Wadena-Deer Creek Public Schools
ISD No. 2155

218.632.2155 • Fax: 218.632.2399 • 600 Colfax Ave SW Wadena, MN 56482

STUDENT ENROLLMENT

Student's Legal Name _____
Last First Middle

[ ] Male [ ] Female DOB: _____ Grade _____ Student Cell Phone *(optional)*:_____

Student lives with: [ ] Both Parents [ ] Father [ ] Mother [ ] Guardian [ ] Parent/Partner
[ ] Other *(name & relationship)*: _____

Parent/Guardian Information *(list primary residence first)*:

Name(s): _____ Relationship: _____
Address: _____
Cell Phone #1: _____ Cell Phone #2: _____
Work Phone #1: _____ Work Phone #2: _____
Email #1: _____ Email #2: _____

Name(s): _____ Relationship: _____
Address: _____
Cell Phone #1: _____ Cell Phone #2: _____
Work Phone #1: _____ Work Phone #2: _____
Email #1: _____ Email #2: _____

[ ] **Check here if there is legal documentation prohibiting the non-custodial parent from seeing or picking up this child at school. [A copy of this documentation must be provided.]**

Emergency Contact *(other than parent/guardian)*

Name: _____ Relationship to Student: _____
Phone Number: _____ Address: _____

Names of those allowed to pick up child from school: _____

_____

_____

Name and city/state of last school attended:

_____

_____

Has student ever been tested for special education services? [ ] Yes [ ] No

Does student have an IEP? [ ] Yes [ ] No Primary Disability: _____

Is student on a 504 plan? [ ] Yes [ ] No

Does your child have a medical concern? [ ] Yes [ ] No

*If yes, please describe:*_____

Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? [ ] Yes [ ] No

Are you part of a military family? [ ] Yes [ ] No

Please choose an online parent access password (JMC): _____

OFFICE USE ONLY

Family Lunch ID _____ Student Lunch ID _____

MARSS # _____

Classroom Teacher: _____

[ ] Walks to School [ ] Transported Bus# : _____

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CONSENT TO RELEASE PRIVATE DATA

Date _____ Student's Legal Name _____

DOB _____ Grade _____

I authorize WADENA-DEER CREEK ISD #2155

[ ] to release information to:
[ ] to obtain information from:

_____
Name, Title

_____
Organization

_____
Address

_____
City State Zip Code

School records may be examined by parents or learners of legal age.

The information to be released:

[ ] Official School Records (name, address, birthdate, sex, attendance record, grade level, grades, class rank, standardized test results)

[ ] Health Records
[ ] Medical Reports (including related services)
[ ] Teacher, Counselor, Staff Observations
[ ] Special Ed. Records (including special services)
[ ] Other (specify) _____

[ ] Chemical Abuse/Dependency Report
[ ] Psychological Report
[ ] Psychiatric Report
[ ] Social Work Report

_____ _____
Parent Signature (or Learner if of legal age) Date

Please send records to:
K-4: Lisa Schmidt lschmidt@wdc2155.k12.mn.us
5-12: Katie Polman kpolman@wdc2155.k12.mn.us
or Fax: 218-632-2399
Do not mail files.

Family Education Rights and Privacy Act of 1974 (Buckley Amendment) states that a parent signature is not required for transfer of records between schools.

DEPARTMENT OF EDUCATION

Reset form

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*):

☐ Decline to indicate	☐ Guatemalan	☐ Salvadoran	☐ Other Hispanic/Latino
☐ Colombian	☐ Mexican	☐ Spaniard/Spanish/ Spanish-American	☐ Unknown
☐ Ecuadorian	☐ 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*):

☐ Decline to indicate	☐ Cherokee	☐ Other North American Indian Tribal Affiliation
☐ Anishinaabe/Ojibwe	☐ Dakota/Lakota	☐ Unknown

Go to Question 2.

[1]Federal 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
- ☐ Asian Indian
- ☐ Burmese
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Karen
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Unknown

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
- ☐ African-American
- ☐ Ethiopian-Oromo
- ☐ Ethiopian-Other
- ☐ Liberian
- ☐ Nigerian
- ☐ Somali
- ☐ Other black
- ☐ 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 _____

Print/Save

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction**. Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English learner instruction at any time. Every enrolling student must be provided with the Minnesota Language Survey during enrollment.** Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's 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:	___ language(s) other than English. ___ English and language(s) other than English. ___ only English.	
2. My student speaks:	___ language(s) other than English. ___ English and language(s) other than English. ___ only English.	
3. My student understands:	___ language(s) other than English. ___ English and language(s) other than English. ___ only English.	
4. My student has consistent interaction in:	___ language(s) other than English. ___ English and language(s) other than English. ___ only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/Guardian Information	
Parent/Guardian Name (Printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and forlegally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

