

# Surrey Public School

District No.41

**Tarra Hysjulien**

*Elementary Principal*

**Kay Mayer**

*High School Principal*

**Alyssa Brennon**

*Business Manager*

**Mike Hultz**

*Athletic Director*

Authorization to release Student Records / Transcripts

Students Name \_\_\_\_\_

I hereby authorize Surrey Public School to **obtain information from** and/or **release information to:**

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Requestors Signature

\_\_\_\_\_  
Date

## Request for

\_\_\_\_\_ Student Records – Please Include the following

- Birth Certificate
- Immunization / Health Records
- Academic Information or Progress Reports
- Attendance Records
- State Assessments / Standardized Tests / other Applicable Test Results
- Legal Documents
- Special Education Records, Recommendations, IEP's and/or Qualifying Testing Results for IEP's
- Transcript
- Listing of current classes
- Documentation if the student qualifies for free and/or reduced meals

Please send all requested information to [robin.day@k12.nd.us](mailto:robin.day@k12.nd.us) or Fax to 701-838-8822

Please indicate your communication preference:

Mail  Fax  Pickup



# Surrey Public School

## District No.41

### Student Educational Records and Privacy

**In accordance with Surrey Public School Board Policy FGA the District believes that while collection and use of student information is necessary to provide educational and student support services, the district must implement safeguards to ensure information is appropriately protected and used to serve the best interests of students.**

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that Surrey Public School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Surrey Public School may disclose appropriately designated "directory information" without written consent, unless you have advised the district to the contrary in accordance with district procedures.

The primary purpose of directory information is to allow the Surrey Public School to include this type of information from your child's education records in certain school publications. Examples include:

1. A playbill, showing your student's role in a drama production;
2. The annual yearbook;
3. Honor roll or other recognition lists;
4. Graduation programs; and
5. Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require school districts receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories - names, addresses and telephone listings - unless parents have advised the school district that they do not want their student's information disclosed without their prior written consent.

Opt-out notices should be provided at the beginning of the school year and when a student otherwise enrolls in the District. These notices shall contain a reasonable deadline of at least ten days for parents or eligible students to opt out.

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# Surrey Public School

## District No.41

Surrey Public School has designated the following information as directory information: *Note: an LEA may, but does not have to, include all the information listed below. This list must be consistent with policy.*

**Directory information is defined as personally identifiable information contained in a student education record that is generally considered not harmful or an invasion of privacy is disclosed and includes:**

- 1. Address**
- 2. Date and place of birth**
- 3. Dates of attendance**
- 4. Degrees, honors, and awards received**
- 5. Grade level**
- 6. Most recent school attended**
- 7. Name**
- 8. Participation in officially recognized activities and sports**
- 9. Photograph**
- 10. School email address**
- 11. Student identification number if it cannot be used alone to access an educational record and is not the student's social security number**
- 12. Telephone listing**
- 13. Weight and height of members of athletic teams**

Request to Withhold Directory Information for the **2026-2027** School Year:

\_\_\_\_\_ Do not release **any** directory information. (See definition above)

\_\_\_\_\_ Do not release the following **part or parts** of directory information: (check all that apply)

- \_\_\_\_\_ Name  
\_\_\_\_\_ Telephone  
\_\_\_\_\_ Photograph  
\_\_\_\_\_ Other (specify): \_\_\_\_\_

\_\_\_\_\_ Do not release directory information to:

- \_\_\_\_\_ Military Recruiters  
\_\_\_\_\_ Colleges & Universities  
\_\_\_\_\_ Other (specify): \_\_\_\_\_

Student's Name: \_\_\_\_\_

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

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

Parent/Guardian Signature: \_\_\_\_\_

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

*NOTE: If the student is a high school senior or is otherwise scheduled to graduate, this opt-out request will continue to remain effective after the student has graduated from high school.*



**SURREY PUBLIC SCHOOL**  
Student Information Sheet

Office use only  
Entry code \_\_\_\_\_ Resident district \_\_\_\_\_

Date \_\_\_\_\_

**Please complete the entire form for each student**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
DOB \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Grade \_\_\_\_\_ Gender M F Student Cell Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent email \_\_\_\_\_

**\*PRESCHOOL – Your child MUST be 4 years old by August 1 and live in the Surrey School district to attend PRESCHOOL unless he/she has been previously tested and qualifes for special education**

**Medical**  
Special medical considerations / allergy alerts \_\_\_\_\_  
(ie. Allergic to peanuts, epileptic, Child tends to get stomach aches, nose bleeds, etc.)

