Ogilvie 2020 / 2021 Preschool 3 Program
Class Selection and Tuition Agreement
*Official class confirmations will be mailed out at the end of June.

_____ Registering for Ogilvie Preschool 3 Section I:
    Tuesday/Thursday 8:00 AM — 11:00 AM: Monthly Tuition of $70 per month.

_____ I am requesting scholarship information and/or tuition assistance. ($50 / $30 / monthly)

_____ Registering for Ogilvie Preschool 3 Section II:
    Wednesday/Friday 8:00 AM — 11:00 PM: Monthly Tuition of $70 per month.

_____ I am requesting scholarship information and/or tuition assistance. ($50 / $30 / monthly)

** I understand that by registering for the Ogilvie Preschool 3 Program, I agree to fulfill my obligation by paying the monthly tuition payments, due the first class day of each month, September through May. Failure to make payments on time could result in my child having to exit the program.

X___________________________
(Parent(s)/Guardian Signature) ______________ Date

Official Use Only
$20 application fee: Date received ______ check ______ cash ______
______ Copy of Birth Certificate Received
______ Copy of Immunization Record Received
______ Early Childhood Screening Records Received

*** BE SURE TO COMPLETE THE BACK SIDE OF THIS FORM ***
Student Information

Student's Legal Name: (as it appears on their birth documents):
Last: ____________________________________ First: ____________________________________ Middle: ________________________
Grade: _____ Gender: F or M Current Age: _____ SSN: ____________________ Birthdate: ____________________
Birthplace(include city, state, county and country): ____________________________________________________________

Students Race/Ethnicity:

FEDERAL AND STATE ETHNICITY REPORTING: The U.S. Department of Education strongly encourages "self-identification" of race and ethnicity. This allows individuals the opportunity to identify themselves as belonging to more than one race and ethnicity. Educational Institutions are required to collect and report this data. Individuals are not required to self-identify their race or ethnicity. However, if the information requested below is not provided, we are required to verify that you have not overlooked the questions. If you choose not to answer the questions, office personnel will provide identification based on observation.

Part #1: For federal reporting purposes, is the student’s ethnicity Hispanic/Latino? YES/NO (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)

Part #2: For Federal reporting purposes please put a check next to ALL THAT APPLY for the student.

___ American Indian / Alaskan Native - A person having origins in any of the original people 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 people of the Far East, Southeast Asia or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ Black /African American - A person having origins in any of the black racial groups of Africa.

___ Native Hawaiian / Pacific Islander - 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 .

Part #3: CHOOSE ONE

For state reporting purposes, please check the ONE that best describes the student’s primary ethnic/racial background?

___ American Indian / Alaskan Native ___ Hispanic ___ White ___ Asian / Pacific Islander ___ Black

Students Language:

PRIMARY HOME LANGUAGE: By Minnesota Statute, the information about Primary Home Language is considered private data. You are not obligated to provide this data. It will only be used for required group reporting and for receiving correct state aid payments to our district. In order to help your child learn, we need to determine which language your child uses most.

Which language did your student first learn to speak? __________________________

Which language is most often spoken in your home? __________________________

Which language does your student usually speak? __________________________

Interpreter needed? YES/NO If yes, which language? __________________________

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Primary Household Information

Primary Household members are those who reside at the same address as the student. Please include full legal names as they appear on a Driver's License or other official ID.

1) Parent/Guardian Last Name: ____________________________ First: ___________________________ M.I. ________
   Relationship to student: _________________________________ Date of Birth: __________________________ Gender: M or F
   Phone: (home #) __________________________ Work # __________________________ Cell # __________________________
   E-mail address (if available): ___________________________________________________________________________________________
   Mailing Address: _________________________________________________________________________________________________________
   Street/Box # __________________________________________________________________________________________ City __________ State __________ Zip __________
   Physical Address (if different): __________________________________________________________________________________________ City __________ State __________ Zip __________

   Is this address a shelter or temporary residence due to loss of housing? Y or N
   Contact Allowed: YES/NO  Ed. Rights: YES/NO  Has Custody: YES/NO  Mailings Allowed: YES/NO

   Resident of this district? YES/NO
   **If no, what is the residential district? _______________________________________ District #______________________

2) Parent/Guardian Last Name: ____________________________ First: ___________________________ M.I. ________
   Relationship to student: _________________________________ Date of Birth: __________________________ Gender: M or F
   Phone: (home #) __________________________ Work # __________________________ Cell # __________________________
   E-mail address (if available): ___________________________________________________________________________________________
   Mailing Address: _________________________________________________________________________________________________________
   Street/Box # __________________________________________________________________________________________ City __________ State __________ Zip __________
   Physical Address (if different): __________________________________________________________________________________________ City __________ State __________ Zip __________

   Is this address a shelter or temporary residence due to loss of housing? Y or N
   Contact Allowed: YES/NO  Ed. Rights: YES/NO  Has Custody: YES/NO  Mailings Allowed: YES/NO

Please list below family members who live in the same household that are NOT listed above.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Birthdate</th>
<th>M/F</th>
<th>Grade</th>
<th>School</th>
<th>Relationship</th>
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Does this student have an immediate family member (parent or sibling) who is currently in the armed forces as a reservist, guardsmen or active duty? Y or N

***If yes, is this military member currently at a different location than the student? Y or N

***Is this military member deployed overseas (combat location)? Y or N

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**Secondary Household Information**

If there is a PARENT (biological or step) to this student who does NOT live in the same household, please provide their information.