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CONFIDENTIAL STUDENT RECORD INTAKE

**To be completed only if you do not own or rent your home.*

Parent/Guardian Name: _____ Phone: _____

Home Address: _____

Street City Zip

List all children in the household (birth through 21 years of age) in your care: *(For non-relative caregivers, please list only the children staying with you temporarily)*

Name	Grade	Age	Date of Birth	Current/Last School Attended

Please indicate student(s) living situation:

[ ] Shelter [ ] Doubled Up[1] [ ] Migrant [ ] Unsheltered[2] [ ] Motel/Hotel
[ ] Transitional Housing [ ] Unaccompanied Child or Youth[3]

[1] Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
[2] Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations
[3] Unaccompanied child or youth no living with a parent or guardian

Is your living arrangement due to the loss of housing or economic hardship? [ ] Yes [ ] No

Please check the following services that are needed or desired: *Check all that apply*

[ ] Childcare
[ ] Tutoring
[ ] School transportation
[ ] Clothing/PE shoes
[ ] School supplies
[ ] Counseling
[ ] Special Education
[ ] Immunizations
[ ] Graduation
[ ] Summer Program
[ ] Other _____

[ ] Medical/dental referral
[ ] Vision referral
[ ] Housing
[ ] Enrollment
[ ] Fees
[ ] Mentoring
[ ] Gifted/Talented
[ ] Birth certificate
[ ] Shelter
[ ] College/FAFSA
[ ] Financial assistance for _____ (Cost: $_____)

[ ] Medicaid/County services (food stamps/TANF)
[ ] Before/after school programs
[ ] Preschool enrollment records
[ ] Early Childhood program
[ ] Extra-curricular clubs/activities
[ ] Missing enrollment records
[ ] Music/Fine Arts
[ ] Vocational/technical
[ ] Immunization/medical records
[ ] Sports/Athletics

_____ _____
Signature of Parent/Guardian/Unaccompanied Youth Date

OFFICE USE ONLY

[ ] Entered in JMC [ ] Free Meals [ ] Title I Supports [ ] _____ [ ] _____

Notes:

_____ _____

Signature of Building/District Liaison Date

WDC 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, please explain) _____

_____

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 us.

Barb Schmitz, RN
WDC Elementary Nurse
(218) 632-2165

Abbie Schultz, BSN, RN, PHN, LSN
WDC MS/HS Nurse
(218) 632-2347

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								
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)								
Haemophilus influenzae type b (Hib)								
Pneumococcal (PCV)								
Polio								
Measles, Mumps, Rubella (MMR)								
Chickenpox (varicella)								
Hepatitis A								
Tetanus, Diphtheria, Pertussis (Tdap)								
Meningococcal (MCV4)								

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:

1. 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.
2. 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.

DEPARTMENT OF HEALTH
Immunization Program (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		
Haemophilus influenzae 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*)

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 _____

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.

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)

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 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: Wadena-Deer Creek

District Number: 2155

City: Wadena

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

_____

Site or Program Preferences

If the non-resident school district has multiple 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 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, section 121A.45 for a reason listed in Minnesota Statutes, 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 Signature of at Least One Parent/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. § 124D.03, subd. 6).

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

Families must accept or decline the offer by **March 1 or 45 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 Received: _____

District Name: Wadena-Deer Creek

District Number: 2155

District Contact Name: Brad Johnson

Title: Superintendent

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. §124D.03, subd.7).

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 ASSIGNMENT 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, 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, section 124D.03, subdivision 3.
☐Statutory enrollment cap has been reached for open enrollment. (Minn. Stat. § 124D.03, subd.2)
☐Grade is closed district-wide by board action. (Minn. Stat. § 124D.03, subd. 2 and subd.6)
☐District has denied the application because of specific expulsion reasons allowed in law. (Minn. Stat. § 124D.03, subd.1)

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: Brad Johnson

Signature: _____

Date: _____

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

Wadena-Deer Schools

Enrollment Checklist

Please check for accurate completion of the following before submitting your enrollment application. *All forms are required unless otherwise indicated.*

[ ] Student Enrollment Form

[ ] Consent to Release Form

[ ] Ethnic and Racial Demographic Designation Form

[ ] Minnesota Language Survey

[ ] Confidential Student Record Intake *(required only if you do not own or rent your home)*

[ ] Student Health Questionnaire

[ ] Immunization Form or copy of Immunization Record from clinic/health record

[ ] Statewide Enrollment Options Application *(required only if you live outside of ISD 2155)*