

**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.
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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? _____

Which language did your child learn first? English Other (specify): _____

Which language is most spoken in your home? English Other (specify): _____

Which language does your child usually speak? English Other (specify): _____

Which language do you use when speaking to your child? English Other (specify): _____

Are there any other languages spoken in the home? English Other (specify): _____

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 04/2016

<p>Legal Parent/Guardian #1:</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 _____ M/F</p> <p>Legal Relationship to student: _____</p>	<p>Parent/Guardian #2:</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 _____ M/F</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: _____



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 68th 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 80th 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: _____

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 80th 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 (2nd 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 80th 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.