



MENAHGA PUBLIC SCHOOLS

216 ASPEN AVE SE, PO BOX 160 MENAHGA, MN 56464

March 19th, 2025

Dear Parents and Guardians,

We hope this letter finds you well. As we gear up for the upcoming school year, we're reaching out to gather important information regarding your child's enrollment intentions for Kindergarten in the 2025-2026 academic year.

Your prompt response is crucial for us to effectively plan for staffing and classroom arrangements. If you do not intend to enroll your child in Kindergarten for the upcoming school year, please contact Susie in the elementary office and return the attached form by April 28th, 2025.

While Kindergarten attendance is not mandatory in Minnesota, it's important to note the high content expectations set by the Minnesota Department of Education for students entering 1st grade. These expectations include age eligibility (students must be 5 by September 1st, 2025), completion of a preschool screening, up-to-date immunization records, and overall understanding of the four main subject areas to be ready for 1st grade.

Parents will have the option of sending their child to school every day or every other day. As enrollment paperwork comes in, our team will place students in classrooms based on a multitude of factors, including individual student needs.

Please complete the Kindergarten enrollment packet as soon as possible, but no later than **April 28th, 2025**. You may drop it off in the Elementary Office or mail it in. Please make sure all documents are completed and sent back. **The priority of placement in our two different settings will be based on the order in which complete paperwork is received.**

As always, if you have questions about if your child is ready, please feel free to reach out!

Thank you,

Lisa Parrish
Elementary Principal
218-564-4141 ex. 1101
lparrish@menahga.k12.mn.us

2025-2026 Kindergarten Enrollment

____ I would prefer my child to attend kindergarten **five** days a week, Monday through Friday.

____ I would prefer my child to attend Kindergarten every other day-Monday, Wednesday and Friday with the understanding that there will be **no** flexibility in adding days as the school year progresses. This class is taught by Mrs. Peterson and capped at 22 students. Priority will be based upon the return of **complete enrollment packets.**

____ I will **not** be sending my child to Kindergarten for the 2025-2026 school year.

Child's Name _____

Parent(s) Name(s) _____

Phone Number _____



Enrollment / Permanent Record Form

Menahga Public Schools #821

District Use Only

MARSS# _____

Open Enrolled: ☐ Yes ☐ No

- ☐ Food
☐ Trans.
☐ Trello

School Enrolling In: ☐ Menahga High School ☐ Menahga Elementary ☐ Preschool Expected Start Date: _____

School most recently attended by student:

School: _____ District: _____ Date Left: _____ Last Grade Completed: _____

Address: _____ Phone: _____ Fax: _____

First Name (Legal)	Middle Name (Legal)	Last Name (Legal)	Birthdate	Gender	Enrolling Grade
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity/Race: Is your student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			Ethnic Background: (Mark all that apply.) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American		

Current Address (Student):

House Number (Physical Address)	Unit #	City	State	Zip
(If applicable) P.O. Box#:		City:	State:	Zip:
Current Resident School District:				

1. Does parent/guardian completing this form have physical and legal custody of student? ☐ Yes ☐ No2. Do any court orders apply? ☐ Yes (Provide Copy) ☐ No3. Is student receiving special education services (has an IEP)? ☐ Yes ☐ No

If yes, what is your student's disability? (Mark all that apply.)

<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Speech/Language Impairments	<input type="checkbox"/> Specific Learning Disabilities
<input type="checkbox"/> Developmental Cognitive Disability	<input type="checkbox"/> Severely Multiple Impaired	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Emotional/Behavior Disorders	<input type="checkbox"/> Other Health Disabilities
<input type="checkbox"/> Deaf-Hard of Hearing	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/>
<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Physically Impaired	<input type="checkbox"/>

4. Title ☐ Reading ☐ Math5. Does student have a 504 Plan? ☐ Yes ☐ No6. Has this student been receiving English Language Learner (ELL) services? ☐ Yes ☐ NoPreschool Only:7. Has this student had an Early Childhood Screening? ☐ No ☐ Yes Location: _____ Date: _____

