

PO Box 218
209 Hayes Street
New York Mills, MN 56567
218-385-2553 (phone)
218-385-2551 (fax)



Our Mission: To develop flexible, engaged learners and responsible citizens by providing resources through community collaboration.

The Following Student has enrolled at New York Mills High School

Name of Student

Current Grade

Date of Birth

To release school records:

I hereby authorize _____

School student attends/attended

Parent/Guardian/Counselor's Signature

Date

The following records are requested:

- ☐ Transcript
- ☐ MARRS number(if applicable)
- ☐ Health Records, Athletic Physical, Immunization
- ☐ Testing information, including the MN Basic Standards Test Scores and MCA Scores
- ☐ Attendance Records
- ☐ Individualized Education Plan (IEP or 504, if there is one)
- ☐ Psychological Assessments
- ☐ Disciplinary Reports
- ☐ Date student withdrew from your school
- ☐ Attendance Records

Please email records to:

Jodi Raser, Licensed School Counselor
jraser@nymills.k12.mn.us

Connie Kawlewski, Administrative Assistant
ckawlewski@nymills.k12.mn.us

In accordance with revised Federal and State statutes, permission of the parent is not required when records are requested by authorized school personnel (Federal 20 USC Sect. 1232gM.S. 1332 (1982))

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Student Enrollment

Student's Legal Name: _____
Last First Middle

Date of Birth: _____ Age: _____ Grade: _____ ☐ Male ☐ Female

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student Cell Phone: _____

Email: _____

Has the student ever been tested for special education services? ☐ Yes ☐ No

Does student have an IEP? ☐ Yes ☐ No

Is student on a 504 plan?

Any Health Concerns: _____

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Student's Race: ☐ American Indian ☐ Asian/Pac. Island ☐ Hispanic ☐ Black ☐ White

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

Name	Grade	Date of Birth
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____

Office Use Only

MARSS# _____	Student Lunch ID _____
Open Enrolled <input type="checkbox"/> Yes <input type="checkbox"/> No	Classroom Teacher _____
	Walks to school <input type="checkbox"/> Bus <input type="checkbox"/> # _____
	Health Records <input type="checkbox"/>

Parent/Contact Information

Father/Guardian 1 _____

Relationship to Student: _____

Are you the legal guardian? ☐ Yes ☐ No

Physical Address: _____ Same as Student ☐ Yes ☐ No

Mailing Address: _____ Same as Student ☐ Yes ☐ No

City: _____ State: _____ Zip: _____

Contact Allowed ☐ Mailings Allowed ☐ Emergency ☐ Teacher ☐

Work #: _____

Cell #: _____

Email: _____

Parent/Contact Information

Mother/Guardian 2 _____

Relationship to Student: _____

Are you the legal guardian? ☐ Yes ☐ No

Physical Address: _____ Same as Student ☐ Yes ☐ No

Mailing Address: _____ Same as Student ☐ Yes ☐ No

City: _____ State: _____ Zip: _____

Contact Allowed ☐ Mailings Allowed ☐ Emergency ☐ Teacher ☐

Work #: _____

Cell #: _____

Email: _____

Student Lives With:

Both Parents ☐ Father ☐ Mother ☐ Guardian ☐ Foster Parent ☐ Grandparent(s) ☐

Mother & Step Parent ☐ Father & Step Parent ☐ Other Relative ☐

Emergency Contact:

List 2 local contacts that will assume responsibility for your child if school personnel cannot reach you in an emergency.

Name: _____ PH: _____

Relationship: _____

Name: _____ PH: _____

Relationship: _____

REQUEST FOR TRANSPORTATION

Are you requesting transportation? _____Yes _____No

If yes, please complete the following information and return with your open enrollment request.

Please consider my request for transportation for the following students beginning in the _____ school year.

(School year)

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Home (E911) Address: _____

Requested location for bus stop (if other than home address): _____

Other information for consideration (if any): _____

Phone Number: _____

Parent/Guardian: _____
(Signature) (Date)

Parent/Guardian: _____
(Printed Name)

FOR OFFICE USE ONLY

Recommendation from Transportation Department _____

Approved _____ Denied _____ Board Meeting Date _____

New York Mills
Chromebook, Student Internet, and Equipment Use Agreement

The following information must be provided before obtaining your Chromebook. Failure to complete the following information may delay your Chromebook from being issued. One form per student must be completed.

Agreement

- We understand that if a student-user violates the terms or the directives of a teacher or administrator, he or she may be subject to discipline, up to and including expulsion, as well as civil or criminal penalties that may be imposed by law. Access to the School District's information resources may be revoked at any time.
- We understand that the district is to be held harmless for any activity conducted with the Chromebook outside of school, and it is my responsibility as a parent to monitor that activity.
- We understand that parents/guardians can request alternative activities not requiring internet access.
- We agree that the benefits of access outweigh the potential risks and that the responsibility for appropriateness falls on the individual user.
- We understand that in order to administer its information technology resources, the District can and will monitor use of those resources without notice to users.
- We have read all the policies and guidelines in the NYM Public Schools' Chromebook Policy & Usage Handbook. We understand our responsibilities and agree to all stipulations outlined in the NYM Schools' Chromebook Policy & Usage Handbook, the District Technology Acceptable Use Policy, the Damage and Replacement Plan Insurance, and the Student & Parent Pledge for Chromebook Use.

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- ☐ I accept all of the above and allow my child to participate in the NYM Public School's Chromebook Program. I understand that if I wish for my child to opt out of take-home privileges, it is my responsibility to notify the High School Office.

Parent/Guardian(Print): _____

Parent/Guardian Signature: _____ Date: _____

- ☐ I have read and understand the Chromebook Policy & Usage Handbook, the District Technology Acceptable Use Policy, and the Digital Citizenship Policy. I understand that my failure to follow the information and expectations outlined in these documents may result in disciplinary action.
- ☐ I am 13 years of age or older

Student Name(Print): _____ Grade: _____

Student Signature: _____ Date: _____