

PELICAN RAPIDS HIGH SCHOOL

310 South Broadway

PO Box 642

Pelican Rapids, MN 56572

PHONE: 218-863-5910

VIKING ELEMENTARY SCHOOL

1 VIKING DRIVE

PO Box 642

Pelican Rapids MN, 56572

FAX: 218-863-5915

Welcome to Pelican Rapids Public Schools! Before you begin, we would like to make sure you have all the tools you need to succeed. Please use this checklist as a guide.

❖ **Enrollment Packet:** Please complete the forms available online. Download the PDF, complete form and submit.

- ✓ New Student Form (page 3 of this document)
- ✓ Annual Enrollment Form (one form per student)
- ✓ Educational Benefits Application (one form per household)
- ✓ Certificate of immunization – This is required by state law to begin class.
- ✓ Certificate of birth or two forms of identification.

Grades 7-12 Extra-Curricular Activity Forms:

- ✓ MSHSL Eligibility Form
(To be completed for students who will participate in any MSHSL competition: Athletics, Music contest, Math/Academic contest)
- ✓ Sports Physical
(To be completed for incoming 7th grade students and any student who does not have one on file in the athletic office)

❖ **Student Handbook:** Please read through the handbook provided online. This booklet provides information for you to use to be successful. It tells you what is expected of you and what services and benefits you may expect from the school. Cooperation is the key.

School Website

Please use our school website www.pelicanrapids.k12.mn.us. It is a useful tool with a lot of information such as grades, attendance, lunch account balances, activities, student handbook, calendars, school menus and much more. An online payment method for school related items is also available on the school website.

We hope you will take advantage of the opportunities that are available to you. The curriculum and activities programs at Pelican Rapids Public Schools have been designed to challenge students of all interest and abilities. To benefit from these programs, however, you need to get involved. To grow, you need to take risks. The staff is eager and capable to assist you. You are the reason we are here.

Information:

Lunch Pricing is as follows for the 2020-2021 school year:

PRHS

Breakfast: \$1.20

Lunch: \$1.95

Second Entrée: \$1.55

Reduced Pricing: Free

VES

Breakfast: Free

Lunch: \$1.90

Reduced Pricing: Free

Attendance

If your child needs to be absent, please contact the school before or on the day of the absence. The school office can be reached at 218-863-5910. Choose option 1 for the high school and option 2 for the elementary. You are encouraged to set up your child's appointments and lessons on the Mondays school is not in session when possible. It is a great benefit for your child not to miss school. There is a lot happening each day, and even though assignments can be completed, there are many enrichment and social advantages to being in class. In order to increase attendance and to help our student increase their achievement, we appreciate your support in this matter.



**NEW STUDENT INFORMATION FOR RECORDS
REQUEST:**

Student Name: _____

Student Date of Birth: _____ Grade: _____

Date Enrolled in Pelican Rapids: _____

Name of School Last Attended: _____

Date last attended: _____

Address of School Last Attended:

Phone Number/Fax of School:

Born in the United States? YES _____ NO _____

Which language did your child learn first?

English _____ Other (Specify language) _____

Which language is most often spoken at home?

English _____ Other (Specify language) _____

Which language does your child most often speak?

English _____ Other (Specify language) _____

How many years have you attended school in the U.S.? _____

Is your student receiving or has your student received ELL (English Language Learner) services? YES _____ NO _____

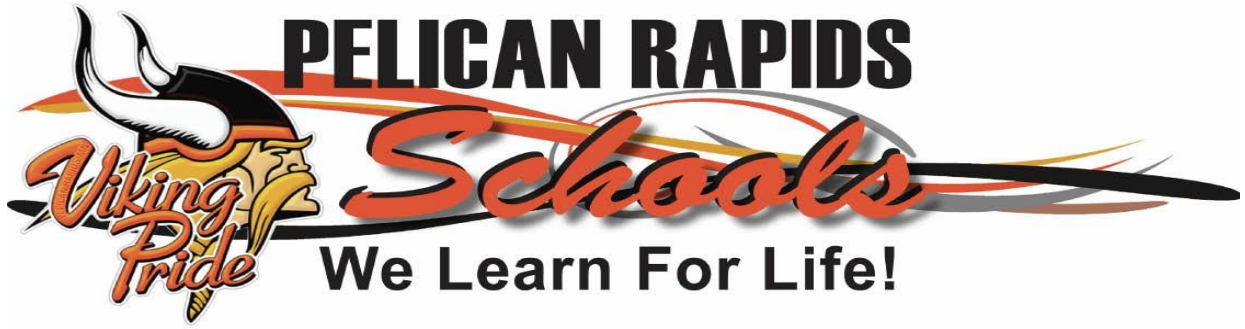
Is your student receiving or has your student received services following a 504 plan?

YES _____ NO _____

Is your student receiving or has your student received special education services?