Student lives with: ☐ Both Parents *(In same house.)* ☐ Mother & Stepparent ☐ Joint Physical ☐ Grandparent
(Mark all that apply.) ☐ Mother ☐ Father & Stepparent ☐ Joint Legal ☐ Other
☐ Father ☐ Foster Parent ☐ Other Relative ☐ Alone
☐ Guardian

Father / Guardian 1: Are you the legal guardian? ☐ Yes ☐ No

How would you like to be notified / contacted? *(Check below what type of messages you would like to receive.)*

By Phone ☐ Voice ☐ Text { ☐ Emergency ☐ Attendance ☐ Behavior ☐ General ☐ Food Service ☐ Priority Teacher

What would you like access to? *(Check all that apply.)*

☐ Receive Mailings ☐ Access to IC Portal ☐ Email / Messenger

First Name	Middle Initial	Last Name	Relationship to Student			
Home Phone	Cell Phone	Work Phone	Email Address			
If different from above - House Number (Physical Address)		Unit #	City	State	Zip	
(If applicable) P.O. Box #:		City:	State:	Zip:		

Mother / Guardian 2: Are you the legal guardian? ☐ Yes ☐ No

How would you like to be notified / contacted? *(Check below what type of messages you would like to receive.)*

By Phone ☐ Voice ☐ Text { ☐ Emergency ☐ Attendance ☐ Behavior ☐ General ☐ Food Service ☐ Priority Teacher

What would you like access to? *(Check all that apply.)*

☐ Receive Mailings ☐ Access to IC Portal ☐ Email / Messenger

First Name	Middle Initial	Last Name	Relationship to Student			
Home Phone	Cell Phone	Work Phone	Email Address			
If different from above - House Number (Physical Address)		Unit #	City	State	Zip	
(If applicable) P.O. Box #:		City:	State:	Zip:		

Emergency Contact 1 (Other than those listed above) :

First Name	Last Name	Relationship to Student
Cell Phone	Home Phone	Work Phone

Emergency Contact 2 (Other than those listed above) :

First Name	Last Name	Relationship to Student
Cell Phone	Home Phone	Work Phone

In case of an injury or illness, a parent/guardian or person designated by the parent/guardian will be notified. If we are unable to contact one of these people, the family physician will be contacted and their advice will be followed. 9-1-1 will be called if it is felt necessary.

*****Pertinent Health Information will be shared with faculty members as needed.***

By signing, I am stating that I am the legal parent or guardian of this student.

Parent/Guardian Signature_____ **Current Date:**_____

<u>Please include the following information when submitting enrollment paperwork:</u>	
<ul style="list-style-type: none">• Copy of Birth Certificate• Enrollment/Permanent Record Form• Confidential Health Form• Transportation Form• Chromebook Agreement Form	
Menahga High School Attn: Lindsay Shepersky 216 Aspen Ave. SE P.O. Box 160 Menahga, MN 56464 <i>lshepersky@menahga.k12.mn.us</i>	Menahga Elementary School Attn: Susie Hillstrom 216 Aspen Ave. SE P.O. Box 160 Menahga, MN 56464 <i>shillstrom@menahga.k12.mn.us</i>



TRANSPORTATION AND CENSUS INFORMATION

Please include all school age and preschooler children living in your home.

Child's Name	Male/Female	Age and Birthdate	Grade

Mother's Name _____

Address _____

Telephone Home _____ Work _____ Cell _____

Father's Name _____

Address _____

Telephone Home _____ Work _____ Cell _____

Directions to your home from Menahga. Please be specific.