**Race** circle all that apply (I) Amer Indian/Alaskan Native (A) Asian (B) Black or African American  
(P) Native Hawaiiin / Pacific Islander (W) White (H) Hispanic  
**Primary Language spoken in your home** English Other \_\_\_\_\_

**After School** Bus - AM \_\_\_\_\_ PM \_\_\_\_\_ Student walks Parent picks up Daycare \_\_\_\_\_

**Is your child receiving special services?** No Yes, circle one IEP – Speech or Learning Disability? 504 Plan

**Parent/Guardian Info – Correct & complete contact information is critical in the event of an emergency.**

Mother's Name \_\_\_\_\_  
 Check if NOT living in the same household as student  
Address (if different than student) \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Work \_\_\_\_\_ Employer \_\_\_\_\_

Father's Name \_\_\_\_\_  
 Check if NOT living in the same household as student  
Address (if different than student) \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Work \_\_\_\_\_ Employer \_\_\_\_\_

**Additional adults living in the household that may be contacted**  
Name \_\_\_\_\_  
Phone: Cell \_\_\_\_\_  
Work \_\_\_\_\_ Employer \_\_\_\_\_

\*If someone else has guardianship of your child, list name, relationship, and contact info on back of this sheet

**Additional Emergency Contact Information – Mandatory Completion (Somone other than the parents)**

Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_  
Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

**(Complete back side)**

**Storm Home – ANSWER IF YOU LIVE OUTSIDE OF SURREY** – If your student does not live in Surrey, you must list a home in town where they can stay in the event that school closes and weather is too dangerous to let them leave town (*Parents are responsible for contact with the storm home and arrangements for transportation.*) **Storm home must be in Surrey** – List name & address

Storm home \_\_\_\_\_

**General Information**

Daily after school arrangements other than listed on front \_\_\_\_\_

**Siblings** – Please list first and last name and grade of all siblings attending Surrey School

**Name** **Grade**

_____	_____
_____	_____
_____	_____
_____	_____

\* **Guardianship Information** – if different from parent

Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Other pertinent information** (*anything you feel is important, such as court-ordered custody visitation arrangements or issues. Please provide the office with all pertinent legal documentation*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photo Release – Mandatory Completion** (If not completed, we will assume you grant permission)

\_\_\_\_\_ I **DO** give permission for photographs of my child to be displayed around the classroom/school or to be published on the Surrey School website. I understand that these photos can be viewed by anyone in the world, but no identifying information will be displayed.

\_\_\_\_\_ I **DO NOT** give permission for photographs of my child to be displayed around the classroom/school or to be published on the Surrey School website.

I am the parent or legal guardian of this child under 18 years of age.

Adult's name (print) \_\_\_\_\_

Adult's signature \_\_\_\_\_ Date \_\_\_\_\_

**Transfer Information**

Transfer from State \_\_\_\_\_

Transfer from City \_\_\_\_\_

Transfer from School \_\_\_\_\_

## Home Language Survey

Student Name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Student's School: \_\_\_\_\_ Today's Date: \_\_\_\_\_

The U.S. Office of Civil Rights requires schools to identify possible English Learner (EL) students during enrollment to ensure appropriate high-quality instruction. The district may be eligible for additional funding for English learners and/or immigrant children and youth. If a language other than English is used by you or your child and your child meets the English Learner (EL) definition, the school may give your child an English Language Proficiency Assessment. The school will share the results of the assessment with you.

What language(s) did your child learn when he/she first began to talk? \_\_\_\_\_

What language(s) does your child speak/use? \_\_\_\_\_

What language does your child use most often? \_\_\_\_\_

What language do you use most often to speak to your child? \_\_\_\_\_

Has your child ever been in an English Learner or Bilingual Program? \_\_\_\_\_

Yes      No      Unsure

<b>Circle the grades your child has attended in the United States.</b>	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12
<b>Circle the grades your child has attended outside of the U.S.</b>	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12

If outside of the United States, in which country did your child attend school? \_\_\_\_\_

What language(s) did your child learn in school? \_\_\_\_\_

If practicable, in what language or format should the school communicate with your family? \_\_\_\_\_

\_\_\_\_\_  
**Print Name of Parent/Guardian or Student (for unaccompanied homeless youth)**      \_\_\_\_\_  
**Signature of Parent/Guardian or Student (for unaccompanied homeless youth)**      \_\_\_\_\_  
**Date**

**Surrey School Mediation Log Form 2026-2027**  
**PO BOX 40, Surrey ND. 58785 701-838-1262**

<b>Student Name</b>	<b>Student Grade</b>	<b>Parent Signature</b>	<b>Date</b>	Student Photo if Available Here
			<b>Phone #</b>	
I hereby release Surrey Public School from any liability for damages or injury directly or indirectly resulting from my child's use of this medication.				

