

FOR OFFICE USE ONLY

Enroll Date _____ State Aid Category _____ Prev. Dist. _____ Res. Dist. _____

Food Service _____ Entry Code _____ Bus No. _____ Bus Driver _____
Student (Lunch) # _____ State ID # requested _____ Trans. Code _____

MARSS# _____

Student Name: _____

Date of Birth: _____

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 Certificated 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 being of or 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? _____

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
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Physical Address (if different):

	Street	Apt/Lot #	City	State	Zip
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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
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Physical Address (if different):

	Street	Apt/Lot #	City	State	Zip
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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.

Last Name	First Name	M.I.	Birthdate	M/F	Grade	School	Relationship

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

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: _____

	Street/Box #	City	State	Zip
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Physical Address (if different): _____

	Apt/Lot #	City	State	Zip
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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: _____

	Street/Box #	City	State	Zip
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Physical Address (if different): _____

	Apt/Lot #	City	State	Zip
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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.

Last Name	First Name	M.I.	Birthdate	M/F	Grade	School	Relationship

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.

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? _____

Special Services Information: Check all that apply.

<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Student has an (IEP)
<input type="checkbox"/> Learning Disabled	<input type="checkbox"/> Emotional/ Behavioral	<input type="checkbox"/> Student has a 504 Plan
<input type="checkbox"/> English Language Learner (ELL)	<input type="checkbox"/> Speech / Language	<input type="checkbox"/> Title One
<input type="checkbox"/> Other _____		

**If any of the above apply, please explain briefly: _____

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:	

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

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):

Order to be contacted	Name	Relationship	Home Phone	Cell Phone	Work Phone	Can release to
1						
2						
3						
4						

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: _____