

BBE Public School ISD #2364



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

BBE Elementary School
250 2nd Ave
PO Box 39
Brooten MN 56316
Phone: 320.254.8211
Fax: 320.346.2589

Student Demographic Information

Child's Name/ Last			First	Middle	Date of Birth	Birth Place (City/County/State)	M F Sex
Father/Guardian's Name				D.O.B.		Mother/Guardian's Name	
()				()		()	
Home Phone				Work Phone		Home Phone	
()				()		()	
Cell Phone				E-mail Address		Cell Phone	
Address				Address		Address	
City, ST, ZIP Code				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	
()		()	
Cell Phone		Cell Phone	

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____ () Phone _____

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 _____

For Office Use Only

Teacher: _____ Grade: _____

School _____ Records Request History _____ 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? (Tylenol, cough drops, pepto bismol, etc)	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)

_____ Speech _____ Other: _____

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South, or Central American or other Spanish culture or origin, regardless of race.)

- **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- **Asian** (A person having origins in any of the original peoples of the far East, Southeast Asia or in the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- **Black or African American** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
- **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Parent and/or Guardians_____

City_____ **State**_____ **Zip**_____

[illegible]

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 AND 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.

22-23 Belgrade-Brooten-Elrosa High School Student Health Information

(must be filled out annually)

Student's Name _____

Date of Birth ____/____/____

Grade: _____

Does your child have allergies: YES NO If yes, allergic to what? _____
What is typical reaction? _____
Treatment: _____
Should a medication be given at school? _____

Any dietary restrictions or special needs? YES NO Explain: _____

****Any dietary restriction must be ordered by physician.**

Does your child have any known medical conditions that may result in a medical emergency: YES NO

If yes, please explain below.

Does your child have asthma? YES NO What medications are used? _____

**** Doctor permission slip needed if child requires inhaler in school****

Any vision problems? YES NO _____ Contacts _____ Glasses

Any hearing problems? YES NO Please explain below.

Any medications taken on a regular basis? YES NO If yes, what med and for what reason? _____

**** Any medications to be taken in school are required to come in the original pharmacy container. A medication policy form must also be signed by the physician and parent. If it all possible, parents should attempt to give medications at home.****

Do you give permission for your child to receive Tylenol or Ibuprofen if needed? YES NO

Any additional health information or history the health office should know when providing care for your child?

Parent Signature

Date

****Optional:**

I give permission for my secondary student to carry and use nonprescription pain relief medications (**ex: Tylenol, Ibuprofen**) in a manner consistent with the labeling. I acknowledge the school district may revoke a student's privilege to possess and use nonprescription pain relievers if the school district determines that the student is abusing the privilege. This does not apply to any drug or product containing ephedrine or pseudoephedrine.

Parent Signature

Date

Belgrade-Brooklyn-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/aaaa)

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/uná 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:

2022-2023 1:1 Device Student and Parent Handbook Agreement Form & Media Release Form

(ONLY NEEDS TO BE COMPLETED FOR STUDENTS 4TH GRADE & ABOVE. DO NOT INCLUDE STUDENTS YOUNGER THAN 4TH GRADE)

In order for your child to take their device back and forth from school, please complete the following agreement form and send/deliver insurance payments to the following locations:

BBE High School: 710 Washburn Ave Belgrade, MN 56312

BBE Elementary School: 245 School Ave N Brooten, MN 56316

Please note on your payment that this is for 1:1 Device Insurance

If your family is unable to afford insurance, please contact your building administrator:

Mrs. Laura Spanier: 320-254-8211 x 2130 (high school)

Mrs. Josie Dingmann: 320-254-8211 x 1319 (elementary)

Any questions, please contact the Tech Team!

Kody Bertram x 2220

Patti Kaiser x 2221

Section 1: 1:1 Handbook Agreement

My child(ren) and I have read and understand the 1:1 Device Handbook associated with BBE Public Schools:

☐ Yes

☐ No

If this form is included within an enrollment packet, please list only ONE student per packet.

