

BAUDETTE, MINNESOTA

Student's Full Name _____ Grade _____

Nickname _____ Date of Birth _____ M _____ F _____

Birthplace: City _____ County _____ State _____

Mailing Address _____ City _____ Zip Code _____

Street Address _____ Home Phone Number _____

Cell Phone Number(s) _____ Email Address _____

Please give detailed directions to your home; include highway #'s, landmarks, etc. _____

Is your home located within the boundaries of Lake of the Woods School District? _____ (If no, please request an Open Enrollment form from the office.)

Family Information

Male Guardian _____ Relationship _____

Employer Name & Address _____ Work Phone _____

Female Guardian _____ Relationship _____

Employer Name & Address _____ Work Phone _____

Child lives with: Both parents _____ Mother _____ Father _____ Other (name & relationship) _____

Full Names and date of birth of all school and pre-school age children living in your home:

Emergency Contacts (if you are not available):

Name, address, day phone, relationship

1. _____

2. _____

Daycare provider, address, phone _____

School History

Previous School, address _____

Has your child received school bus safety training? _____

Has your child received special education services? _____ If yes, dates in program _____

Has your child received help in the following areas? Speech _____ Title 1 Reading _____ Title 1 Math _____

(OVER PLEASE)

Ethnicity/Race

Part A - Is this student Hispanic/Latino?

(Choose only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more to indicate what you consider your student's race to be.

Part B Choose one or more.

American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam)

White (A person having origins in any of the original peoples of Europe, Middle East or North Africa)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)

Request for Social Security Number

~~Please sign this form whether or not you provide your child's social security number. Thank you.~~

School District: Lake of the Woods Independent School District #390, Baudette, Minnesota

Social Security Number _____ - _____ - _____

Parent/Guardian Signature _____ Date _____

Lake of the Woods School
ISD #390
STUDENT HEALTH HISTORY

Name: _____ Male _____ Female _____
Date of Birth: _____ Grade: _____
Address: _____
Parent/Guardian: _____ Home Phone: _____
Male: _____ Work Phone: _____
Female: _____ Work Phone: _____
Emergency Contact: _____ Phone: _____
Physician: _____ Phone: _____
Dentist: _____ Phone: _____

Allergies. Please list the items that your child is allergic to.

_____ Food allergy to _____
_____ Drug or medication allergy to _____
_____ Severe reaction to insect stings. _____
_____ Other allergies. Please list specific type of allergy. _____

Hospitalizations:

Has your child ever been hospitalized? _____

If yes, for what and at what age? _____

Medications:

Is your child on any medication on a regular or long-term basis? _____

If yes, please specify: _____

(OVER PLEASE)

Illnesses (Please check all illnesses that your child has had.)

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hayfever |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent colds |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> ADHD or <input type="checkbox"/> ADD |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes Age of onset <input type="text"/> |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Earaches |
| <input type="checkbox"/> Draining ears | <input type="checkbox"/> Kidney infections |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Scarlet fever | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> Bone or muscle trouble | <input type="checkbox"/> Broken bones |
| <input type="checkbox"/> Urinary trouble | |
| <input type="checkbox"/> Hearing trouble | <input type="checkbox"/> Hearing aid <input type="checkbox"/> PE tubes in ears |
| <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts |

Please describe all illnesses checked above: _____

Home Language Questionnaire
 ED-01336-08E

The following is to be completed by School District Personnel:

STUDENT IDENTIFICATION INFORMATION		
Student's Full Name		
Date Of Birth	Age	Grade Level

DISTRICT INFORMATION/VERIFICATION INFORMATION	
School name	District number
<p>I hereby verify that the above information is true and accurate to the best of my knowledge and belief.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name (Printed)</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Signature – Responsible Authority Title Date </p>	

The following is to be completed by Parent/Guardian:

STUDENT LANGUAGE INFORMATION	
<p><i>Dear Parents and Guardians:</i> In order to help your child learn, your child's teachers need to determine which language your child uses most. Please respond to the questions below by checking the appropriate box.</p>	
1. Which language did your child learn first?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
2. Which language is most often spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
3. Which language does your child usually speak?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____

PARENT/GUARDIAN INFORMATION	
<p>I hereby verify that the above information is true and correct to the best of my knowledge and belief.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name (Printed)</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Signature – Parent/Guardian Date </p>	



LAKE OF THE WOODS
School

AUTHORIZATION FOR RELEASE OF ELEMENTARY SCHOOL RECORDS

Last School Attended _____

School's Address _____

City, State, Zip _____

The following students have enrolled at Lake of the Woods Elementary School:

Student Full Name	Birth date	Grade	Enrollment Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please forward all records:

- Transcript
- Grades for current school year
- Standardized test results
- Health records (including immunizations)
- Psychological services reports, if any
- Special education information, if any
- Limited English Proficiency help, if any
- Social worker involvement, if any
- Early Childhood screening records
- Other information which may be helpful in admission or placement of students
- MARSS number, if any _____

Please send all records pertaining to the above students to:

Lake of the Woods Elementary School
P O Box 310
Baudette, MN 56623

Signature of Parent/Guardian

Date

WWW.LAKEOFTHEWOODSSCHOOL.ORG