



# Willmar Public Schools ISD #347

## Enrollment Form – Student Information

(One Form Per Student)

Student's First Name	Middle Name	Last Name, Suffix	Gender	Birthdate	Grade
			M / F		

Student's Legal Guardians:

### Federal Question 1 (Required)

Is this student Hispanic or Latino?

Yes / No

### Federal Question 2 (Required)

Choose all the apply:

- American Indian / Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Hispanic
- Black or African American
- White

### State Question 1 (Required)

Choose one:

- American Indian / Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- Hispanic
- Black or African American
- White

### Special Education Services

Currently does the student have an Individual Education Plan (IEP)?

(If yes, please submit a copy of the plan).

Yes / No

Is Special Transportation in the IEP?

Yes / No

Did your child receive Special Education Services at their last school?

Yes / No

Does your child have a 504 Plan?

Yes / No

### Additional Information

Is the student a teen parent?

Yes / No

Is the student currently homeless (lacks a fixed, regular and adequate nighttime residence)?

Yes / No

Is the student a Ward of the State (parental rights have been terminated by a court order)?

Yes / No

### Educational Information

Does the family currently live in the Willmar School District?

Yes / No

If no, what district? \_\_\_\_\_

If not in the Willmar School District, has an Application for Open Enrollment been completed and sent to the Superintendent's Office?

Yes / No

Has the student ever attended a Willmar Public School?

Yes / No

If yes, which school? \_\_\_\_\_

Has either of the student's parents ever attended Willmar Public Schools?

Yes / No

If yes, under what name? \_\_\_\_\_

### List Previous Schools Attended (List most recent school first)

School	City	State	Dates	Grade

I hereby verify that the above information is true and correct to the best of my knowledge and belief. I understand that completing this form enrolls my child in the Willmar Public Schools and grants permission to obtain all student records pertaining to my child.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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.<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

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**Question 2. Is the student American Indian from South or Central America?**

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**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.

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**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.

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**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.]

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**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 \_\_\_\_\_



# Consent to Release Educational Data to Willmar Public Schools ISD #347

**This form allows information about your child  
to be forwarded from a previous school.**

I authorize Willmar Public Schools ISD #347 to obtain educational information from:

\_\_\_\_\_ (Previous School Attended)

\_\_\_\_\_ (Address Street / PO Box)

\_\_\_\_\_ (City, State and Zip Code)

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

### Previous School District:

Please send the following information (as applicable): Health/Immunization Records, Educational Records, Attendance Records, Psychological Reports, Standardized & Basic Test Scores, Title 1 Records, 504 Plan, ELL Records, Special Education Records and Related Services, and/or Early Childhood Records Concerning:

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

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please fax or forward this information to the following school address:

<b>Kennedy Elementary:</b> 824 7 <sup>th</sup> St SW, Willmar MN 56201 (P) 320-214-6688 (F) 320-235-9536	<b>Willmar Middle School:</b> 209 Willmar Ave, SE Willmar, MN 56201 (P) 320-214-6000 (F) 320-235-1254
<b>Lakeland Elementary:</b> 1001 Lakeland Dr SE, Willmar MN 56201 (P) 320-263-5020 (F) 320-263-5030	<b>Willmar Senior High:</b> 2701 30 <sup>th</sup> St NE, Willmar MN 56201 (P) 320-231-8300 (F) 320-231-8460
<b>Roosevelt Elementary:</b> 1800 19 <sup>th</sup> Ave SW, Willmar MN 56201 (P) 320-231-8471 (F) 320-231-1170	<b>Alternative Learning Center:</b> 512 8 <sup>th</sup> St SW, Willmar MN 56201 (P) 320-214-6692 (F) 320-235-5352
<b>Jefferson Learning Center:</b> 1234 Kandiyohi Ave SW, Willmar MN 56201 (P) 320-231-8490 (F) 320-231-5484	<b>District Office:</b> 611 5 <sup>th</sup> St SW, Willmar MN 56201 (P) 320-231-8500 (F) 320-231-1061

## 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 Full Name: (Last, First, Middle)	Birthdate AND 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:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> 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 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.



# Willmar Public Schools ISD #347

## Health Questionnaire – Student Information

*(One Form per Student)*

Student First Name	Middle Name	Last Name, Suffix	Gender	Birthdate	Grade
			M / F		

I agree to allow my child's school to share my student's immunization documentation with Minnesota's Information System (MIIC). **Yes / No**

**Parent/Guardian Signature:** \_\_\_\_\_ **Daytime Phone Number:** \_\_\_\_\_

### Medical History

When was your child's last medical exam? \_\_\_\_\_ Physician or Clinic Name: \_\_\_\_\_

Has your child been hospitalized within the last year? **Yes / No**

If yes, state reason why: \_\_\_\_\_

Does your child take medication on a regular basis? **Yes / No**

If yes, list what medication: \_\_\_\_\_

Does your child have special dietary needs? **Yes / No**

If yes, please explain: \_\_\_\_\_

**Check any of the following health concerns your child has had:**

- |   |   |   |                                 |
|---|---|---|---------------------------------|
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Sore throats     | <input type="checkbox"/> Ear Infections   | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Eczema |

Does your child have any allergies? **Yes / No**

Please identify trigger and describe symptoms:

Foods: \_\_\_\_\_

Bee Sting: \_\_\_\_\_

Other: \_\_\_\_\_

Any other health concerns (please describe): \_\_\_\_\_

**Vision:**

Has your child ever had a vision examination or treatment? **Yes / No**

If yes, when? \_\_\_\_\_ **Results:**     Normal Vision     Glasses/Contacts     "Lazy Eye"

### Elementary Students Only

**Check any concerns you have about the following behavior(s) in your child:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Bad Dreams              | <input type="checkbox"/> Irritable, Easily Upset  | <input type="checkbox"/> Destroys Things Purposely         | <input type="checkbox"/> Nervousness                          |
| <input type="checkbox"/> Holds Breath            | <input type="checkbox"/> Restlessness             | <input type="checkbox"/> Overly Sensitive                  | <input type="checkbox"/> Jealousy                             |
| <input type="checkbox"/> Stubborn, Uncooperative | <input type="checkbox"/> Wants Too Much Attention | <input type="checkbox"/> Disobedient                       | <input type="checkbox"/> Glum, Sulky, Moody                   |
| <input type="checkbox"/> Bad Temper              | <input type="checkbox"/> Nail Biting              | <input type="checkbox"/> Difficult Separating from Parents | <input type="checkbox"/> Very Sensitive to Smells or Textures |
| <input type="checkbox"/> Thumb Sucking           |   |  |   |

Other: \_\_\_\_\_

Can your child independently use the bathroom? **Yes / No**

Does your child still have toileting accidents? **Yes / No**