Howard Lake-Waverly-Winsted Schools ■
Independent School District No. 2687 ■

REGISTRATION REQUIREMENTS

Thank you for your interest in Howard Lake-Waverly-Winsted Schools!

The mission of HLWW Public Schools is to prepare students for life by engaging them in meaningful learning experiences.

1) Proof of Identity
- Valid Driver's License

2) Proof of Residency
- Purchase Agreement, Rental/Lease Agreement **OR** current utility bill displaying date, parent name and address. Purchase Agreement, Rental/Lease Agreement is the preferred document for proof of address. Only street addresses will be accepted as proof of address (post office boxes do not meet proof of address requirements).

3) Legal Guardianship
- This documentation is required when only the child is living at a district address, while parents reside outside the district. The assigned legal guardian must register the child.

4) Immunization Record
- State law requires parents provide written proof of their child's immunization. Your child will not be allowed to attend school until current immunization record is received.

5) Certified Birth Certificate (or passport)
- This is needed to verify the date of birth and the student's legal name.

6) Early Childhood Screening (for children entering kindergarten)
- In order for your child to start kindergarten in any Minnesota Public School, you will need to provide us with a copy of your child's Early Childhood Screening Summary Form.

7) Legal/Custody Paper
- Custody Order - If child's legal guardianship is determined by a court order, please submit a copy.
- Order For Protection – If there is a current circumstance that we need to be aware of, please provide a copy of the current legal document.
- Legal Name Change – All student's record need to show the student's full legal name. If the student's name has been legally changed, please provide a copy of the court document.

8) Transcript Or Grades
- A copy of transcript or grades from previous schools and test results if available. If not available, please provide us with the name and address of the last school attended so that we can request records.

9) Medication
- Under certain conditions it is in the best interest of the child to take prescribed medications during the school day. Please see Health Office or building secretary for appropriate paperwork if needed.

Howard Lake-Waverly-Winsted Schools ISD 2687

8700 County Road 6 SW, PO Box 708, Howard Lake, MN 55349

Phone: 320-543-4646 Superintendent: Dan Edwards, Ed.D.

RECORD REQUEST

Last School Attended Information	
Name of School, City/State, Phone	Date Records Requested
	Fax
	Email

The following student(s) recently enrolled at Independent School District 2687.

Student Name	Gender	Grade	Birthdate	Start Date

Please send the following student(s) information to the school indicated below:

Birth Certificate	Early Childhood Screening	Cumulative Records
Grades	Attendance	Test Data
Psychological Reports (if any)	Health Records (include immunization)	Special Education Records (if any)
Free/Reduced Status (if any)	EL Records (if any)	504 Plan (if any)

MARSS State ID_____

Please send records to

☐	**Grades 9-12**	**HLWW High School,** PO Box 708, Howard Lake, MN 55349 Phone: 320-543-4600 Ext. 4304, Fax: 320-543-4601, Email: nhuggett@hlww.k12.mn.us
☐	**Grades 5-8**	**HLWW Middle School**, PO Box 708, Howard Lake, MN 55349 Phone: 320-543-4660, Fax: 320-543-4632, Email: nhuggett@hlww.k12.mn.us
☐	**Grades K-4**	**Humphrey Elementary,** PO Box 248, Waverly, MN 55390 Phone: 320-543-4680, Fax: 320-543-4634, Email: tknuth@hlww.k12.mn.us
☐	**Grades K-4**	**Winsted Elementary School**, PO Box 160, Winsted, MN 55395 Phone: 320-543-4690, Fax: 320-543-4633, Email: jstifter@hlww.k12.mn.us
☐	**Early Childhood Screening**	**HLWW Community Education**, PO Box 708, Howard Lake, MN 55349 Phone: 320-543-4670, Fax: 320-543-4631, Email: shorsch@hlww.k12.mn.us
☐	**SpEd Records**	**HLWW Schools**, PO Box 708, Howard Lake, MN 55349 Phone: 320-543-4646 Ext. 2003, Fax: 320-543-4630, Email: nkittock@hlww.k12.mn.us If your school utilizes SPED Forms, please send to Nicole Kittock, District 2687: Howard Lake.
☐	**Food Service**	**HLWW School**, PO Box 708, Howard Lake, MN 55349 Phone: 320-543-4615, Fax: 320-543-4630, Email: mjohnson@hlww.k12.mn.us If student is eligible for free/reduced status, please send documentation.

