

## Belgrade-Brooten-Elrosa Public School District Student Residency Questionnaire

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Person completing form:

- Parent or guardian       Unaccompanied youth (a youth that does not live with a parent or guardian)  
 Youth                               Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.

1. Is the student's address a temporary living arrangement?       Yes    No  
 2. Is the student's living arrangement due to loss of housing or financial hardship?       Yes    No

If the answer to any of the above is YES, please complete the following:

Where is the student identified above currently living? (Please check one)

- In a motel or hotel due to loss of housing or financial hardship  
 In an emergency shelter, transitional housing facility, or abandoned in a hospital  
 Sharing another family's house or apartment  
 In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building  
 In a bus or train station  
 Moving from place to place (couch surfing)  
 In a public or private place not meant to be used as a regular place for people to sleep  
 Other: \_\_\_\_\_

Last school the student attended:

School: \_\_\_\_\_ District: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Parent, Guardian or education decision maker:

Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

OR  
 Student (if an unaccompanied youth that is homeless):  
 Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

OFFICE USE ONLY			
Date Completed	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative:	Comments:

## Belgrade-Brooklyn-Elrosa Public School District

### Cuestionario sobre la residencia de los alumnos

Nombre del/la alumno(a): \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_  
(mm/dd/yyyy)

Persona que completa el formulario:

- Padre/madre o tutor     Joven sin compañía (alguien que no vive con su madre/padre/tutor)  
 Joven     Otro: \_\_\_\_\_

Nombre: \_\_\_\_\_

Correo electrónico: \_\_\_\_\_ Teléfono: \_\_\_\_\_

**Responda estas preguntas sobre la residencia del/la alumno(a). La información que usted brinde es confidencial y está protegida por la Ley Federal de Derechos Educativos y Privacidad Familiar (Family Educational Rights and Privacy Act). Utilizamos esta información para decidir a qué escuelas deberían asistir los alumnos. También utilizamos esta información para garantizar que se cumplan los derechos de un/una niño(a), joven o joven sin compañía de conformidad con la Ley McKinney-Vento de Asistencia a Personas Sin Hogar (McKinney-Vento Homeless Assistance Act).**

1. ¿La dirección particular del/la alumno(a) corresponde a una vivienda temporal?     Sí     No  
 2. ¿El/la alumno(a) reside en esta vivienda debido a la pérdida de su hogar o a dificultades económicas?     Sí     No

**Si la respuesta a cualquiera de las preguntas anteriores es SÍ, complete lo siguiente:**

¿Dónde vive actualmente el/la alumno(a) antes identificado(a)? (Marque una opción).

- En un motel u hotel debido a la pérdida de vivienda o dificultades económicas  
 En un albergue de emergencia, centro de acogida de transición o se encuentra abandonado en un hospital  
 Comparte la casa o departamento de otra familia  
 En un automóvil, un estacionamiento, un estacionamiento de casas remolque (esto no hace referencia al estacionamiento de casas móviles (remolques), sino que se refiere a un tipo de campamento para remolques de cinco ruedas u otros tipos de casas móviles), un campamento, la calle, un espacio público, una vivienda por debajo del estándar (que no cumple con los estándares de vida modernos) o en un edificio abandonado  
 En una estación de autobús o de tren  
 Se traslada de un lugar a otro (se vale de la hospitalidad de conocidos)  
 En un espacio público o privado que no está equipado como lugar regular en el que se pueda dormir  
 Otro: \_\_\_\_\_

Última escuela a la que asistió el/la alumno(a):

Escuela: \_\_\_\_\_ Distrito: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_

Nombre del padre/madre, tutor o persona responsable de la decisión educativa:

Nombre \_\_\_\_\_ Firma: \_\_\_\_\_

Nombre \_\_\_\_\_ Firma: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Firma: \_\_\_\_\_

Teléfono de casa: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_

Teléfono celular: \_\_\_\_\_ Dirección de correo electrónico: \_\_\_\_\_

O

Alumno(a) (si se trata de un/una joven sin compañía ni hogar):

Nombre \_\_\_\_\_ Firma: \_\_\_\_\_

Dirección: \_\_\_\_\_

Correo electrónico: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Si un/una niño(a), joven o joven sin compañía NO vive en una residencia permanente, NO se requieren pruebas de residencia ni otros documentos que normalmente se solicitan para la inscripción (información de salud, registros escolares, etc.). El/la niño(a), joven o joven sin compañía debe inscribirse de inmediato en su escuela de origen, la escuela a la que otros alumnos asisten y que se encuentra en el área en la que vive actualmente, u otra escuela a la que pueda asistir según lo que sea de su conveniencia.