Student 1 First & Last Name: _____

Student 1 Grade (circle one): 4 5 6 7 8 9 10 11 12

Student 2 First & Last Name: _____

Student 2 Grade (circle one): 4 5 6 7 8 9 10 11 12

Student 3 First & Last Name: _____

Student 3 Grade (circle one): 4 5 6 7 8 9 10 11 12

Student 4 First & Last Name: _____

Student 4 Grade (circle one): 4 5 6 7 8 9 10 11 12

FORM CONTINUED ON NEXT PAGE

Section 2: Additional Agreements

My child(ren) & I have read and understand the information contained in the BBE Public Schools Chromebook/iPad Policy & Usage Handbook. We understand student technology access is a privilege and will be available through a license that will be issued yearly to students who read the policy, agree to the conditions, and sign the contract. Failure on our part to return this signed form will result in denial of full access technology.

- ☐ Yes
☐ No

I understand by participating in Google Apps for Education & other educational software listed at www.bbejaguars.org/student-software-inventory, my child(ren) will have the ability to store and collect their classroom information electronically. I understand that I may ask for my child(ren)'s account to be removed at any time. Yes, confirms my consent to allow certain student information, outlined within the above link, to be used, stored, and shared with the listed providers. I give permission for my child(ren) to be assigned a full BBE School District Google Apps for Education Account & other accounts as outlined in the above link. This means my child(ren) may receive an email account, access to Google Docs, Calendar, Sites, etc.

- ☐ Yes
☐ No

Photo/Video Release - Public Posting of Photographs/Videos: The BBE Public School District may publish videos/pictures of all child(ren) within my household in various school activities or student work on the school's web page or other social networking sites. Doing this would make the videos, pictures and/or student work accessible to anyone on the internet. First names are used.

- ☐ Yes, include my child(ren) in these publications.
☐ No, do not include my child(ren).

Payment Options:

- ☐ Deductible Plan: \$40 (non-refundable, per student - \$120 family max)
☐ Full Deposit: \$350 (refundable, per family, depending on use)

Section 3: Parent Signature

Parent/Guardian First & Last Name: _____

Parent/Guardian Signature: _____ Date: _____



Student Digital Equity Survey

Survey Information

Thank you for participating in the Student Digital Equity Survey. This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. BBE Public Schools may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside the classroom or school building. It is important that we gather accurate information from every student so that each student and family has the equipment, help and support needed.

The information you provide in this survey will be reported to the Minnesota Department of Education (MDE). MDE may provide state- or school-level summary data—without personal, identifying information—to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. BBE Public Schools will not share your personal, identifying information provided in this survey with others without your consent.

Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

Student Information

First name: _____

Last name: _____

Grade: _____

Student Primary Address: _____

Digital Device Access & Internet Access

1. Does the student use an electronic device like a computer, tablet or smart phone to complete homework?

No (skip to question 2)

Yes (continue to 1a)

a. If yes, what type of electronic device does the student usually use to complete homework?

(select ONLY one)

- ☐ Desktop or Laptop
- ☐ Tablet
- ☐ Chromebook
- ☐ Smart phone
- ☐ Other

b. Is the electronic device (from 1a) provided by the school?

- ☐ Yes
- ☐ No

c. Is the electronic device shared with anyone else in the home?

- ☐ Yes
- ☐ No

2. Can the student access the Internet on their electronic device at home?

- ☐ No – Internet is **not** available at home (skip to end of survey)
- ☐ No – Internet is **not** affordable at home (skip to end of survey)
- ☐ No – Other (skip to end of survey)
- ☐ Yes (continue to 2a)

a. If yes, what kind of Internet service do you have at home?

- ☐ Residential broadband (e.g. Cable, Fiber, DSL)
- ☐ Cellular network
- ☐ School-provided hotspot
- ☐ Satellite
- ☐ Dial-up
- ☐ Other
- ☐ I am not sure.

b. Can the student stream a video on their electronic device without pauses?