Student and/or parental signatures are no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule of Educational Records, Federal Register, June 17, 1976 - Vol. 41 No. 118 page 24673.)

9/23/25

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Enrollment Date_____

Student #_____

STUDENT ENROLLMENT

Student's Legal Name _____ _____ _____ Legal Gender _____ Current Grade _____
(Last) (First) (Middle)

Student's Preferred First Name (if applicable) _____ Preferred Pronoun (if applicable) _____

Date of Birth _____ Country of Birth _____

If country of birth is not USA, date of first enrollment in USA school _____

☐ To verify your child's date of birth, please provide us with a copy of your child's original birth certificate.

Home Phone _____

Physical Address _____
(House #, Street, Apt/Lot, City, State, Zip)

Mailing Address (if different from physical address) _____

Student lives with? Both Father/Mother _____ Father Only _____ Mother Only _____ Father/Stepmother _____
Mother/Stepfather _____ Legal Guardian _____ Foster Parent(s) _____ Other Relative _____

NOTE – If there is an ACTIVE Order of Protection, Restraining Order or Custody Order that affects your student, please provide a copy of the court document for the student's file.

ELEMENTARY SCHOOL PREFERENCE

Humphrey Elementary School _____ Winsted Elementary School _____
Preference will be honored at the District's discretion

STUDENT LANGUAGE

	Check the phrase that best describes student:	Indicate the language(s) other than English:
My student first learned:	Language(s) other than English _____ English and language(s) other than English _____ Only English _____	
My student speaks:	Language(s) other than English _____ English and language(s) other than English _____ Only English _____	
My student understands:	Language(s) other than English _____ English and language(s) other than English _____ Only English _____	
My student has consistent interaction in:	Language(s) other than English _____ English and language(s) other than English _____ Only English _____	

Interpreter needed? Yes (Parent/Guardian) _____ Yes (Student) _____ Language _____
No (Parent/Guardian) _____ No (Student) _____

STUDENT INFORMATION

Early Childhood Screening: If enrolling student for Kindergarten where did student receive screening? _____

Has student previously attended Howard Lake-Waverly-Winsted? Yes _____ No _____ If YES, when _____

Last School Attended _____
Grade _____
Date of Withdrawal _____
Is this school you last attended a Public _____ Private _____ Out-of-State _____

Is this student attending Howard Lake-Waverly-Winsted under the Open Enrollment Options Program? Yes _____ No _____
If yes, what School District do you reside in? _____

Did student receive any of the following services at their previous school? English As A Second Language _____ Title I _____
Gifted/Talented _____ 504 Plan (Americans with Disabilities Act) _____ Tutoring _____ None _____

Does student have a Special Education Individual Education Plan (IEP)? Yes _____ No _____
If YES, what is your student's disability? (Check ALL that apply)

Autism Spectrum Disorders _____
Developmental Cognitive Disability _____
Developmental Delay _____
Deaf – Hard of Hearing _____
Emotional/Behavioral Disorders _____
Other Health Disabilities _____
Physically Impaired _____
Specific Learning Disabilities _____
Speech/Language Impairments _____
Severely Multiple Impaired _____
Traumatic Brain Injury _____
Visually Impaired _____

Is student considered homeless (lacks a fixed, regular or adequate nighttime residence)? Yes_____ No _____
If YES, what district and school did your student attend prior to becoming homeless? _____
If YES, in what district does the primary legal parent live? _____

Does your student self-identify as a military-connected youth? Yes_____ No_____

Children of military families means a school-aged child in the HOUSEHOLD of an active duty member. Active Duty means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty. Deployment means the period one month prior to the service members' departure from their home station on military orders through six months after return to their home station.

Were any student's parents or legal guardians on active duty with the Army, Navy, Air Force, Marine Corps or Coast Guard? (This does include training as a member of any of the five branches, as well as active duty when deployed. It does not include National Guard Duty.) Yes _____ No _____

Relationship to Student _____ Active _____ OR Reserve _____
Relationship to Student _____ Active _____ OR Reserve _____

In compliance with federal regulations, have you recently moved to the Howard Lake-Waverly-Winsted School District within the last 36 months for temporary or seasonal agriculture or fishing work? Yes _____ No _____

Does home have internet access available? Yes _____ No _____

If student is eligible for free/reduced status, please provide documentation upon registration.

