February 1, 2020

Dear Future Kindergartner and Family,

Greetings Class of 2033! My name is Mrs. Doreen Oelke and as the Principal of South Elementary, I would like to extend an invitation for you to attend our upcoming Kindergarten Registration Night. This special event is reserved just for you and your parents. It will be held from 6:00-7:15pm on Thursday, March 19, 2020 at South Elementary. Please enter through door #2.

Children, you will have an opportunity to see your new school, meet the kindergarten teachers, read stories & do a fun activity. Parents will have a chance to submit all of the school entrance paperwork and get all of their questions answered regarding readiness, health issues, the food program, after school care, and bussing information.

Parents, please note that state law requires that all kindergarten students complete preschool screening and have completed immunizations prior to being admitted to kindergarten. If you are not sure if your child has been screened or if you have questions about screening, please contact the Community and Family Education Office at 934-3048.

Please complete the enclosed paperwork and feel free to drop it off or mail it to South Elementary. You may also turn it in on Kindergarten Registration Night. If you have any questions, please do not hesitate to call the South office at 934-2754, Ext.3045.

All of us at South are very excited to meet you, show you around your new school, and welcome you to our South Elementary Family. It is a great place to grow and learn and we know you are going to fit right in. See you on March 19th!

If you have elected not to attend kindergarten or will be attending a school other than South, please give us a call and we will update our records.

Sincerely,

Doreen Oelke, Principal
Enclosures
## Student Registration/Change Form

**PLEASE INDICATE CHANGES WITH AN * (ASTERISK)**

<table>
<thead>
<tr>
<th>Student LEGAL Last Name:</th>
<th>LEGAL First Name:</th>
<th>LEGAL Middle Name</th>
<th>Also Known As:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth date (Month/Day/Year)</strong></td>
<td><strong>Gender:</strong></td>
<td><strong>Birthplace:</strong></td>
<td><strong>City</strong> (Provide copy of birth certificate or any legal document that includes the birth date) <strong>State</strong> <strong>Zip</strong></td>
</tr>
<tr>
<td><strong>Grade:</strong></td>
<td><strong>Military Connected Youth</strong>*:**</td>
<td><strong>Primary Language at Home:</strong></td>
<td><strong>English</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PRIMARY HOUSEHOLD – STUDENT LIVES WITH (Check one)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Both Parents □ Father Only □ Mother Only □ Grandparents □ Father/Stepmother □ Mother/Stepfather □ Stepfather/Stepmother □ Guardian □ Self □ Agency □ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>HOME PHONE (WHERE STUDENT RESIDES)</strong> (__________) or Unlisted (please circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRIMARY HOUSEHOLD (Father/Stepfather/Guardian where student resides)</strong></td>
</tr>
<tr>
<td>Last Name ___________________________ First Name ___________________________</td>
</tr>
<tr>
<td>Phone: Home __________ Work __________ Cell __________</td>
</tr>
<tr>
<td>Email: ___________________________</td>
</tr>
<tr>
<td>Is this address permanent? □ Yes □ No (If no, please ask the office for an additional form)</td>
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</tbody>
</table>

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<thead>
<tr>
<th><strong>SECONDARY HOUSEHOLD – STUDENT LIVES WITH (Check one)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Father Only □ Mother Only □ Grandparents □ Father/Stepmother □ Stepfather/Stepmother □ Guardian □ Self □ Agency □ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>SECOND HOUSEHOLD ADDRESS:</strong> Both Parents have legal rights to receive information about their child unless otherwise ordered by the court.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address ___________________________</td>
</tr>
<tr>
<td>PO Box ___________________________</td>
</tr>
<tr>
<td>City ___________________________ State ___________________________ Zip ___________________________</td>
</tr>
<tr>
<td>Mailings Requested: □ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<td>PO Box ___________________________</td>
</tr>
<tr>
<td>City ___________________________ State ___________________________ Zip ___________________________</td>
</tr>
<tr>
<td>Mailings Requested: □ Yes □ No</td>
</tr>
</tbody>
</table>

Are there ANY COURT ORDERS currently in effect pertaining to your child? (i.e., custody/parenting plans, restraining orders, guardianship, etc.)

