

**ISD 199 required documents for enrollment of new students and  
Kindergarten students not in District census:**

- 1) Completed enrollment forms
- 2) Student Record Request (*this is actually no longer required*)
- 3) Copy of child's birth certificate (we can request but not require)
- 4) Current immunization record
- 5) **Two** items showing proof of residency:

current utility bill

homeowners/rental insurance

property tax bill

valid driver's license

signed purchase/lease agreement

statement from Post Office showing change of address

mortgage statement

payroll statement

bank statement

health statement/bill

- 6) Legal documentation of guardianship if person enrolling the child is not the parent.



**INVER GROVE HEIGHTS SCHOOLS**  
 Inspire. Innovate. Excel.  
 A Community Commitment

**ENROLLMENT FORM**  
 (Please PRINT and complete entire form.)

**STUDENT**

Full LEGAL Name \_\_\_\_\_

*Last*

*First*

*Middle*

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Enrolled Grade \_\_\_\_\_ Primary Home Language \_\_\_\_\_  
MM/DD/YYYY M/F

**Ethnicity/Race Information**

Is this student Hispanic/Latino?  Yes  No

Regardless of your answer above, please continue to answer by checking all that apply to indicate the student's race:

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

(This information is used for reporting ethnic composition for administrative and Office of Civil Rights purposes. It will be treated in accordance with the Federal Data Privacy Act of 1974 and State of Minnesota Privacy Law.)

Has the student received any of the following services?

- 504 Plan
- Title 1
- English Language Learner
- Gifted and Talented
- Special Education: Current IEP/IFSP  Yes  No

If yes, please check any of the following:

- Emotional/Behavior (EBD)
- Developmental Cognitive Disability (DCD)
- Specific Learning Disability (SLD)
- Autism Spectrum Disorders
- Other \_\_\_\_\_

Does the student have any special health problems?  Yes  No

If yes, please describe \_\_\_\_\_

Student's birth country? \_\_\_\_\_ If other than U.S.A., what year did he/she move into the U.S.A? \_\_\_\_\_

Has the student ever attended school in Minnesota?  Yes  No

Has the student attended ISD 199 schools before?  Yes  No

For Kindergarten only: Has your child been screened?  Yes  No

If so, WHERE? \_\_\_\_\_

Last school attended \_\_\_\_\_ Grade attended \_\_\_\_\_

City, State \_\_\_\_\_ Date of attendance \_\_\_\_\_

**OFFICE USE ONLY**

Home room # \_\_\_\_\_ School # \_\_\_\_\_  
 Begin Enrollment Date \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_ Student ID # \_\_\_\_\_  
 LLC \_\_\_\_\_ Prev Dist \_\_\_\_\_ Transportation Code \_\_\_\_\_ Family # \_\_\_\_\_  
 Resident District \_\_\_\_\_ To SPED \_\_\_\_\_ Verify IEP \_\_\_\_\_  
 State Aid Code \_\_\_\_\_ Verify address residency \_\_\_\_\_ Verify birth certificate \_\_\_\_\_

**ADDRESS**

Revised 08/2017

<p><b>Legal Parent/Guardian #1:</b></p> <p>Name _____</p> <p>Address _____</p> <p style="text-align: right;">_____ Apt # _____</p> <p>Is this a permanent address?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Move in date _____</p> <p>Dwelling Type:    <input type="checkbox"/> Single Family    <input type="checkbox"/> Apartment  <input type="checkbox"/> Townhouse    <input type="checkbox"/> Duplex    <input type="checkbox"/> Condominium  <input type="checkbox"/> Mobile Home</p> <p>Primary Language _____</p> <p>Require Interpreter    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Birth Date (MM/DD/YY) _____</p> <p>Primary Phone _____</p> <p>Work _____ Cell _____</p> <p>E-mail _____ Gender _____  <small style="margin-left: 350px;">M/F</small></p> <p>Legal Relationship to student: _____</p>	<p><b>Parent/Guardian #2:</b></p> <p>Name _____</p> <p>Address _____</p> <p style="text-align: right;">_____ Apt # _____</p> <p>Is this a permanent address?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Move in date _____</p> <p>Dwelling Type:    <input type="checkbox"/> Single Family    <input type="checkbox"/> Apartment  <input type="checkbox"/> Townhouse    <input type="checkbox"/> Duplex    <input type="checkbox"/> Condominium  <input type="checkbox"/> Mobile Home</p> <p>Primary Language _____</p> <p>Require Interpreter    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Birth Date (MM/DD/YY) _____</p> <p>Primary Phone _____</p> <p>Work _____ Cell _____</p> <p>E-mail _____ Gender _____  <small style="margin-left: 350px;">M/F</small></p> <p>Legal Relationship to student: _____</p>
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If more than one address listed, where does student reside?     Parent/Guardian #1     Parent/Guardian #2