OTHER MEMBERS LIVING IN THE HOUSEHOLD

Last Name, First Name, Initial	Birthdate	Gender	Relationship To Head(s) of Household	School Attending	Grade
		M _____ F _____			
		M _____ F _____			
		M _____ F _____			

HEAD(S) OF HOUSEHOLD

Legal Primary Parent/Legal Guardian Name	Legal Secondary Parent/Legal Guardian Name
Please check ALL that apply: Contact Allowed _____ Ed. Rights _____ Has Custody _____ Mailings Allowed _____ Enrolling Parent _____ Release To _____ Financial Responsibility _____	Please check ALL that apply: Contact Allowed _____ Ed. Rights _____ Has Custody _____ Mailings Allowed _____ Enrolling Parent _____ Release To _____ Financial Responsibility _____
Physical Address	Physical Address
Mailing Address	Mailing Address
Cell Phone	Cell Phone
Work Phone	Work Phone
Automated Notification Phone	Automated Notification Phone
Email Address	Email Address

NOTE – ☐ To verify your Proof of Identity provide us with a copy of your Valid Driver's License.
☐ To verify your Proof of Residency provide us with a copy of your Purchase Agreement, Rental/Lease Agreement or current utility bill.

NONCUSTODIAL PARENT

I would like the noncustodial parent listed below to be placed on the school's mailing list. Yes _____ No _____

Name _____

Contact Allowed _____ Ed. Rights _____ Has Custody _____ Mailings Allowed _____ Enrolling Parent _____
Release To _____ Financial Responsibility _____

Physical Address (House #, Street, Apt/Lot, City, State, Zip) _____

Mailing Address (if different from home address) _____

Home Phone Number _____

Work Number _____

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for all students. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 2687. Certain information, known as "directory information," is available to the public unless the district receives a written request from a parent. I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature _____ Date_____

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STUDENT HEALTH HISTORY

Student's Name _____ Date of Birth _____

Does your student have any health issues? Check ALL that apply.

No Health Problems _____
ADD/ADHD _____
Arthritis _____
Asthma/Respiratory _____
Bladder/Kidney _____
Cancer _____
Diabetes _____
Epilepsy/Seizures _____
Food Intolerances _____
Other _____
Heart Problem _____
Orthopedic _____
Vision Loss _____
Hearing Loss _____

Describe the health issues that you checked above.

Does student have any allergies? Yes _____ No _____
Describe student's allergy (food, bee stings, animals, medication)? Is it seasonal, mild, severe, life threatening (Anaphylaxis)?

Does student take medications at school? Yes _____ No _____

Does student have an Epi-Pen? Yes _____ No _____ Does student have an inhaler? Yes _____ No _____

The Howard Lake-Waverly-Winsted District's medication policy requires a licensed prescriber signature for all prescription medication given during school hours. Medications must be sent in a current labeled prescription bottle. Please ask your pharmacy to label a separate school bottle. Please have an adult drop off/pick up medications. Medication will be started when ALL REQUIRED signatures are received. Parent/guardian is responsible for making sure medications are refilled.

Has student been hospitalized for illness, surgery or injury? Yes _____ No _____
If YES, explain:

Does your child have any activity restrictions? Yes _____ No _____
If YES explain:

I understand the information on this form is given voluntarily. This information is collected to provide your student's health and safety while at school. Your signature gives permission to share health concerns with appropriate staff for your student's safety.

Parent/Guardian Signature _____ Date _____

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FAMILY EMERGENCY RECORD

Student's Name _____ _____ Grade _____
(Last) (First)

Student's Name _____ _____ Grade _____
(Last) (First)

Student's Name _____ _____ Grade _____
(Last) (First)

Student's Name _____ _____ Grade _____
(Last) (First)

Student's Name _____ _____ Grade _____
(Last) (First)

PARENT CONTACT

Legal Parent/Legal Guardian 1		Relationship To Student
Home Phone	Cell Phone	Email
Place of Employment/Work Phone		

Legal Parent/Legal Guardian 2		Relationship To Student
Home Phone	Cell Phone	Email
Place of Employment/Work Phone		

IN CASE OF AN EMERGENCY

Two emergency contacts that would care for student(s) in case parent/guardian cannot be reached.

