Student Profile

Tri-County School

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

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.

You can find a pesticide notice letter on the school website under District forms and notification.

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

Tri-County School

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@tricounty.k12.mn.us**