Pick-Up/Daycare Address (if different than above): \_\_\_\_\_

If Parent/Guardian(s) listed above is NOT the LEGAL guardian of this student, please provide legal guardian information below:

Name \_\_\_\_\_ Birth date \_\_\_\_\_

MM/DD/YY

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please list all other children living at the address where the **student** resides:

Legal Last Name	Legal First Name	Legal Middle Name	Gender (M/F)	Birth date (MM/DD/YY)	School	Grade	What relation is Parent/Guardian #1 to the child?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

In accordance with the Minnesota Data Practices Act, directory information (name, address, phone number, gender, date of birth) can be released and made public.

**Completion of this section is required**

In compliance with the United States Department of Education, Improving America's Schools Act (IASA, Title 1 – Part C, Section 1309), we are required to ask the following question:

Have you recently (within the last 36 months) moved to this school district for temporary or seasonal agricultural or fishing work?     YES     NO

**Signature (Parent/Legal Guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_

# INDEPENDENT SCHOOL DISTRICT #199

# EMERGENCY RECORD

Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Student Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please include Area Code and identify phone number types: W=Work, C=Cell, P=Pager, E=Evening**

Parent or Guardian 1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone #1: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Type: \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Type: \_\_\_\_\_

Phone #3: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Type: \_\_\_\_\_ Child lives with Parent/Guardian 1 (Yes or No): \_\_\_\_\_

E-mail: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Parent or Guardian 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone #1: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Type: \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Type: \_\_\_\_\_

Phone #3: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Type: \_\_\_\_\_ Child lives with Parent/Guardian 1 (Yes or No): \_\_\_\_\_

E-mail: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Brothers & Sisters (list all even if not attending this district) (include names, ages and schools)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunizations within the last year (type and date immunized): \_\_\_\_\_

Current Health Issue(s): \_\_\_\_\_

Medication(s): \_\_\_\_\_

**IN CASE OF EMERGENCY: (Two contacts who would care for this student in case a parent/guardian cannot be reached)**

Contact 1: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #1: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #1: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Relationship to Student: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_-\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_-\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Our procedure will be to contact the parent at home, via cell or at work. You will be asked to pick up your student and provide proper care. If we cannot reach you, we will call the emergency contacts above and ask them to care for your student. Your signature provides the authorization for Simley to do so. In extreme emergencies, an ambulance will be called and your student will be taken to the hospital listed above. The cost of this will be covered by the parent.**

Parent or Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 or 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.



**REQUEST TO RELEASE PRIVATE DATA**

*(Please PRINT and complete entire form.)*

Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student's Full Name \_\_\_\_\_

District Last Attended \_\_\_\_\_

\_\_\_\_\_  
 School (Last attended)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Fax

**Please circle the school that the student will attend in Inver Grove Heights**

Pine Bend Elementary  
 9875 Inver Grove Trail  
 Inver Grove Heights, MN 55076  
 651-306-7701  
 FAX 651-306-7739

Salem Hills Elementary/Atheneum  
 5899 Babcock Trail  
 Inver Grove Heights, MN 55077  
 651-306-7300  
 FAX 651-306-7321

Hilltop Elementary  
 3201 68<sup>th</sup> Street E  
 Inver Grove Heights, MN 55076  
 651-306-7400  
 FAX 651-306-7444

Inver Grove Heights Middle School  
 8167 Cahill Ave.  
 Inver Grove Heights, MN 55076  
 651-306-7200  
 FAX 651-306-7939

Simley High School/Simley ALP  
 2920 80<sup>th</sup> St. E.  
 Inver Grove Heights, MN 55076  
 651-306-7000  
 FAX 651-306-7938

**The information to be released:**

- Official school records containing private data, including gender, race, discipline records, attendance records, class rank, standardized test results, and State testing information
- Health record
- Psychological reports
- Special education records
- Teacher, counselor, staff observations
- Pictures
- Chemical abuse / dependency report
- Medical report (including related services)
- Psychiatric report
- Social work report
- Other

I authorize ISD 199, to release or obtain information for the student listed above.