- ☐ Yes – with **no** pauses or buffering
- ☐ Yes – with **some** pauses or buffering
- ☐ No – streaming doesn't work



Student Injuries Can Happen

Offered to Families with Students - Grades PK-12

Approved By Your School/School District

What is Student Accident Insurance?

- ◆ Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

Why Consider Student Accident Insurance For Your Student?

- ◆ High Deductible/Copayments to your Family's Primary Health Insurance
- ◆ No Health Insurance for your Student
- ◆ Your Student participates in a interscholastic sport where an unexpected injury is more likely to occur.
- ◆ Your Student is prone to injuries

Coverage Options Available Through Your School

- ◆ School Time Coverage - \$16.00
- ◆ 24-Hour/Full-Time Coverage - \$99.00
- ◆ Interscholastic Sports Coverage
- ◆ Football Coverage - \$250.00
(Grades 9-12 for the football season)

(w/School Time-\$91.00 or 24 Hour Coverage-\$174.00)

- ◆ Extended Dental Coverage - \$9.00

Premium Paid Once a School Year

To Enroll Your Student & Review Medical Benefits

Go to: www.sas-mn.com

1. Click "Enroll" in K-12 Students & Parents
2. Select State and School/District
3. Select "Brochure" to review medical benefits, coverage options, and rates.

Parents can either print and complete the enrollment form to mail with check/money order or:

You Can Purchase Coverage Online:

- Select "Purchase Online"
- Complete online application (more than one student can be enrolled)
- Pay by Credit Card/Debit
- Print ID Confirmation after transaction is successful

Accidents Can Happen and Medical Expenses are One of the Biggest Financial Hardships for Families Every Year.

For Questions, Call (800) 328-2739



Specializing in Student Accident Insurance Since 1971.

The above information is just a brief description of Student Assurance Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to www.sas-mn.com Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company

BELGRADE-BROOTEN-ELROSA PUBLIC SCHOOLS

Independent School District #2364
Stearns, Kandiyohi and Pope Counties
Box 339, Belgrade, MN 56312
Patrick Walsh, Superintendent
320-254-8211
FAX 320-254-3784

Dear Parents/Guardians:

The School District does not provide any type of health or accident insurance for injuries incurred by your child at school.

We encourage all families to have accident coverage on their children, prior to participation in any *interscholastic sports* or if a family's current primary health insurance has a high deductible, Co-Insurance Clause and/or limitation on medical benefits. If you feel your primary health coverage is adequate, please sign the bottom of this letter and return to a school employee.

The options are:

Coverage Options	Annual Premium
School Time Coverage (Not including Interscholastic Sports) Provides benefits for accidents during school hours ONLY	\$ 16.00
School Time Coverage Includes Interscholastic Sports Provides benefits for accidents during school hours as well as participating in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	\$ 91.00
Football Coverage Grades 9-12 Provides benefits to athletes when practicing and competing during the football season	\$ 250.00
Full Time Coverage (Not including Interscholastic Sports) Provides benefits for students 24 hours a day, 7 days a week	\$ 99.00
Full Time Coverage Includes Interscholastic Sports Provides benefits for students 24/7 as well as when they participate in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	\$ 174.00
Extended Dental Coverage Provides additional benefits for students 24 hours a day for any dental accident	\$ 9.00

In making application for coverage, please read brochures explaining options carefully.

1. Print name, address and other information clearly on the enrollment form.
2. Make check or money order payable to **STUDENT ASSURANCE SERVICES, INC.** or complete the credit card payment form.
3. Print Student's name on the face of the check.
4. Detach and retain summary of coverage, and return the enrollment form to the school within 14 days. Coverage will become effective at 12:01 a.m. following the date the enrollment form and premium are received and dated by the school.
5. Questions about the plan may be directed to Student Assurance Services, Inc., at (651) 439-7098, or toll free 1-800-328-2739.

Please sign and return form below if you already have adequate insurance.

PARENTAL INSURANCE WAIVER

Student's Name _____ School _____

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while attending regular school session and/or participating in interscholastic sports.

Parent's/Guardian's Signature _____ Date _____