□ NO □ YES, I ___________________________ (Parent or Guardian) have provided court documentation.
### STUDENT REGISTRATION (continued)

<table>
<thead>
<tr>
<th>Name of School Last Attended:</th>
<th>Previous School Street Address:</th>
<th>Previous School City, State and Zip:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Has the student ever attended St Peter Public Schools?  [Yes]  [No]
If Yes, name of the school attended:  [ ]
Date attended (month/year)

Kindergarten Only – Has your child been Pre-School Screened?  If yes, where was he/she screened (city/state)

Has your child ever qualified for Special Education Services?  [Yes]  [No]
If Yes, what services have been provided?

### OTHER HOUSEHOLD MEMBERS LIVING WITH STUDENT (Siblings, Aunts, Uncles, Friends, etc.)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to student</th>
<th>Gender</th>
<th>Grade (if app.)</th>
<th>Birth date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>[Male]</td>
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<td>[Male]</td>
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</tbody>
</table>

**RACE:** Please check all that apply of the following:
- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White

**ETHNICITY:** Please answer the following question:  Is your ethnicity Hispanic/Latino?  [Yes]  [No]

**RACE/ETHNICITY:** Please check ONE of the following:
- American Indian/Alaskan Native
- Asian/Other Pacific Islander
- Hispanic
- Black, NOT Hispanic
- White, NOT Hispanic

NOTE: The US Department of Education strongly encourages "self-identification" of race and ethnicity rather than third party "observer identification." The MN Department of Education requires us to gather and report data beginning the 08-09 School year. This allows individuals, for the first time, the opportunity to identify themselves as being of or belonging to more than one race and ethnicity.

Educational institutions are required to collect & report this data. Individuals are not required to self-identify their race or ethnicity. If respondents do not provide information about their race/ethnicity, educational institutions should ensure that respondents have refused to self-identify rather than simply overlooked the questions. If adequate opportunity has been provided for respondents to self-identify and respondents still do not answer the questions, observer identification will be used. While the Department recognizes that obtaining data by observer identification is not as accurate as obtaining data through a self-identification process, places some burden on school district staff and may be contrary to the wishes of those refusing to self-identify because it is better than the alternative of having no information.

---

**I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

Authorized Signature**: [ ]
Relationship to Student:  [ ]
Date:  [ ]

---

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>School Attending:</th>
<th>Start Date:</th>
<th>Enrollment Code:</th>
<th>Locker #</th>
</tr>
</thead>
</table>

Notes:

**By signing this form you are authorizing the St Peter School District to request educational records for your child from past educational institutes.

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**MN STATUTE 127A.852 MILITARY CONNECTED YOUTH IDENTIFIER - is there an immediate family member, including a parent or sibling, who is currently in the armed forces either as a reservist or on active duty or has recently retired from the armed forces?**

Data collected under this section is private data on individuals, as defined in section 13.02, subdivision 12.
ISD 508 McKinney-Vento Questionnaire

Your child may be eligible for additional educational services through Title 1 Part A, Title 1 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 one box.
   - A. Staying in shelter, trailer, or waiting for foster care placement.
   - B. Sharing the housing of others due to loss of housing, economic hardship, similar reason: doubled-up.
   - D. Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
   - E. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
   - U. Unknown nighttime residence.

2. Unaccompanied Youth: not in the physical custody of a parent or guardian. Check one box.
   - Y. Student is with an adult that is not a parent or legal guardian, or alone without an adult.
   - N. Student 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 check this box, you do NOT need to complete the remainder of this form. Submit this form to school personnel.

4. Student Name:

   FIRST
   MIDDLE
   LAST

   The undersigned certifies that according to information provided above, the student listed meets the definition of "Homeless" as stated in McKinney-Vento Act (subtitle B, sect. 725) of July 1, 2002

<table>
<thead>
<tr>
<th>Print Parent/Guardian Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
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<tbody>
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</tbody>
</table>

District Use Only

District Homeless Liaison or Administrator: Based on the above information and a brief interview/inquiry with and/or this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act.

Print - District Homeless Liaison (required)

St. Peter Public Schools

100 Lincoln Drive

St. Peter, MN 56082

507-934-5703
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.

