



Cannon Falls Elementary School

1020 East Minnesota Street

Cannon Falls, MN 55009

www.cannonfallsschools.com



By keeping it REAL we will respect ourselves, others, and our community and we will be responsible for learning.

Enclosed is registration information.

Please fill out all the paperwork and either mail it, email it or bring it back to the office at your earliest convenience.

If you have any questions, please call.

Andrea Mandelkow
Cannon Falls Elementary School
1020 Minnesota Street East
Cannon Falls, MN 55009
Phone: 507-263-6800, ext. 1201
Fax: 507-263-4888
mandelkow.andrea@cf.k12.mn.us

CANNON FALLS ELEMENTARY SCHOOL REGISTRATION FORM

PLEASE FILL OUT COMPLETELY IN INK:

*Kindergarteners please also supply a copy of your Birth Certificate.

Student's Legal Name _____ Birthdate _____ Age _____ Sex: Male/Female
(First) (Middle) (Last)

Student lives with:

_____ Both parents _____ Mother _____ Father _____ Other (specify) _____

.....

Father/Guardian _____

Address _____

Home Phone _____ Cell Phone _____

E-mail address _____

Employer _____ Work Phone _____

.....

Mother/Guardian _____

Address _____

Home Phone _____ Cell Phone _____

E-mail address _____

Employer _____ Work Phone _____

.....

Non-Custodial Parent Name _____

Address _____

Phone Number _____

.....

Names and birthdates of brother(s) and sister(s) living at home:

PLEASE CONTINUE COMPLETING FORM ON BACK

Additional Student Information

Does your child receive any services in the following areas: *Check all that apply:*

- Homeless
- Ward of State
- Immigrant
- Military-Connected Youth
- Special Education – Individual Education Plan (IEP)
- Section 504 Plan
- Title 1
- English Learner (ESL)
- Gifted/Talented
- Other _____

EMERGENCY CONTACTS:

Name _____ Phone _____ :

Name _____ Phone _____ :

HEALTH INFORMATION/MEDICATIONS

Does your child have any physical disabilities or limitations for physical education? Any special health concerns (allergies, asthma, etc.)? Any concerns requiring special attention by the school? Any medication administration during school hours?

EMERGENCY EARLY DISMISSAL (EED) PLAN

(i.e. severe weather, equipment malfunction, energy shut down declared by Xcel Energy, bomb threat, etc.)

Please select your “EED Plan” (for the release of your child) from one of the following options:

A ____ Transport my child to his/her usual after school destination.

- ____ Ride Bus Home.
- ____ Pick up by Parent
- ____ Cannon Kids (must be registered in Cannon Kids program).
- ____ Other: _____.

B ____ Transport my child with/to _____ the following address:

_____ (name)
_____ on route # _____.
(address) (route # to be filled in by school staff)

Parents/Guardians must notify the elementary school if any changes are to be made to this plan.

Parent/Guardian’s Name (Please Print) _____

Parent/Guardian’s Signature _____ Date _____

CANNON FALLS ELEMENTARY SCHOOL
1020 E MINNESOTA STREET
CANNON FALLS MN 55009
507.263.6800 (Phone)
507.263.4888 (Fax)

REQUEST FOR STUDENT RECORDS

1st Request Faxed 2nd Request Faxed

(Date) (Initial) (Date) (Initial)

ATTENTION STUDENT RECORDS DEPARTMENT OF:

(School Name)

(Address)

(Phone Number) _____
(Fax Number)

(Students Name) _____
(Date of Birth)

This student is enrolling in the _____ grade at Cannon Falls Elementary School.

Please include information listed below that is available on this student.

- ____ Grades/Report Cards
- ____ Withdrawal Grades (if applicable)
- ____ Attendance Record
- ____ Discipline Record
- ____ Health/Immunization Record (Including evidence of immunizations according to Minnesota School Immunization Law, M.S. 123.70)
- ____ Birth Certificate (if available)
- ____ Standardized Test Scores
- ____ IEP
- ____ Specialized Program Enrollment
- ____ Minnesota State ID# (MARSS#) _____

Signature of Registrar or other Official Staff Member

*Note, New Federal Law 99.21 - No parent signature required for educational Records sent to another educational agency.

**FAX, EMAIL OR MAIL REQUESTED RECORDS TO:
ANDREA MANDELKOW, CANNON FALLS ELEMENTARY SCHOOL
1020 E MINNESOTA STREET
CANNON FALLS MN 55009
mandelkow.andrea@cf.k12.mn.us**

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
- 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

Tri-Valley Opportunity Council
 Claudia Mladek
 200 E. Bowler St.
 Le Center, MN 56057
 E-mail: Claudia.Mladek@tvoc.org
 Office: 1-800-890-4853
 Website: <https://www.tvoc.org>

Family Survey

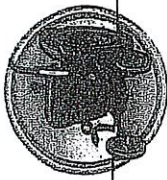
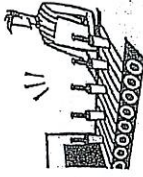





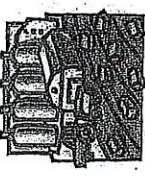
Parent/Guardian _____ Address _____ City _____ Phone _____

Student Name _____ Grade _____ ID # _____ Birthdate _____ Teacher _____

In the past 3 years have you or anyone in your family *moved* (city, state or school district) so that you or a family member could *engage* or *actively seek* /seasonal or temporary, agricultural or fishing work?