Do you live in the Menahga School District? _____

If not, what district do you reside in? _____

Number of miles from your home to the school. _____

INTERNET USE AGREEMENT - STUDENT

STUDENT

I have read and do understand the school district policies relating to safety and acceptable use of the school district computer system and the Internet and agree to abide by them. I further understand that should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken. *Computers in all our classrooms have access to the Internet. Students and staff are responsible for appropriate behavior while using Internet access or school computer networks. Network use is a privilege, not a right, and can be removed. Review and agreement to school district policy will be required before student use is allowed. Violations of policy will be handled in accordance with school disciplinary procedures and include loss of computer use. Signed permission forms will be recognized as permission granted until the student is no longer in attendance at Menahga Public School. Menahga Public Schools internet use policy includes monitoring the online activities of minors and must provide for educating minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms and cyberbullying awareness and response.*

User's Full Name (Please Print): _____

User Signature: _____

Date: _____ Grade: _____

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the school district policies relating to safety and acceptable use of the school district computer system and the Internet. I understand that this access is designed for educational purposes. The school district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the school district to restrict access to all controversial materials and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. 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 an account for my child and certify that the information contained on this form is correct.

Parent or Guardian's Name (Please Print): _____

Parent or Guardian's Signature: _____

BACKSIDE OF ALL AGREEMENTS

Internet use is subject to compliance with school district policies. The use of the school district system and access to use of the Internet is a privilege, not a right.

Users will not use the school district system to access, review, upload, download, store, print, post, receive, transmit or distribute material that is inappropriate for viewing by minors.

By authorizing use of the school district system, the school district does not relinquish control over materials on the system or contained in files on the system. Users should expect only limited privacy in the contents of personal files on the school district system. The School District may use the technical means to limit student Internet access, these limits do not provide a foolproof means for enforcing the provisions of this acceptable use policy.

Users will not use the school district system for conducting business, for unauthorized commercial purposes, or for financial gain unrelated to the mission of the school district. In addition, the system will not be used to offer or provide goods or services or for product advertisement, or to purchase goods for personal use without authorization from the appropriate school district official.

Users must keep all account information and passwords on file with the designated school district official.

Users will not attempt to gain unauthorized access to the school district system or any other system through the school district, attempt to log in through another person's account, or use computer accounts, access codes or network identification other than those assigned to the user. Messages and records of the school district system may not be encrypted without the permission of appropriate school authorities.

Use of the district system is at the user's own risk. The system is provided on an "as is, as available" basis. The school district will not be responsible for any damage users may suffer, including, but not limited to, loss, damage, or unavailability of data stored on the school diskettes, tapes, hard drives or servers, or for delays or changes in or interruptions of services or misdeliveries or no deliveries of information or materials, regardless of the cause.

The school district is not responsible for financial obligations arising through unauthorized use of the school district system or the internet. Any financial obligations incurred by a student through the internet is the sole responsibility of the student and/or the student's parents.

The collection, creation, reception, maintenance and dissemination of data via the Internet, including electronic communications, is governed by Policy 406 Public and Private Personnel Data and Policy 515, Protection and Privacy of Pupil Records.

If the users should violate the School District's Acceptable Use Policy, the user's access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action may be taken.

All provisions of the Acceptable Use Policy are subordinate to local, state and federal laws.

Parents have the right at any time to investigate or review the contents of their student's files and email files. Parents have the right to request the termination of their student's individual account at any time.

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.

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*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

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*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal 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

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ Vietnamese

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

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ 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 _____



Menahga Public School
Health Office
Medical Emergency Contacts &
OTC Med Permission (Grades 6-12)

Last Name: _____

Emergency Contact Information

Parent/Guardian Name : _____ Home: _____
(Call First)

Cell: _____ Business: _____

Parent/Guardian Name: _____

Cell: _____ Business: _____

If my child becomes ill, and I cannot be reached, please call:

1. _____ Phone No. _____

2. _____ Phone No. _____

Parent/Guardian Signature: _____ **Date:** _____

By signing this form, you are giving consent for this information to be shared with school staff who teach, interact or work with your child during the school day.
Notify the school if your address or telephone number changes.

The welfare of your child is the first priority of school authorities. In case of a **serious emergency**, the school will contact emergency services, then contact you. In less serious instances, you will be called first. You will be contacted in either event.

It is your responsibility to make arrangements for proper care of your child should he meet with an accident or become too ill to remain in school at a time when you are not home. Please complete this form and promptly return it to the school.