<table>
<thead>
<tr>
<th>Student Information</th>
<th>Birthdate or Student ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's Full Name: (Last, First, Middle)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check the phrase that best describes your student:</th>
<th>Indicate the language(s) other than English in space provided:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My student first learned:</td>
<td>language(s) other than English.</td>
</tr>
<tr>
<td>English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>only English.</td>
<td></td>
</tr>
<tr>
<td>2. My student speaks:</td>
<td>language(s) other than English.</td>
</tr>
<tr>
<td>English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>only English.</td>
<td></td>
</tr>
<tr>
<td>3. My student understands:</td>
<td>language(s) other than English.</td>
</tr>
<tr>
<td>English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>only English.</td>
<td></td>
</tr>
<tr>
<td>4. My student has consistent interaction in:</td>
<td>language(s) other than English.</td>
</tr>
<tr>
<td>English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>only English.</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Parent/Guardian Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name (printed):</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

* 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.
2019-20 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.  

[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/ ☐ Unknown
☐ Ecuadorian ☐ Puerto Rican ☐ Spanish-American

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.

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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.

○ 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
☐ Karen
☐ Korean
☐ Other Asian
☐ Hmong
☐ Vietnamese
☐ 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.

○ 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.

○ 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.

○ Yes
○ No

Parent(s)/Guardian Name ____________________________ Date ______________________________

Parent(s)/Guardian Signature ____________________________
Family Survey

2019-2020

Have you or anyone in your family worked or is currently working in agricultural work? If so, please check the appropriate box.

☐ Yes
☐ No
☐ Not Sure

Have you or anyone in your family moved (city, state, county, or school district) in the past 3 years?

☐ Yes
☐ No
☐ Not Sure

Teacher

Birthday

Grade

ID

Student Name

Phone

City

Address

Parent/Guardian

School: Please send completed form to melanie.wolff@vocac.org

melanie.wolff@vocac.org
507-223-3754
Tribal Valley Opportunity Council
Region 2 Recruitment
Elaine Wolff
¿Usted o alguien de su familia ha trabajado o trabajan actualmente en agricultura? Por favor marque el recuadro que describa mejor el tipo de trabajo.

- [ ] Escolares
- [ ] Jardineros, corta hierba, trabajadores de estadísticas, agricultores, campesinos
- [ ] Finanzas, administradores de finanzas, contadores
- [ ] Transportistas al mercado local
- [ ] Otro: ________________

¿Usted o alguien de su familia se ha cambiado de domicilio (ciudad, estado, país o distrito escolar) en los últimos 3 años?

- [ ] Sí
- [ ] No
- [ ] No Se

2019-2020
SAINTS BUS SERVICE
Lucas Schaefer
Phone: 507-934-4690 Fax: 507-934-4691
Email: lschaefer@stpeterschools.org
Address: 43336 371st Ave, St Peter, MN 56082

K-1 Busing/Daycare Information

Date____________________
Student Name:_________________________ Grade:________
Teacher:______________________________
Parent's Name:________________________
Address:______________________________
City:____________________ Phone:____________________
              Cell:____________________

PLEASE INDICATE HOW YOUR STUDENT WILL BE GETTING TO/FROM SCHOOL AND THE LOCATION

TO SCHOOL               HOME
Walk ______              Walk_______
Bus ______              Bus_______
Picked up at HOME_______ Dropped off at HOME_______
        Or      DAYCARE_______        Or      DAYCARE_______

DAYCARE INFORMATION:

Daycare Provider Name:____________________________________
Address:_______________________________________________
City:____________________ Phone:____________________
              Cell:____________________
KINDERGARTEN PARENTS
PLEASE PROVIDE A COPY OF YOUR STUDENT'S BIRTH CERTIFICATE.
KINDERCARTEN/ELEMENTARY
PHYSICAL EXAM FORM
To be completed by a healthcare provider. Submit the completed form to the school's health office.

Student's Full Name ___________________________ Birth Date ________________
Height _______ Weight _______ Blood Pressure _______ Pulse _______

EYES: Vision R _____ L _____
Muscle Balance __________________________
Wearing Contacts/Glasses ☐ Yes ☐ No
Any Concerns: _____________________________

EARS: Hearing R _____ L _____
Frequent Ear Infections ☐ Yes ☐ No
Ear Surgery? ☐ Yes ☐ No Date: ____________
Any Concerns: _____________________________

SPEECH: (any concerns): _______________________

WAS A STANDARDIZED DEVELOPMENTAL SCREENING DONE: ☐ Yes ☐ No
Date Screened: ____________ Screening tool used: __________________
Results: ________________________________

DEVELOPMENTAL ISSUES OR CONCERNS:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

HEART: _________________________________
_____________________________________________________________________
_____________________________________________________________________