YES _____ NO _____

Type: _____ IEP on file: YES _____ NO _____



ANNUAL HEALTH & ENROLLMENT INFORMATION 2020-2021

Student's Name: _____ Age: _____ Grade: _____ Birthdate: _____
(Last) (First) (Middle)

Primary Mailing Address: _____ Male _____ Female _____
(PO Box, Street, etc.) (City, State, Zip)

Primary Physical Address: _____ Primary Phone: _____
(If different from mailing address)

Family #1:

Primary Guardian #1: _____ Relationship to student: _____
 Employed at: _____ Work Phone: _____ Cell Phone: _____
 Email address: _____

Primary Guardian #2: _____ Relationship to student: _____
 Employed at: _____ Work Phone: _____ Cell Phone: _____
 Email address: _____

Family #2 (if applicable):

Guardian #1: _____ Relationship to student: _____
 Employed at: _____ Work Phone: _____ Cell Phone: _____
 Email address: _____

Guardian #2: _____ Relationship to student: _____
 Employed at: _____ Work Phone: _____ Cell Phone: _____
 Email address: _____
 Mailing address: _____

Other Children in the Home:

<u>Name</u>	<u>Grade (if in school)</u>	<u>Birth date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Laptop, Internet and Media Center Use:

Do you have internet at home for eLearning or distance learning? YES ____ NO ____

Do you need a school issued computer/device for distance or eLearning? YES ____ NO ____

I have read and agree to the stipulations set forth in the Technology section of the student handbook (Student handbook can be found online www.pelicanrapids.k12.mn.us) regarding the laptop, internet and media center use.

Media Release:

I give my permission to use my child(ren)'s photo in media (newsletters, school website, local newspaper, Facebook) for purposes of public awareness, education or recruitment. Yes ____ No ____

Alternate contacts:

It is very important to have an alternate contact person in case your child needs to be sent home due to medical reasons and a parent is unavailable.

Name: _____ Daytime Phone: _____

Name: _____ Daytime Phone: _____

Student's Health Information:

Physician's name: _____ Dentist's name: _____

Has your child been diagnosed with any of the following:

Asthma ____ Allergy ____ Depression ____ Diabetes ____ Other ____

If other, please describe: _____

List any major illnesses, injuries, or operations that have occurred in the last year:

Does the student wear:

Glasses: Yes ____ No ____ Contacts: Yes ____ No ____ Hearing aids: Yes ____ No ____

Does the student use equipment such as a wheelchair?

Yes ____ No ____ Please describe: _____

Has a physician placed any restrictions on the student's activities?

Yes ____ No ____ Please describe: (ie: swimming, gym, dietary) _____

Does the student's health condition require an emergency drug?

Yes ____ No ____

Does the student take a medication daily?

Yes ____ No ____ As needed? Yes ____ No ____

Name of medication: _____

Dosage: _____

Will the student require medication during the school day?

Yes ____ No ____

Medication

Parents are required to furnish all medication for their child. The administration of prescription and nonprescription medication in the elementary school requires a completed Medication Authorization form signed by the student's parent and the physician prescribing the medication. The administration of prescription medication in the high school requires a completed Medication Authorization form signed by the student's parent and the physician prescribing the medication. Over the counter medication use for secondary students requires written parental/legal guardian authorization on file at the health office. The school health office personnel should be notified of any change in the student's health status during the school year.

Release of Information

It may be necessary at times to share pertinent health information about your child with school staff in order to provide adequate accommodations to promote a positive learning environment. Please notify the school nurse if you have any concerns or specific things you do not want released to staff members. Only necessary information will be released.

Emergency Information

In the case of emergency, Pelican Rapids School personnel will contact the parent at home or at work. If parents cannot be reached, the above designated persons will be called. When this is not possible, an ambulance or police will be called to transport your child to the nearest health care provider or your designated provider.

Sharing Immunization Data with Registry

Minnesota law allows for the sharing of immunization information between schools, health care providers, and public health agencies. One way we do this is by each of these entities contributing the immunization records we have to one computer system that is available only to us, called the Minnesota Immunization Information Connection. This system is operated by the Minnesota Department of Health and contains only basic name and address information plus vaccines names and dates. It is used solely to help prevent disease by improving immunization services in our community. The information can only be shared with those entities authorized by Minnesota law (Minn. Stat. §144.3351) to receive it.

I authorize School District 548 to release my child's immunization record to the public health immunization registry. I understand this information can only be used to improve the quality and timeliness of immunization services and to help schools enforce the School Immunization Law. This includes any immunization information the school currently has on my child plus any it may obtain during the 2020-2021 school year.

I do authorize _____ I do not authorize _____

Ethnic and Racial Demographic Designation Form

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*):

- | | | | |
|--|---------------------------------------|--|--|
| <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/
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.

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.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

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

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

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

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 Signature _____

Date _____