List all students in the household:

Complete a separate **Health Update Form** for any new student or any student with a new health condition.
Health Update Forms will be entered into the student health record.

1. Name: _____ DOB: _____ Grade: _____

Check any that apply: ☐ Allergies ☐ Asthma ☐ Medical Condition ☐ Medication at School

If checked, please explain: _____

2. Name: _____ DOB: _____ Grade: _____

Check any that apply: ☐ Allergies ☐ Asthma ☐ Medical Condition ☐ Medication at School

If checked, please explain: _____

3. Name: _____ DOB: _____ Grade: _____

Check any that apply: ☐ Allergies ☐ Asthma ☐ Medical Condition ☐ Medication at School

If checked, please explain: _____

4. Name: _____ DOB: _____ Grade: _____

Check any that apply: ☐ Allergies ☐ Asthma ☐ Medical Condition ☐ Medication at School

If checked, please explain: _____

Continue on reverse

Last Name: _____

5. Name: _____ DOB: _____ Grade: _____

Check any that apply: ☐ Allergies ☐ Asthma ☐ Medical Condition ☐ Medication at School

If checked, please explain: _____

6. Name: _____ DOB: _____ Grade: _____

Check any that apply: ☐ Allergies ☐ Asthma ☐ Medical Condition ☐ Medication at School

If checked, please explain: _____

7. Name: _____ DOB: _____ Grade: _____

Check any that apply: ☐ Allergies ☐ Asthma ☐ Medical Condition ☐ Medication at School

If checked, please explain: _____

8. Name: _____ DOB: _____ Grade: _____

Check any that apply: ☐ Allergies ☐ Asthma ☐ Medical Condition ☐ Medication at School

If checked, please explain: _____

9. Name: _____ DOB: _____ Grade: _____

Check any that apply: ☐ Allergies ☐ Asthma ☐ Medical Condition ☐ Medication at School

If checked, please explain: _____

10. Name: _____ DOB: _____ Grade: _____

Check any that apply: ☐ Allergies ☐ Asthma ☐ Medical Condition ☐ Medication at School

If checked, please explain: _____

Students in Grades 6-12 ONLY

Over-the-Counter Non-Prescription Medication Permission

I give permission for my child[ren] in grades 6-12: _____,
to self-administer over-the-counter medication[s] such as acetaminophen, ibuprofen, naproxen, tums, etc... at
school. The medication must be used in a manner consistent with labeling instruction and not shared with any
other student. **No products containing ephedrine or pseudoephedrine are allowed.** The privilege to
self-administer non-prescription medication will be revoked if the student does not follow the above guidelines.

Students must provide their own medication in the original container.

The school does not provide any medication.

This permission is valid for students in **grades 6-12** for the current school year only.

Please list OTC Medication(s): _____

Parent/Guardian Signature: _____ **Date:** _____

MENAHGA PUBLIC SCHOOL - IND. SCHOOL DISTRICT NO. 821

Tel: (218) 564-4141 Fax: (218) 564-9595

Health Update Form

Student Name: _____ **DOB:** _____ **Grade:** _____

Complete one form per student. Please be thorough. This information is important for providing a safe and healthy environment for your child. Pertinent information will be shared with school staff that work directly with your child.

Medical History (Check all that apply)			
Hematologic	<input type="checkbox"/> Bleeding Disorder	Cardiovascular	<input type="checkbox"/> Heart Condition
	<input type="checkbox"/> Frequent Nose Bleeds	Respiratory	<input type="checkbox"/> Asthma (need Asthma Action Plan)
Endocrine	<input type="checkbox"/> Thyroid problems	Skin	<input type="checkbox"/> Eczema/Psoriasis
	<input type="checkbox"/> Diabetes	Neurological	<input type="checkbox"/> Headaches
Musculoskeletal	<input type="checkbox"/> Mobility/Joint Problems		<input type="checkbox"/> Fainting Spells
Gastrointestinal	<input type="checkbox"/> Bowel Problems		<input type="checkbox"/> Seizures/Epilepsy
	<input type="checkbox"/> Frequent Stomach Aches	Genitourinary	<input type="checkbox"/> Urinary Tract Infections
	<input type="checkbox"/> Nausea/Vomiting		<input type="checkbox"/> Kidney Problems
		Eyes	<input type="checkbox"/> Vision Problems
			<input type="checkbox"/> Wears glasses/contacts: Y / N
		Ears/Nose/Throat	<input type="checkbox"/> Hearing Problems
			<input type="checkbox"/> Hearing Aids R:___ L: ___
		Dental	<input type="checkbox"/> Dental Problems
		Psychiatric	<input type="checkbox"/> Mental Health Diagnosis
			<input type="checkbox"/> Emotional/Behavioral Concerns