#### OFFICE USE ONLY

Date Completed	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative	Comments

# Belgrade – Brooten – Elrosa Schools

## Request for student records

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

\_\_\_\_\_  
(Former School Name)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State, and Zip)

\_\_\_\_\_  
(Phone Number and FAX Number)

Please send any and all information on: psychological,  
Educational,  
Medical,  
Profiles of Learning,  
Or other nature,  
(MARSS request enclosed) concerning:

Student \_\_\_\_\_ Grade Level \_\_\_\_\_ Birthdate \_\_\_\_\_

Please forward this information to:

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Registrar  
Belgrade-Brooten-Elrosa Elementary School  
250<sup>th</sup> 2<sup>nd</sup> Ave.  
PO Box 39  
Brooten, MN 56316  
FAX: 320-346-2589

It is understood that this information will be used in a confidential and professional manner in the best interest of the student. Thank you for your attention and anticipated cooperation.

Students and/or parental signatures are no longer required when authorized school personnel request records. (Section 1232g of the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g.)

If you have any questions regarding this request, please contact Marsha Hanson at 320-346-2278.

BBE Public School ISD# 2364

36 GUARD

BBE High School  
710 Washburn Ave  
PO Box 339  
Belgrade, MN 56312  
Phone: 320.254.8211  
Fax: 320.254.3784

BBE Elementary School  
250 2<sup>nd</sup> Ave  
PO Box 339  
Brooten, MN 56316  
Phone: 320.346.2278  
Fax: 320.346.2589

Student Demographic Information

Child's Name/ Last				First	Middle	Date of Birth	Birth Place (City/County/State)	M	F
Father/Guardian's Name				D.O.B.		Mother/Guardian's Name		D.O.B.	
Home Phone		Work Phone		Home Phone		Work Phone			
Cell Phone		E-Mail Address		Cell Phone		E-Mail Address			
Address				Address					
City, ST ZIP Code				City, ST ZIP Code					
Student lives with: Both Parents ___ Mother ___ Father ___ Other ___ Bus Driver/Animal ___									

Alternative Emergency Contacts

\*2 contacts required \*If parent cannot be reached, these people can be contacted to pick up child from school if ill or otherwise needed.

Primary Emergency Contact/Relationship		Secondary Emergency Contact/Relationship	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone		Cell Phone	

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. In case of serious accident/injury/EMERGENCY, school district procedure will be to contact the parent or guardian at home or at work. If that contact cannot be made, school district personnel will call for emergency medical assistance, 911.

Parent's/Guardian's Signature

Date

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Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Records Request History

Contact: \_\_\_\_\_

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

## Student Medical Information Continued

Does your child have allergies?	YES / NO	To what?
Typical treatment when allergic reaction occurs?		
Does your child have asthma? <small>*If student needs to have inhaler/meds at school, please complete the "Physician Order For Giving Asthma Medications In School" form.</small>	YES / NO	
Any medications taken on a regular basis? <small>*If meds need to be taken at school, please complete the "Medication Policy Form for BBE Students."</small>	YES / NO	If yes, what meds/reason?
Any dietary restrictions or special needs? <small>*Any dietary restrictions or needs must be ordered by physician. Please complete the "Special Diet Statement" form.</small>	YES / NO	Explain:
Any vision problems?	YES / NO	Glasses / Contacts
Any hearing problems?	YES / NO	
Any serious illness/injury/hospitalization during this past year?	YES / NO	Explain:
*Any prescription medication must be sent to school nurse in the original pharmacy container along with a Medication Policy form signed by the physician and parent.		
*Do you give permission for your child to receive Over the Counter meds if needed? <small>(Tylenol, cough drops, pepto bismol, etc.)</small>	YES / NO	
Parent Signature	Date	

## Student Registration

**Former School** \*If student attended more than one school, please list grade level and attendance dates.

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
 Address of School Phone Fax

**Former School** \*If student attended more than one school, please list grade level and attendance dates.

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
 Address of School Phone Fax

**Current services student was receiving (check all that apply).**

\_\_\_\_\_ Special Education (please circle) LD/EBD/Other

\_\_\_\_\_ LEP Service

Case Manager \_\_\_\_\_

\_\_\_\_\_ Title I

\_\_\_\_\_ Targeted Services  
 (After school program)

\_\_\_\_\_ Other: \_\_\_\_\_



## 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.