Emergency Contact 1	Relationship To Student
Home Phone	Cell Phone

Emergency Contact 2	Relationship To Student
Home Phone	Cell Phone

Our procedure will be to contact the parent/guardian at home or work. If we cannot reach you we will call the relative, friend or neighbor that you have listed above and ask them to care for your student. In an extreme emergency, an ambulance will be called and student child will be taken to the nearest hospital. The cost of this will be covered by the parent/guardian.

Parent/Guardian Signature_____ Date_____

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STUDENT TRANSPORTATION

Student's Name _____

Does student require transportation? Yes _____ No _____ Student lives _____ miles from school

All pick-up and drop-offs shall be consistent DAILY to eliminate the possibility of confusion on the part of all drivers, riders, school officials, and the transportation department. There will only be one pick-up/drop-off per day. We will not be able to accommodate a weekly revolving schedule.

Please remember your child will be dropped off at their regular scheduled drop-off every day unless we receive a note (each and every day) stating differently! It is not enough for your child to tell the teacher that he/she should go to someone else's home.

PICK UP LOCATION

Student will ride bus to school from home _____ day care _____ other _____

Street Address _____

City _____

Telephone Number _____

DROP OFF LOCATION

Student will ride bus from school to home _____ day care _____ other _____

Street Address _____

City _____

Telephone Number _____

Contact the bus garage at 320-543-4650 or nmckee@hlww.k12.mn.us if they have any questions.

Parent/Guardian Signature_____ Date_____

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STUDENT DIGITAL EQUITY SURVEY

This survey collects information on students' access to the internet and electronic devices used for schoolwork in the student's home. HLWW may use this information to identify students that could benefit from additional support 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 protocol. HLWW will not share your personal, identifying information provided in this survey with others without your consent.

STUDENT INFORMATION

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 on page one of the enrollment packet as your "home". You should answer the questions below based only on the conditions at this address.

Student First/Last Name: _____ Grade: _____

DIGITAL DEVICE ACCESS

1. ***Can the student access the Internet on their electronic device at home?***
   - ○ Yes – Internet access in residence
   - ○ No – Internet is **not** available at home
   - ○ No – Internet is **not** affordable at home
   - ○ No – Other

   a. ***If yes, what kind of Internet service do you have at home?***
      - ○ Residential broadband (e.g., Cable, Fiber, DSL)
      - ○ Cellular network
      - ○ Satellite
      - ○ Other
      - ○ School-provided hotspot
      - ○ Dial-up
      - ○ None

2. ***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

3. ***What type of electronic device does the student usually use to complete homework at home?***
   - ○ Desktop or Laptop
   - ○ Chromebook
   - ○ Other
   - ○ Tablet
   - ○ Smart phone
   - ○ None

   a. ***Who provides the digital device at home?***
      - ○ Personal
      - ○ School
      - ○ Other

   b. ***Is the electronic device shared with anyone else in the home?***
      - ○ Not Shared
      - ○ Shared
      - ○ Unknown

DEPARTMENT OF EDUCATION

Reset form

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*):

☐ Decline to indicate
☐ Colombian
☐ Ecuadorian
☐ Guatemalan
☐ Mexican
☐ Puerto Rican
☐ Salvadoran
☐ Spaniard/Spanish/ Spanish-American
☐ Other Hispanic/Latino
☐ Unknown

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*):

☐ Decline to indicate
☐ Anishinaabe/Ojibwe
☐ Cherokee
☐ Dakota/Lakota
☐ Other North American Indian Tribal Affiliation
☐ Unknown

Go to Question 2.

[1]Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

☐ **Yes** *[Go to Question 3.]* ☐ **No** *[Go to Question 3.]*

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.[1]

☐ **Yes** *[If yes, go to Question 3a.]* ☐ **No** *[If no, go to Question 4.]*

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate
- ☐ Asian Indian
- ☐ Burmese
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Karen
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Unknown

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.[1]

☐ **Yes** *[If yes, go to Question 4a.]* ☐ **No** *[If no, go to Question 5.]*

Optional Question 4a**.** If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate
- ☐ African-American
- ☐ Ethiopian-Oromo
- ☐ Ethiopian-Other
- ☐ Liberian
- ☐ Nigerian
- ☐ Somali
- ☐ Other black
- ☐ Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.[1]

☐ **Yes** *[Go to Question 6.]* ☐ **No** *[Go to Question 6.]*

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.[1]

☐ **Yes** ☐ **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Print/Save