GASTROINTESTINAL: ____________________
_____________________________________________________________________
_____________________________________________________________________

LUNGS: ________________________________
_____________________________________________________________________
_____________________________________________________________________

NEUROLOGICAL: _________________________
_____________________________________________________________________
_____________________________________________________________________

ORTHEPEDIC: __________________________
_____________________________________________________________________
_____________________________________________________________________

MEDICATIONS/TREATMENTS: __________________________
_____________________________________________________________________
_____________________________________________________________________

IMMUNIZATIONS–please give date of last one or attach copy of immunization report
Varicella ___________ DPT ___________ Polio ___________
MMR ___________ Hepatitis B ___________

LABORATORY RESULTS: ____________________________
Hemoglobin: _______________ Urine: _______________ Other: _______________

South Elementary
1405 South Seventh Street
Saint Peter, MN 56082
Phone: 507-934-2754; Fax: 507-934-5769

TURN OVER
ANY SIGNIFICANT BIRTH HISTORY:  □ Yes  □ No  If yes, explain: ________________________________

__________________________________________

SIGNIFICANT PAST MEDICAL/ SURGICAL HISTORY:  □ Yes  □ No  If yes, explain: ________________________________

__________________________________________

ALLERGIES: ______________________________________

__________________________________________

ANY CONDITION WHICH MAY LIMIT PARTICIPATION:

   □ Yes  □ No

   In classroom activity:  □ Yes  □ No

   In physical education:  □ Yes  □ No

   In competitive sports:  □ Yes  □ No

If yes, please specify: ________________________________

__________________________________________

PROVIDER'S SIGNATURE __________________________ DATE: ________________________

PROVIDER'S NAME (PRINTED) __________________________

Clinic Name: ______________________________________

Address ______________________________________

Phone Number ________________________
SCHOOL NURSE HEALTH INFORMATION FORM
TO BE RENEWED EACH SCHOOL YEAR
(If you need assistance completing this form, contact the School Nurse)

Student Name ________________________________ Birth Date ____________

School ____________________ Grade_______ Teacher ____________________ School Year _________

Please indicate if your child has been diagnosed with any of the following medical conditions:

☐ NO KNOWN HEALTH PROBLEMS/CONCERNS

☐ ADD/ADHD Diagnosed by Provider: Name_____________________________
Medication (name/dose/time): ________________________________________

☐ Allergies: ☐ Food  ☐ Medications  ☐ Bee Stings  ☐ Other:____________________
Describe:___________________________________________________________
LifeThreatening: ☐ Yes ☐ No  EpiPen: ☐ Yes ☐ No
Medication: _______________________________________________________

☐ Asthma or other breathing problems: ________________________________
Inhaler: ☐ Yes  ☐ No

☐ Diabetes: ☐ Type 1  ☐ Type 2
Managed by: ☐ Diet only  ☐ Oral Meds  ☐ Insulin injections  ☐ Insulin Pump
Additional information: _____________________________________________

☐ Seizures: Type (describe): _________________________________________
Date of last seizure:_________________________________________________

☐ Social/ Emotional/ Behavioral/ Mental health concerns:__________________
☐ Anxiety  ☐ Depression  ☐ Social Phobia  ☐ Panic attacks  ☐ Other:__________

☐ Other health concerns or significant history of problems (describe):________

☐ Recent surgeries or hospitalizations: _________________________________

VISION
☐ No vision problems
☐ Glasses/contacts prescribed
☐ Wears glasses/contacts all of the time
☐ Wears glasses in the classroom only
☐ Glasses lost/broken
☐ Has (or had) glasses but does not wear them

HEARING
☐ No hearing problems
☐ Frequent ear infections (more than 3/year)
☐ Has ear tube(s)
☐ Hearing loss ☐ Left Ear ☐ Right Ear
☐ Hearing aids(s) ☐ Left Ear ☐ Right Ear
☐ Hearing aids lost/broken
☐ Has (or had) aids but does not wear them

Other vision/hearing problems: _________________________________________
SCHOOL NURSE HEALTH INFORMATION FORM
TO BE RENEWED EACH SCHOOL YEAR
(If you need assistance completing this form, contact the School Nurse)

MEDICATIONS:
List **ALL** medications that the student takes every day or when needed. Consent is **REQUIRED** for **ALL** medications taken at school, including over the counter medications. **The consent must be signed by both the HEALTH CARE PROVIDER and a PARENT** for prescription medications. **A NEW CONSENT IS NEEDED EACH SCHOOL YEAR.**

