

2023-24 Student Profile



General Information

First Name: _____ Middle Name: _____

Last Name: _____ Gender: _____ Grade: _____

Birth Date: _____ State ID (if known): _____

Birth Place: _____ Birth State: _____ Birth Country: _____

Home Language: _____ Race/Ethnicity: _____

Home Address: _____ Mailing Address: Same as home address

Storm Home (Name & Address): _____

Bus Routes & Daycare

See last page for additional details about changes to bussing.

AM Bus Pick-Up Needed at Home Address PM Bus Drop-Off Needed at Home Address

AM Bus Pick-Up Needed at Daycare Address PM Bus Drop-Off Needed at Daycare Address

Preschool 11:15AM Drop-Off Needed

Daycare Name & Address: _____

Health Conditions:

Condition: _____ Start Date: _____

Comments: _____

Physician: _____ Phone: _____

Additional Information

Unless indicated, you give permission for photos of your student to be used as deemed appropriate by school staff (newspaper, social media, webpage, etc.).

Do NOT use photos of my student

I give the school permission to administer the following medications to my student during school hours:

Ibuprofen Tylenol Benadryl

Do NOT administer medications without calling

Attachments

We require some additional information that will need to be included with this form upon completion.

Please check the box next to each item to indicate that you have included it.

Birth Certificate Immunization Records Acceptable Use Agreement (included)

Pesticide Notification

A Minnesota state law went into effect in the year 2000 that requires schools to inform parents and guardians if they apply certain pesticides on school property.

Specifically, this law requires schools that apply these pesticides to maintain an estimated schedule of pesticide applications and to make the schedule available to parents and guardians for review or copying at each school office. Guardian Pest Solutions, Inc. provides pesticide inspections the third week in the following months: September, December, March, and June. State law also requires that you be told that the long-term health effects on children from the application of such pesticides or the class of chemicals to which they belong may not be fully understood.

If you would like to be notified prior to pesticide applications made on days other than those specified in the estimated schedule (excluding emergency applications), please indicate that below:

Please notify me by mail of pesticide applications

Military Non-Disclosure

In accordance with the federal No child Left Behind Act of 2001, high schools are required to release to military recruiting offers the names, addresses, and home telephone numbers of students in grades eleven and twelve, unless the parents/guardians have, after receiving written notice of the requirement, refused to release such data. This federal legislation is consistent with the Family education Rights and Privacy Act which protects the privacy of student education records. Release student directory information will be used specifically for armed services recruiting purposes and for informing young people of scholarship opportunities. In addition to federal requirements, Minnesota has also amended its state statute to support this legislation.

Minn. Stat. 13.32, Subd. 5a - MILITARY RECRUITMENT

A secondary institution shall release to military recruiting offers the names, address, and home telephone numbers of students in grades eleven and twelve within 60 days after the date of the request, except as otherwise provided by this subdivision. A secondary institution shall give parents and students notice of the right to refuse release of this data to military recruiting offers. Notice may be given by any means reasonably likely to inform the parents and students of the right.

Data release to military recruiting officers under this subdivision:

- (1) may be used only for the purpose of providing information to students about military service, state and federal veterans' education benefits, and other career and educational opportunities provided by the military; and
- (2) shall not be further disseminated to any other person except personnel of the recruiting services of the armed forces.

As indicated, it is your right not to have your student's name, address and home telephone number release to military recruiting officers. If you do not want this information released to the military, please complete the below opt-out. After that date, we will assume that you do not object to the district releasing your child's information to requesting military recruiting officers. Please note that even if you have completed this form in the previous years, requests for non-disclosure must be made annually. Also note that requesting this information not be released does not include students voluntarily giving their information to military recruiters during approved visits to the school. Rather, it only applied to the school district's release of your child's information to recruiters who request it.