\_\_\_\_\_  
**Signature** of Parent / Guardian (or student age 18 or over)

\_\_\_\_\_  
**Date**

According to the Final Regulations—Family Education Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institutional, and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without written consent for such a release.

Grade \_\_\_\_\_

## TECHNOLOGY USE AGREEMENT FOR STUDENTS

Inver Grove Heights Community Schools  
Independent School District #199

### APPLICATION PORTION OF DOCUMENT

Student's Full Name (please print): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address, City, State, Zip Code

Home Phone: (651) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (651) \_\_\_\_\_ - \_\_\_\_\_

I am an Inver Grove Heights School District student and will graduate in: 20\_\_\_\_\_

**I have read the Code 524 titled "Acceptable Use Policy." I have reviewed Section V. of the Acceptable Use Policy titled "Unacceptable Use" and I understand or have had this information explained to me and will abide by the above Acceptable Use Policy for Technology Resources.**

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PARENT OR GUARDIAN** (If the student listed above is under the age of 18, a parent or guardian must also read and sign this agreement.)

As the parent or guardian of this student, I have read and understand the "Acceptable Use Policy" for Technology Resources. I understand this access is designed for educational purposes. I also recognize it is impossible for the Inver Grove Heights School District to restrict access to all controversial materials and will not hold them responsible for materials acquired on the network. I hereby give permission for my child to access and use technology and certify the information contained on this form is correct.

It is the parent or guardian's responsibility to supervise students at home even while doing school assigned projects.

Parent or Guardian Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

POLICY: 524  
ADOPTED: 10/02/00  
REVISED: 03/23/09  
REVISED: 06/14/10  
REVISED: 03/14/11  
REVISED: 04/23/12  
REVIEWED: 06/27/16

INDEPENDENT SCHOOL DISTRICT 199  
Inver Grove Heights Community Schools  
2990 80<sup>th</sup> Street East :  
Inver Grove Heights, Minnesota 55076

## **NETWORK/INTERNET ACCEPTABLE USE BY STAFF AND STUDENTS POLICY**

### **I. Purpose**

The purpose of this policy is to set forth policy and guidelines for access to the school district technology systems, acceptable and safe use of the Internet, digital communications and school district technologies.

### **II. General Statement of Policy**

A. District 199 considers its own stated educational mission, goals, and objectives when making decisions regarding student and employee access to the School District technology system and the Internet, including digital communications. Electronic and digital information research skills are fundamental to preparation of citizens and future employees. Access to the School District systems and to the Internet enables students and employees to explore thousands of libraries, databases, bulletin boards, and other resources while engaging with people around the world.

District 199 expects that faculty will blend thoughtful use of the school district technology systems and the Internet throughout the curriculum and will provide guidance and instruction to students in their use. Users are expected to use Internet access through the district system to further educational and professional goals consistent with the mission of the School District and school policies. Uses which might be acceptable on a user's private personal account on another system may not be acceptable on the District limited-purpose network and should not be presumed to be.

Use of the District's network/Internet resources is intended only for educational and informational purposes, such as research, professional development, instruction, collaborative education projects, and dissemination of District information. Use of network/Internet resources must support the district curriculum and enhance student learning opportunities and/or support accurate and appropriate communication of District information. Instructional Materials Selection and Production Policy and prescribe the identification process for instructional materials, including electronic resources.



- B. Use of the District network/Internet resources for personal gain or profit is not permitted. Personal web pages, personal e-mail accounts and emails regarding personal business may not reside on the District's network.
- C. All e-mail messages that are sent and/or received on the District network are considered property of the District.
- D. Use of District network/Internet including electronic communication by staff to advocate, directly or indirectly, for or against a ballot proposition and/or the election of any person to any office is not permitted. Only those staff authorized by the Superintendent may express the District's position on pending legislation or other policy matters.
- E. The District will follow required state and federal mandates related to Internet filtering within specific timelines.

