    M   T   W   Th   F</p> <p>(1) Address _____ Phone _____</p> <p>My child will ride Bus # _____ Drop off time is _____</p>
---

**STEP 2:**            Bring completed form to the elementary office.  
If you have bussing changes or questions contact  
Robert Brostrom Transportation Director, 218-632-2146 or rbrostrom@wdc2155.k12.mn.us

WADENA-DEER CREEK PUBLIC SCHOOLS, I.S.D. No. 2155

CONSENT TO RELEASE PRIVATE DATA

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name & Address of Previous School / Organization:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip: \_\_\_\_\_  
School Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

The information to be released (which may be examined by parent or learner if of legal age) includes, but is not limited to:

- Official school records (name, address, birth date, grade levels completed, grades, class rank, standardized group test results, etc.)
- Health and immunization records.
- Educational evaluation information including staff observations.
- Standardized Achievement test scores.
- Special Education records (including related services and psychological testing).
- Special Services (speech therapy, specific learning disabilities, tutoring, etc.)
- Other \_\_\_\_\_

Send records to:

**Grades K – 4:**  
Wadena-Deer Creek Elementary School  
215 SW Colfax Ave  
Wadena, MN 56482  
Phone: 218-632-2400  
Fax: 218-632-2499  
Email: [lschmidt@wdc2155.k12.mn.us](mailto:lschmidt@wdc2155.k12.mn.us)

WDC start date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian or School Official

\_\_\_\_\_  
Date

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 Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

## Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<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"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<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"/>
Measles, Mumps, Rubella (MMR)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>		<input type="text"/>	<input type="text"/>
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<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 chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

**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		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*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 against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

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

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

This document was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of parent or guardian)

Notary Signature: \_\_\_\_\_

Notary Stamp

STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**3. Consent to share immunization information:** 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 choose 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)

## Ethnic and Racial Demographic Designation Form

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

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

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

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

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

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

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

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

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

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

*Go to Question 1.*

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

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

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

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

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

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

*Go to Question 2.*

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





## Student Digital Equity Survey

### Instructions

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

### Student Information

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

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

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

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

### Digital Device Access

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

**No** (skip to question 2)

**Yes** (continue to 1a)

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

(select ONLY one)

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

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

- Yes
- No

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

- Yes
- No

**Internet Access**

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

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

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

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

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

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

---

**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.<sup>1</sup>

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

**No** [If no, go to Question 4.]

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

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

---

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

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

**No** [If no, go to Question 5.]

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

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

---

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

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

---

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

**Yes**

**No**

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

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

Print/Save