

Welcome to Aspen Academy! We are so pleased you have chosen our educational community.

After you have registered your student(s) online, please submit the following supplemental forms within 10 days. You may fax, scan, US mail, or hand deliver to the school. You will receive confirmation of enrollment when complete.

- Immunizations
- Minnesota Language Survey
- Ethnic and Racial Demographic Designation
- Student Support Services form (if applicable)
- Proof of Age, Copy of birth certificate/passport (Kindergarten, Grade 1 only)
- Early Childhood Screening Results (Kindergarten only)
- Busing interest form (if applicable)
- Medication Administration form (if applicable)

Additionally, please notify the enrollment office if either of the following situations applies to your family.

- Military Connected Youth - Parent, sibling, reservist, active duty, recently retired. Please note if they are currently on active duty.
- Migrant Worker – Has one or more of the parents, within the past 36 months, relocated with the intent to obtain season or temporary employment in agriculture, fishing, and dairy or food processing work?

We look forward to seeing your student(s) soon!

Thank you!

Julie Martini, Enrollment Coordinator

952-226-5940, ext. 8170, [enroll@aspenacademymn.org](mailto:enroll@aspenacademymn.org).

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

# Immunization Form

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12-24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae type b (Hib)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

**Instructions for parent or guardian:**

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**A. Medical exemption:** 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: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them 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. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**  
This document was acknowledged before me

on \_\_\_\_\_ (date)

Notary Stamp

by \_\_\_\_\_  
(name of parent or guardian)

Notary Signature: \_\_\_\_\_

STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**3. Consent to share immunization information:** This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)

## 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:
Student's Previous School:	Student will be in Grade:

	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.



## District Parent Letter

Dear Parent or Guardian:

In an effort to assist Minnesota districts in providing targeted programs and services to help all students succeed, districts are required by law to request more detailed student ancestry or ethnic origin information based on Minnesota's largest groups, beyond what has been collected on enrollment forms under federal law since 2008. Parents or guardians are not required to answer the federal questions (in bold) on the Ethnic and Racial Demographic Designation Form for their children. However, if you choose not to answer the federal questions (in bold), federal law requires schools to choose for you. State questions are labeled as "Optional" and schools will not fill in this information for you. Refusal to respond will not impact enrollment in the school.

As a result of the new law, you are asked to report your child's information. Starting with the 2019-20 school year, all schools in Minnesota will collect this information using these updated categories. The Minnesota Department of Education will continue to incorporate feedback from the public into this form.

To report your child's information, please complete the enclosed form. Note: You may choose to not indicate any of the more detailed selections by marking the "decline to indicate" option(s). You may also choose to mark an "other" option if you do not see your group represented. School staff are not required to assign students to these detailed groups.

Please complete and return the enclosed form. For more information about the reporting categories, please contact our enrollment department, [enroll@aspenacademymn.org](mailto:enroll@aspenacademymn.org), 952-226-5940, ext. 8170

## 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.<sup>1</sup>

*[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/<br>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.*

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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

Yes [Go to Question 3.]

No [Go to Question 3.]

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**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.<sup>1</sup>

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.

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**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.<sup>1</sup>

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.

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**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.<sup>1</sup>

Yes [Go to Question 6.]

No [Go to Question 6.]

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**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.<sup>1</sup>

Yes

No

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

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# STUDENT SUPPORT SERVICES

Date \_\_\_\_\_

## STUDENT INFORMATION:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Grade \_\_\_\_\_

## PLEASE CHECK ALL THAT APPLY:

- Student has IEP
- Student has 504
- Specific Learning Disabilities
- Autism Spectrum Disorder
- Deaf/Hard of Hearing
- Visually Impaired
- Developmental Cognitive Disability
- Developmental Delay
- Emotional/Behavioral Disabilities
- Physically Impaired
- Other Health Disabilities
- Severely Mentally Impaired
- Traumatic Brain Injury
- Speech Language Impairment
- Early Childhood Special Education
- Title 1/Targeted Services

If the student currently has and IEP or 504, please provide to the school. If you have questions about supports, please contact our Special Education Department, Jodi Herlick, 952-226-5940, ext. 8487.

## PARENT SIGNATURE

Signature \_\_\_\_\_

Date \_\_\_\_\_





**Proof of Age for Kindergarten/Grade 1**

**Minnesota Law 120A.20 states** *A person shall not be admitted to a public school (1) as a kindergarten pupil, unless the pupil is at least five years of age on September 1 of the calendar year in which the pupil seeks admission commences; or (2) as a 1<sup>st</sup> grade student, unless the pupil is at least six years of age on September 1 of the calendar year in which the pupil seeks admission commences or has completed kindergarten; except that any school board may establish a policy for admission of selected pupils at an earlier age.*

The Aspen Academy school board follows state law and does not make exception to the age requirements for admission. Parents are required to provide proof of age for enrollment with one of the following:

- 1) If a U.S. Citizen, parents must provide a birth certificate (original or copy). The school reserves the right to request a certified copy if there is any question as to the validity of the information presented on the certificate.
- 2) If not a U.S. Citizen, parents must bring in a Legal Passport and/or Proof of Residency documenting the student's age. The school will photocopy these documents in the parent's presence and return them to the parent.