Other:

If any of the above were checked, please explain: _____

Allergies _____ No Known Allergies

OR

(Check all that apply) _____Environmental _____Food _____Drug _____Skin _____Pet _____Insect Sting _____Other

Please describe the specific trigger, reaction, and interventions you have found to be helpful: _____

*Please submit a completed **Allergy Action Plan** to the health office prior to the first day of each school year for any student who requires medical care related to allergies.*

Medication Is medication required for any condition? At home? _____ Yes _____ No At school? _____ Yes _____ No

*The school prefers that all medication be given at home, if possible. If medication is required during school hours, please complete the **Authorization to Administer Medication** form available in the school health office. Medication orders must be updated each school year.*

Other Medical Information	Please list any operations, injuries, hospitalizations, or prolonged illnesses with dates: _____
	Please describe any restrictions or modifications needed (Gym, recess, etc...): _____
	Please list any other information that you feel will help the school staff to better understand and work with your child (use back side if needed): _____

Parent/Guardian Release of Information and Consent

The information on the front and back of this form may be released to school personnel as needed to provide a safe and healthy learning environment for my child.

Parent/Guardian Signature: _____ **Date:** _____

Phone Number(s): _____

Reviewed by Health Office (Initial): _____

MENAHGA PUBLIC SCHOOL
216 Aspen Ave. S.E.
Menahga, Minnesota 56464
Tel: (218) 564-4141 Fax: (218) 564-9595

Dear Parent/Guardian,

We are excited for your child to be joining us as a kindergartener this fall! Please review the following requirements for kindergarten and submit any missing items to the health office prior to the first day of school.

Immunizations

- Review the attached “Are Your Kids Ready?” MN K-12 Immunization Law form for immunizations required to enter kindergarten.
- Submit immunization records or medical/non-medical exemptions (found on page 2 for the “Are Your Kids Ready?” form) to the Health Office prior to the first day of school.

Early Childhood Screening

- **Already completed the screening?** (by an agency other than Wadena County Public Health). Please contact the agency and request that they send a copy to the Menahga Public School.
- **No screening completed?** Please contact Wadena County Public Health at (218) 631-7629 to set up an appointment. Public Health comes to Menahga once per month to complete screenings. The screening is free and helps identify children who may benefit from early childhood services including vision and hearing before they enter school.
- If you choose to complete the screening with your child’s primary care provider, both a MDE/MDH/DHS-approved observational developmental screening instrument and parent report social-emotional screening instrument must be used. Many providers only use a parent report screening instrument. More information can be found on the Minnesota Department of Health website: <https://education.mn.gov/MDE/fam/elsprog/screen/>

If you have questions, please call me at (218) 564-4141 ext. 1236 or email at sness@menahga.k12.mn.us

Sincerely,

Stephanie Ness, BSN, RN
Licensed School Nurse

Are Your Kids Ready?

Minnesota K-12 Immunization Law

Students are required to receive certain vaccines for school or submit an exemption. This requirement applies for all public, private, online, and home schools in Minnesota. Look for your child's grade in the chart below and see how many total doses of each vaccine are needed for their grade.