Forms are available in the health office or online at [www.stpeterschools.org](http://www.stpeterschools.org)

<table>
<thead>
<tr>
<th>MEDICATION NAME</th>
<th>DOSE</th>
<th>HOW OFTEN/TIME</th>
<th>REASON FOR TAKING</th>
</tr>
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<tbody>
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Any additional information:

To ensure care of my child, I agree that pertinent health information may be shared with appropriate school staff, and may be forwarded to emergency medical personnel in emergency situations. I agree to notify the school nurse of any changes in medication, dosage, or change in any health status of my child if any of the above information changes, I will notify the school immediately. I understand that in case of an emergency the school will first attempt to contact me. If a parent/guardian cannot be reached, I authorize the transport of my child to a hospital and authorize any physician or medical personnel to carry out any diagnostic procedures or emergency care deemed necessary. I will accept full financial responsibility for all charges with the use of an ambulance and charges connected with any medical care. I acknowledge that all foregoing above information is true and correct.

Parent/Guardian signature_________________________________________ Date________________

Print Parent/Guardian name:________________________________________

**ALL HEALTH FORMS MUST BE COMPLETED AND UPDATED EVERY SCHOOL YEAR**
Dear Parent/Guardian:

To prepare for your child’s entrance the following information should be given to school.

1. **Your child’s immunization record**: In order for your child to enter school, they **MUST** be properly immunized or have a medical or conscientious objection on file. Your child will need boosters prior to kindergarten. A complete immunization record includes: 5 DPT, 4 IPV, 2 MMR, 3 Hepatitis B and 2 Varicella. *MN Statute 1988, section 123.70*, requires that all children entering private or public school be completely immunized. These requirements can be waived only if a properly signed medical or conscientious exemption is filed with the school. Immunization information and forms can be found on the school website in the kindergarten registration packet.

2. **The Kindergarten Physical Examination Form**: This form is to be completed by a licensed medical physician, nurse practitioner, or physician’s assistant. This is highly recommended prior to kindergarten entrance.

3. **School Nurse Health Information Form**: This form provides information which is transferred to your student’s permanent health record.

These completed health reports may be mailed to the school at any time during the summer or returned by the parent on the day of the pre-kindergarten conference before the first day of classes. If you have any questions, please do not hesitate to call the school nurse, Rachel Fitch at 934-4212 ext. 1009, nurse Kari Peterson at 934-2754 ext. 3054 South Elementary Nurse’s Assistant Marlene Willson at 934-2754 ext. 3045.

Rachel Fitch, R.N., L.S.N.

**Please remember children will not be able to begin kindergarten without their immunization history or their immunization exemption form on file.**
Very Important Immunization Information

All Children **MUST** Have Immunizations Completed Before School Begins.

Your child will need boosters prior to Kindergarten entrance.

Your child will not be allowed to begin Kindergarten without proper immunizations or record of conscientious or medical exemption on file.

**IT IS A MINNESOTA STATE LAW!!!**

If you have any questions please call South Elementary office at 934-2754 Ext. 3045.

Thank you in advance for your understanding of how important this is.

Vaccines that are needed to make immunizations complete.
5 Dtp
4 Polio
2 MMR
3 Hep B
2 Varicella or date of chicken pox
   Chicken pox disease date must be signed by medical provider.
Enter the date for each vaccine your child received:

**Vaccine**

- Hepatitis A
- Measles, Mumps, and Rubella
- Tetanus, Diphtheria, and Pertussis (Tdap)
- Varicella
- Influenza Types A and B
- Pneumococcal (PCV)
**Immunization Information System**

No changes to my child's school to share my child's immunization documents will be made. If you choose not to sign, I will not accept the health or educational services your child receives.

**Note**

This document was acknowledged before me.

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

**Non-Medical Exemption**

A child is not required to receive an immunization that is required.

Place 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.

**Medical Exemption**

Vaccine

- Meningococcal
- Hepatitis B
- Hepatitis A
- Pneumococcal
- Chickenpox (Varicella)
- Herpetic (Varicella Zoster)
- Measles, Mumps, Rubella
- Polio
- Diphtheria, Tetanus, and Pertussis

**Instructions**

Complete section 1, document a medical or non-medical exemption (a and/or b).

Section 2 to verify history of varicella disease and section 3 to consent to share.