YES _____ NO _____ Not Sure _____

If your answer is **YES**, please place a check in the appropriate box that best describes the work that was done (or sought) in

	Fruit, vegetable, soybeans, sunflower, cotton, wheat, grain, sugar beets, agricultural farms, ranches, fields, and vineyards.	<input type="checkbox"/>
	Food warehouse, processing plant or canneries, packing sheds, elevator and fertilizer plant, alfalfa, mill.	<input type="checkbox"/>
	Dairies	<input type="checkbox"/>
	Poultry Farms	<input type="checkbox"/>
	Fisheries	<input type="checkbox"/>
	Slaughter Houses, Beef, Pork, Poultry	<input type="checkbox"/>
	Forestry Industry, Plant Nurseries and Orchards.	<input type="checkbox"/>
	Hauling from field to silo/ elevator, agricultural products (corn)	<input type="checkbox"/>
Write Type Of Work:		<input type="checkbox"/>

Please fill out form and return to school

Encuesta para Familias

Tri-Valley Opportunity Council
 Claudia Mladek
 200 E. Bowler St.
 Le Center, MN 56057
 E-mail: Claudia.Mladek@tvoc.org
 Office: 1-800-890-4853
 Website: <https://www.tvoc.org>

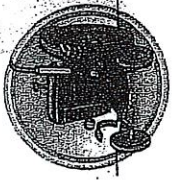
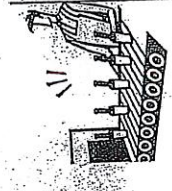

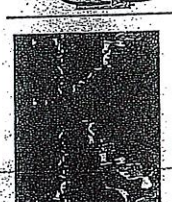
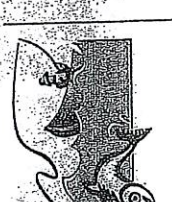

Padre/Guardián _____ Fecha _____ Domicilio _____ Teléfono _____

Estudiante _____ Grado _____ ID # _____ Fecha de Nacimiento _____ Profesor _____

¿Se ha **cambiado de domicilio** (cuidad, estado o distrito escolar) usted o alguien de su familia durante los últimos tres años para **trabajar o activamente buscar trabajos temporarios de agricultura?**

Sí _____ No _____ No Se _____

Si su respuesta es **Sí** por favor de indicar abajo marcando el cuadrado que mejor describa el trabajo que se hizo o se busco en

	Fruta, verdura, sojas, girasol, algodón, trigo, grano, betabel, granjas agrícolas, ranchos, campos, y viñedos.	<input type="checkbox"/>
	Depósito de alimentos, procesamiento planta, fábricas de conservas, embalando cobertizos, elevador y planta de fertilizante, alfalfa, molino.	<input type="checkbox"/>
	Lecherías	<input type="checkbox"/>
	Industria pesquera o en el recojo de camarones.	<input type="checkbox"/>
	Casas de Matanza, Carne de pollo, pavo, puerco (cerdo), res (vaca), ave.	<input type="checkbox"/>
	La industria forestal. Invernaderos de plantas o árboles.	<input type="checkbox"/>
Otro tipo de empleo:		<input type="checkbox"/>

Por favor llene esta forma y regrésela a la escuela

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="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
2. My student speaks:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
3. My student understands:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
4. My student has consistent interaction in:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> 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.

Health Information Update

Student Name _____ Grade _____

Does your student have any of the following health conditions?

Allergies to food Yes No EpiPen? Yes No

List foods: _____

Allergies to medication Yes No List medication: _____

Allergies to bees/insects Yes No Epi Pen? Yes No

Allergies - seasonal Yes No Medication: _____

Other allergies Yes No List allergens: _____

ADHD/ADD Yes No List medication: _____

Asthma Yes No List medications: _____

Diabetes Yes No Diabetes medications _____

Difficulty hearing Yes No (tubes/hearing loss) list: _____

Difficulty seeing Yes No (glasses or contacts) _____

Epilepsy/seizures Yes No Type of seizures _____

Date of last seizure _____ Seizure medication _____

Heart Condition Yes No Please explain _____

Kidney Disorder Yes No Please explain _____

Mental/ Emotional Yes No Please explain _____

Migraines Yes No Please explain _____

Orthopedic Problems Yes No Please explain _____

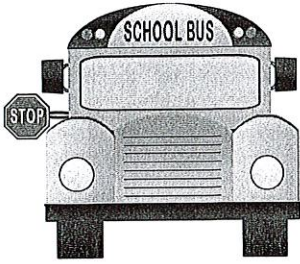
Any other medical conditions that your child's doctor has diagnosed:

Recently has your child had any serious illness, accidents, surgeries or hospitalizations? Yes No Explain _____

List any medications that your child takes on a regular basis: _____

(Any medication to be given at school must be kept in the health office and requires a completed medication authorization form signed by a parent. Prescription medications require a physician signature as well. This form can be obtained from the nurse's office or may be found on the school website.

Parent signature _____ Date _____



TRANSPORTATION FORM

Alison Godfrey-Transportation Director ISD #252
godfrey.alison@cf.k12.mn.us - 507-263-6800 #3385



My Child will NOT need to be transported by the school district.

Student Name: _____

Student's Grade Level: _____

Parent's Names: _____

Home Phone #: _____ Work Phone #: _____

Address: _____

City: _____ State: MN Zip Code: _____

Directions to your Home: _____

Medical Alert (to be given to Bus Driver): _____

Daycare Information:

Daycare Provider: _____

Daycare Address: _____

Daycare Phone #: _____

Days Attends (circle): M T W Th F Time Attends (circle): AM PM

Parent Signature: _____