Required Immunizations	Kindergarten to Sixth Grade	Seventh Grade to Eleventh Grade	Twelfth Grade
Hepatitis B (Hep B)	3 Doses	3 Doses	3 Doses
Polio (IPV)	4 Doses	4 Doses	4 Doses
Measles, mumps, rubella (MMR)	2 Doses	2 Doses	2 Doses
Varicella (Chickenpox)	2 Doses	2 Doses	2 Doses
Diphtheria, tetanus, and pertussis (DTaP)	5 Doses	5 Doses	5 Doses
Tetanus, diphtheria, and pertussis (Tdap)		1 Dose	1 Dose
Meningococcal ACWY (MenACWY)		1 Dose	2 Doses

Note: The number of doses may be different if your child is behind schedule. If your child has fallen behind on their vaccinations it is not too late to catch-up, talk to their health care provider.

Recommended but not required for school

Influenza (flu), COVID-19, Human Papillomavirus (HPV), Meningococcal B (MenB) and other vaccines are recommended for children to ensure they are fully protected. Talk to your health care provider about when your child should receive these immunizations. For more information visit [CDC: Vaccine Schedules For You and Your Family \(www.cdc.gov/vaccines/imz-schedules/index.html\)](https://www.cdc.gov/vaccines/imz-schedules/index.html).

Tips for parents and guardians

- Make sure your child has received all of the required immunizations before their first day of school or submit an exemption.
- Submit a copy of your child's immunization record to their school. You can get a copy of their record from the clinic or find their record on [Find My Immunization Record \(www.health.state.mn.us/people/immunize/miic/records.html\)](https://www.health.state.mn.us/people/immunize/miic/records.html).
- Please complete the reverse side if your child requires an exemption for medical reasons or if you are opting for a non-medical exemption due to personal beliefs.



[Vaccines for Infants, Children, and Adolescents \(www.health.state.mn.us/people/immunize/basics/kids.html\)](https://www.health.state.mn.us/people/immunize/basics/kids.html)

Medical and non-medical exemptions

Instructions for documenting medical or non-medical exemptions and history of chickenpox (varicella)

Follow steps 1 and 2 below to document a medical exemption, non-medical exemption, or history of chickenpox.

1. Place an X in the box to indicate a medical or non-medical exemption. If you are exempting your child from more than one vaccine, mark each vaccine you are exempting them from with an X.
2. Obtain signatures for exemptions or history of chickenpox disease.

Required Immunizations	Medical	Non-Medical
Hepatitis B (Hep B)		
Polio (IPV)		
Measles, mumps, rubella (MMR)		
Varicella (Chickenpox)		
Diphtheria, tetanus, and pertussis (DTaP)		
Tetanus, diphtheria, and pertussis (Tdap)		
Meningococcal ACWY (MenACWY)		

Medical exemption: A health care provider must review and sign a medical exemption. A health care provider includes a licensed physician, nurse practitioner, or physician assistant.

By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____
(of health care practitioner)

Date: _____

Non-medical exemption: A parent/guardian must sign for a non-medical exemption and the form must be signed and stamped by a notary. A child is not required to have an immunization that is against their parent or guardian's beliefs. Choosing not to vaccinate may put the health of your child or others they are around at risk. Unvaccinated children who are exposed to a vaccine preventable disease may be required to stay home from school and other activities for up to 21 days to protect themselves and others.

By my signature I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs and I understand that they may be required to remain out of school and other activities for up to 21 days if exposed to a vaccine preventable disease.

Signature: _____ Date: _____
(of parent/guardian)

Non-medical exemptions must also be signed and stamped by a notary:

Notary Stamp

This document was acknowledged before me on

_____ (date),

by _____
(name of parent or guardian)

Notary Signature:

State of _____
County of _____

History of chickenpox (varicella) disease: If a child has previously had chickenpox, they are not required to receive the varicella vaccine. A health care provider must sign this form if the disease happened after Sept. 1, 2010. If the child had chickenpox before Sept. 1, 2010, a parent or guardian may sign this form.

My signature below means that I confirm this child does not need the varicella vaccine because they had chickenpox in the month and year _____

Signature: _____ Date: _____
(of health care practitioner, representative of a public clinic, or parent/ guardian)