### III. Privileges and Responsibilities

Use of the school district system and access to the use of the Internet including electronic communication is a privilege, not a right, used within District policy 524.

**Legal References:** 15 U.S.C. § 6501 et seq. – Children's Online Privacy Protection Act  
 17 U.S.C. § 101 et. seq. – Copyrights  
 20 U.S.C. § 6751 et seq. – Enhancing Education through Technology Act of 2001  
 47 U.S.C. § 254 - Children's Internet Protection Act of 2000 (CIPA)  
 47 C.F.R. § 54.520 - FCC rules implementing CIPA  
 Minn. Stat. § 121A.0695 – School Board Policy; Prohibiting Intimidation and Bullying  
 Minn. Stat. § 125B.15 – Internet Access for Students  
 Minn. Stat. § 125B.26 – Telecommunications/Internet Access Equity Act  
*Tinker v. Des Moines Indep. Cmty. Sch. Dist.*, 393 U.S. 503, 89 S. Ct. 733, 21 L.Ed.2d 731 (1969)  
*United States v. Amer. Library Assoc.*, 539 U.S. 194, 123 S. Ct. 2297, 56 L.Ed.2d 221 (2003)  
*Doninger v. Niehoff*, 527 F.3d41 (2<sup>nd</sup> Cir. 2008)  
*Layschock v. Hermitage Sch. Dist.*, 412 F. Supp. 2d 502 (W.D. Pa. 2006)  
*M.T. v. Cent. York Sch. Dist.*, 937 A.2d538 (Pa. Commw. Ct. 2007)  
*J.S. v. Bethlehem Area Sch. Dist.*, 807 A.2d 847 (Pa. 2002)

**Cross References:** MSBA/MASA Policy 403 - Discipline, Suspension, and Dismissal of School District Employees  
 MSBA/MASA Policy 406 - Public and Private Personnel Data  
 MSBA/MASA Policy 505 - Distribution of Non-school Sponsored  
 MSBA/MASA Materials on School Premises by Students and Employees  
 MSBA/MASA Policy 506 - Student Discipline  
 MSBA/MASA Policy 514 Bullying Prohibition Policy  
 MSBA/MASA Policy 515 - Protection and Privacy of Pupil Records  
 MSBA/MASA Policy 519 - Interviews of Students by Outside Agencies  
 MSBA/MASA Policy 521 - Student Disability Nondiscrimination  
 MSBA/MASA Policy 522 - Student Sex Nondiscrimination  
 MSBA/MASA Policy 603 - Curriculum Development  
 MSBA/MASA Policy 604 - Instructional Curriculum  
 MSBA/MASA Policy 606 - Textbooks and Instructional Materials  
 MSBA/MASA Policy 806 - Crisis Management Policy  
 MSBA/MASA Policy 904 - Distribution of Materials on School District Property by Nonschool Persons



**Simley High School**  
2920 80<sup>th</sup> Street East  
Inver Grove Heights, MN 55076  
PHONE: 651-306-7000  
FAX: 651-306-7016  
www.isd199.org

Dear Parents/Guardians:

It is the policy of Simley High School to send a letter to the parents of students taking the Health I course notifying them that there is a sex education unit taught in the health curriculum. Our curriculum follows a thorough curriculum and the health book used is entitled LIFETIME HEALTH by Holt Publishing.

The Sex Education unit lasts about two weeks and includes the following topics:

1. Dating Relationships
2. Male Reproductive System
3. Female Reproductive System
4. Pregnancy, Labor and Delivery
5. Abstinence
6. Pregnancy and STD Prevention
7. Sexually Transmitted Diseases

If you have questions about the curriculum please contact Mrs. Deana Walsh (Health Education Teacher) at 651-306-7054 or Mr. Gerald Sakala (Principal) at 651-306-7003.

After discussing this with the Health Education Teacher, if you **DO NOT** wish your son/daughter to participate in part or all of the unit, an alternative project will be provided.

Sincerely,

Deana Walsh  
Health Education Teacher  
walshd@isd199.org

If you have any questions, please feel free to contact me at 651-306-7054.