I authorize Surrey School Personnel to dispense the following medication to my child.

Name of Medicine: \_\_\_\_\_

Dose / Quantity: \_\_\_\_\_ TIME: \_\_\_\_\_

Shape: \_\_\_\_\_

Color: \_\_\_\_\_

2026-2027	August		September		October		November		December		
	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	
17-Aug			23-Sep				2-Nov			1-Dec	
18-Aug			24-Sep				3-Nov			2-Dec	
19-Aug			28-Sep				4-Nov			3-Dec	
20-Aug			29-Sep				5-Nov			7-Dec	
24-Aug			30-Sep				9-Nov			8-Dec	
25-Aug							10-Nov			9-Dec	
26-Aug			1-Oct				12-Nov			10-Dec	
27-Aug			5-Oct				16-Nov			SMD 11-Dec	
31-Aug			6-Oct				17-Nov			14-Dec	
			7-Oct				18-Nov			15-Dec	
1-Sep			8-Oct				19-Nov			16-Dec	
2-Sep			12-Oct				23-Nov			17-Dec	
3-Sep			13-Oct				24-Nov				
8-Sep			14-Oct				25-Nov				
9-Sep			15-Oct				30-Nov				
10-Sep			19-Oct								
14-Sep			20-Oct								
15-Sep			21-Oct								
16-Sep			22-Oct								
17-Sep			26-Oct								
21-Sep			27-Oct								
22-Sep			28-Oct								
			29-Oct								

Robin O'Brien

Janelle Anderson

Surrey School Mediation Log Form 2026-2027  
 PO BOX 40, Surrey ND. 58785 701-838-1262

2026-2027	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial
	January											
4-Jan												
5-Jan												
6-Jan												
7-Jan												
11-Jan												
12-Jan												
13-Jan												
14-Jan												
18-Jan												
19-Jan												
20-Jan												
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26-Jan												
27-Jan												
28-Jan												
	February											
	1-Feb											
	2-Feb											
	3-Feb											
	4-Feb											
	8-Feb											
	9-Feb											
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	11-Feb											
	15-Feb											
	16-Feb											
	17-Feb											
	18-Feb											
	22-Feb											
	23-Feb											
	24-Feb											
	25-Feb											
	March											
	1-Mar											
	2-Mar											
	3-Mar											
	4-Mar											
	8-Mar											
	9-Mar											
	10-Mar											
	April											
	15-Mar											
	16-Mar											
	17-Mar											
	18-Mar											
	22-Mar											
	23-Mar											
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	25-Mar											
	30-Mar											
	31-Mar											
	May											
	3-May											
	4-May											
	5-May											
	6-May											
	10-May											
	11-May											
	12-May											
	13-May											
	SMD 14-May											
	17-May											
	18-May											
	19-May											
	20-May											
	24-May											
	25-May											
	26-May											

Medication Given Codes	
Medication Given:	Initial      Early Out:      EO
Student Absent:	A      No School:      NS
Field Trip:	FT      Weather:      W
Medication Out:	MO      Storm makeup day:      SMD

**Surrey Public School  
Medication Agreement**

Full Student Name:(FML)	
Name of Medication:	
Strength:	
Dose:	
Shape:	
Color:	
Quantity Received:	

I understand that I (parent/guardian) am responsible for the safe delivery and pick up of all medications to Surrey School office.

I agree:

- To send medication in the original container
- To instruct my child to take medication from designated school personnel at the time listed above.
- To instruct my child that they are not permitted to provide or sell any medication to another student.
- To submit a new form if the medication, dosage or instructions have changed.
- To send a written note if my child is to discontinue taking this medication. I understand that the medication listed will be disposed of after five days if not picked up by me or my spouse.

I hereby release Surrey Public School from any liability for reactions, damages, injury (directly or indirectly) resulting from my child's use of this medication.

Please print:

Parent/Guardian Name:	Phone Number:
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\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**If medication physical appearance or dosage changes, a new form will have to be completed.**