Please do not disclose my student's information to military recruiters

Parent/Guardian Information

Parent/Guardian Name: _____ **Relationship:** _____

Please check all that apply:

- Lives With Contact Allowed Mailings Allowed Has Custody
 Release To Educational Rights

Phone Number: _____ Ext.: _____ Primary Phone Number

- Home Phone Cell Phone Work Phone Other: _____

Phone Number: _____ Ext.: _____ Primary Phone Number

- Home Phone Cell Phone Work Phone Other: _____

Email: _____

Parent/Guardian Name: _____ **Relationship:** _____

Please check all that apply:

- Lives With Contact Allowed Mailings Allowed Has Custody
 Release To Educational Rights

Phone Number: _____ Ext.: _____ Primary Phone Number

- Home Phone Cell Phone Work Phone Other: _____

Phone Number: _____ Ext.: _____ Primary Phone Number

- Home Phone Cell Phone Work Phone Other: _____

Email: _____

Parent/Guardian Name: _____ **Relationship:** _____

Please check all that apply:

- Lives With Contact Allowed Mailings Allowed Has Custody
 Release To Educational Rights

Phone Number: _____ Ext.: _____ Primary Phone Number

- Home Phone Cell Phone Work Phone Other: _____

Phone Number: _____ Ext.: _____ Primary Phone Number

- Home Phone Cell Phone Work Phone Other: _____

Email: _____

Parent/Guardian Name: _____ **Relationship:** _____

Please check all that apply:

- Lives With Contact Allowed Mailings Allowed Has Custody
 Release To Educational Rights

Phone Number: _____ Ext.: _____ Primary Phone Number
 Home Phone Cell Phone Work Phone Other: _____

Phone Number: _____ Ext.: _____ Primary Phone Number
 Home Phone Cell Phone Work Phone Other: _____

Email: _____

In Case of Emergency

Please list names of persons who can assume temporary responsibility.

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Acceptable Use Agreement



Name of Student: _____ Date: _____ Grade: _____

You or your child's teacher have requested they have access to Tri-County Public Schools technology. This includes computers and other devices, school email access and access to the internet, which would connect your child with educational resources all over the world.

Tri-County requires this Acceptable Use Agreement be signed by each student and by a parent or guardian. Enclosed is the district's Acceptable Use Policy" which has been approved by the Board of Education. Please read the policy carefully and review it with your child. In accepting the Acceptable Use Agreement, your child accepts the responsibility of using the District's technology in an appropriate manner. It is important that you understand your child's responsibilities as well. Your signature indicates that you have read and agreed to our Acceptable Use Policy.

Student

I have read and understand the Acceptable Use Policy and agree I will abide by the terms of the policy. I further understand that any violation of the policy may be unethical, may constitute a criminal offense, and may result in the loss of the privilege to use the District's technology. Should I commit any violation, my access may be revoked, school disciplinary action may be taken as well as any appropriate legal action.

Student Signature: _____ Today's Date: _____

Parent or Guardian

As a parent or legal guardian of the above-named student I grant permission for my child to use the District's technology. I have read and understand the Acceptable Use Policy. I further understand that this access is for education purposes. I also recognize that it is impossible for Tri-County Schools to eliminate all controversial material and will not hold the District responsible for materials acquired on their technology. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue my child access to the District's technology and certify that the information contained on this form is correct.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Today's Date: _____

Please Return

Please double-check the above information and make any necessary corrections. Once complete, please sign and date below.

Guardian Signature: _____ Date: _____

Return this packet to the Tri-County District Office or call us at 218-436-2261 if you have any questions.

In Person:
303 Pembina Trail S
Karlstad, MN 56732

Mail:
P.O. Box 178
Karlstad, MN 56732

An after-hours dropbox is available at the main entrance.

Attendance & Bussing

The school receives many requests for changes to bussing, as well as calls about attendance each day.

We would appreciate your help on the following:

- If a student has an unexpected absence and won't be riding the bus in the morning, please notify the school as soon as possible.
- If a student is absent for the day, please notify the school by 8:30am.
- Please notify the school by 1:30pm of any changes to bussing for evening bus routes or changes for the next morning.
- If a student has a planned absence, please notify the school by 1:30pm the day before.

Please contact us by calling **218-436-2261** or emailing us at **attendance@tricity.k12.mn.us**

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.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

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.