1) Parent/Guardian Last Name: ___________________________ First: ___________________________ M.I. ________
Relationship to student: ___________________________ Date of Birth: ___________________________ Gender: M or F
Phone: (home #) ___________________________ Work # ___________________________ Cell # ___________________________
E-mail address (if available): ___________________________
Mailing Address: ____________________________________________________________

<table>
<thead>
<tr>
<th>Street/Box #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

Is this address a shelter or temporary residence due to loss of housing? Y or N
Contact Allowed: YES/NO   Ed. Rights: YES/NO   Mailings Allowed: YES/NO

2) Parent/Guardian Last Name: ___________________________ First: ___________________________ M.I. ________
Relationship to student: ___________________________ Date of Birth: ___________________________ Gender: M or F
Phone: (home #) ___________________________ Work # ___________________________ Cell # ___________________________
E-mail address (if available): ___________________________
Mailing Address: ____________________________________________________________

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<tr>
<th>Street/Box #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
</table>

Is this address a shelter or temporary residence due to loss of housing? Y or N
Contact Allowed: YES/NO   Ed. Rights: YES/NO   Mailings Allowed: YES/NO

Please list below family members who do NOT live with the student that have NOT been listed previously.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Birthdate</th>
<th>M/F</th>
<th>Grade</th>
<th>School</th>
<th>Relationship</th>
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</thead>
</table>

Are there any restraining orders, court orders, etc. that we need to be informed about? YES/NO
**If yes, we will need to have legal documentation indicating the restrictions on file before we can put it into effect.

Is there a power of attorney or other legal documents pertaining to educational rights? YES/NO
**If yes, we will need to have copies prior to releasing any information to said person.

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**Student’s Educational History:**

1) **Has the student ever attended a Minnesota public school? YES/NO**

   **If yes, please fill out the information below.**

   Name of School: ______________________________________________ District # ________
   City: __________________________ State: _____ Zip: _______ Last Day Attended __________
   School Phone #: __________________

2) **What was the last school the student attended?**

   Name of School: ______________________________________________ District # ________
   City: __________________________ State: _____ Zip: _______ Last Day Attended __________
   School Phone #: __________________ Fax #: ____________________

3) **Has the student ever attended Ogilvie Public Schools? YES/NO**

4) **If your student is registering as a pre/kindergartner, has your student received Early Childhood Screening? Y/N**

   If yes, who provided the Early Childhood screening? _______________________________________

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**Special Services Information:** Check all that apply.

- Vision Impaired
- Hearing Impaired
- Student has an (IEP)
- Learning Disabled
- Emotional/Behavioral
- Student has a 504 Plan
- English Language Learner (ELL)
- Speech / Language
- Title One
- Other _______________________________________________________________________________

**If any of the above apply, please explain briefly:_____________________________________________________________________
___________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

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**Student Medical Information:**

**Medical/Health Concerns:** (Example: ADD/ADHD, asthma, diabetes, seizures, chronic conditions, allergies that pertain to school such as bee stings, or food allergies, etc.)

**Current Medications:** (Medications that are to be taken at school, doctor’s order required if it is a prescribed medication)

Physician/Clinic: __________________________

Hospital of Choice: ______________________

Medical Insurance Company: __________________________

Dental Insurance Company: ______________________

Family Dentist/Clinic: __________________________

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**Please provide a physician's diagnosis documentation to the health office for all medical conditions.**

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Revised: 02/10/2020
**Miscellaneous Information:**
1) Have you or your family recently moved to this school within the last 36 months for temporary or seasonal agricultural, fishing, dairy, or poultry work? YES/NO
   **If yes, when? Month/Year________________________________________**
2) Have you or your family moved to the United States from another country in the last 36 months? YES/NO
   **If yes, when? Month/Year________________________________________ Country of Origin______________________________________
3) Have you or your family moved to Minnesota from another state in the last 36 months? YES/NO
   **If yes, when? Month/Year________________________________________ Previous State______________________________________
4) Any other information you feel the school needs to be made aware of:
   ________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
5) Please tell us what brought you to Ogilvie: ________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

**Emergency Contact Information: This Section MUST be Completed**
If we are unable to reach you, in the event of an emergency (school closings, illness, etc.) and if your child(ren) would need to be picked up from school, please list names and contact numbers for at least 2 others who would be allowed to pick them up (please list in order on who to contact first):

<table>
<thead>
<tr>
<th>Order to be contacted</th>
<th>Name</th>
<th>Relationship</th>
<th>Home Phone</th>
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By signing this form, I verify and confirm that all the information provided is true and accurate to the best of my knowledge.

Parent/Guardian Signature: __________________________________________ Date: __________________________
Parent/Guardian Printed Name: ________________________________

Parent/Guardian Signature: __________________________________________ Date: __________________________
Parent/Guardian Printed Name: ________________________________

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