I will provide the school with the following proof of age:

- U.S. Birth Certificate
- Legal Passport/Proof of Residency

**I understand that alteration of these documents is a crime and will make my child's enrollment null and void.**

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Parent Signature

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Date



**Early Childhood Screening-Kindergarten only**

**Early Childhood Screening is required to enter Kindergarten.** The early childhood years from birth to the start of kindergarten are an important time of rapid learning and growth.

Screening is a brief, simple procedure used to identify potential health or developmental problems in infants and young children who may need a health assessment, diagnostic assessment or educational evaluation. Screening in early childhood supports children's readiness for kindergarten and promotes health and development. Screening includes vision and hearing, height and weight, immunization review, large and small muscles, thinking, language and communication skills, as well as social and emotional development.

Early Childhood Screening or evidence of a comparable screening by a non-school provider, such as Head Start, Child and Teen Checkups/Early and Periodic Screening, Diagnostic and Treatment (EPSDT) or your health care provider, is required for entrance in Minnesota's public schools or within 30 days of enrollment into kindergarten. Early Childhood Screening is offered throughout the year by local school districts. Please call your local school district to schedule a screening for your child.

**If you have not yet completed an Early Childhood Screening for your student, please contact your resident district and forward a copy to Aspen Academy when completed.** Below is a list of our most common districts and their contact numbers.

Prior Lake/Savage- (952) 226-0975  
Shakopee- (952) 496-5861  
Burnsville- (952)707-4117  
Apple Valley/Rosemount- (651) 423-7899  
Lakeville- (952) 232-3000, ext 3

More information on Early Childhood Screening can also be found on the Minnesota Department of Education website,  
<https://education.mn.gov/MDE/fam/elsprog/screen/index.htm>



## **BUSING INTEREST FORM 2022-2023**

We contract our busing services through the school district that we reside in (district 719). Our bus company will be working on planning the routes for next year. If you are interested in busing for the 2022/2023 school year, please let us know by returning the bus form.

### **ROUTES**

We will contact you when we know the routes, including pick up and drop off locations and estimated times. This information will be sent out in August.

### **ELIGIBILITY AND FEES**

There is no fee for busing within the District 719 borders. Students who have a stop outside of the border, will be charged an annual fee of \$250.00 per student, with a family cap of \$750.00. There is no fee reduction if your child rides the bus one way and not the other or if only on certain days. All bus fees are non-refundable.

### **PAYMENTS**

All bus fees must be paid in full by August 15, 2022. Failure to pay the transportation fee may result in the removal of transportation privileges.

Please make checks payable to Aspen Academy and write the student(s) name on the memo line. Returned checks will be charged a \$35.00 fee.

### **EXPECTATIONS**

Riding the bus is a privilege, not a right. Students may be removed from ridership for unacceptable behavior. It is expected that students will know if they are supposed to ride or not each day.

### **CHANGES DURING THE SCHOOL YEAR**

You will receive an email with additional information about School Dismissal Manager (SDM). If there is an unexpected change to the bus riding schedule for a specific day, please utilize SDM by noon each day. If notice is not received by noon, we cannot guarantee the change will be able to happen. If no notice is relayed, student will be sent home on bus as regularly scheduled.

Only students scheduled to ride the bus may do so. If students are wanting to ride home with friends, they must have it pre-arranged with Prior Lake Bus Company.

Contact us if your bus needs change due to a change of address. Please allow up to two weeks for the bus company to make the adjustment. Notify Mr. Sandberg, [eric.sandberg@aspennacademymn.org](mailto:eric.sandberg@aspennacademymn.org).

Thank you.

**BUS REQUEST 2022/2023**

**Student(s) Full Names:**

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**Parents' Full Names**

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**Address:**

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**Phone Number:**

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**Email:**

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**Do you reside within Prior Lake/Savage District 719 borders?**

**Yes**       **No**

**Parent Signature**

**Date**



## School Medication Administration Form 2022-2023

- ONE (1) MEDICATION PER FORM – REQUIRED FOR ALL (PRESCRIPTION & OVER THE COUNTER) MEDICATION
- Form is required to be completed each school year (and with changes)
- Medication must be submitted in original container / with a printed label from the pharmacy (if prescription) that matches below information
- Medication must be transported to/from school by an adult and locked in the Health Office (unless alternate plan is made with the health office)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_ Birth Date: \_\_\_\_\_

### Prescriber Portion

Medication Name: \_\_\_\_\_ Concentration: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

Indication or instructions for "as needed" med: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

For Emergency Medication- The student is capable, has been instructed in the proper use of this medication, and may self-carry / self-administer this medication: Yes  No  (Check one)

Date: \_\_\_\_\_ Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

### Parent/Guardian Portion

*I request this medication be given as prescribed (above) including on field trips. I release school personnel from any liability in the administration of this medication and understand that I am responsible for communication with the healthcare provider who is ordering this medication. I understand that this medication will not be administered by a school nurse. I understand that this authorization will be effective and needs to be renewed each school year. I agree to provide medication in the unopened original container (for over the counter med) / with a printed label from the pharmacy (prescription med) and pick the medication up at the end of the school year. I will provide all necessary devices required to administer this medication, if needed (ie: nebulizer mask/tubing, syringes, pill crusher, medcup, etc). Information may be exchanged with staff working with my child, medical providers, and emergency personnel, if needed, to ensure the student's safety.*

For Emergency Medication- The student is capable, has been instructed in the proper use of this medication, and may self-carry / self-administer this medication: Yes  No  (Check one)

Date: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_