

WELCOME TO Kindergarten

SHAKOPEE PUBLIC SCHOOLS



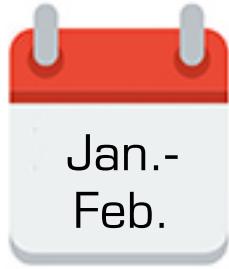
Shakopee
PUBLIC SCHOOLS
EDUCATION FORWARD

KINDERGARTEN
REGISTRATION GUIDE
2017-2018



Kindergarten

Important Dates 2017-2018



Parents/guardians are encouraged to drop off their enrollment forms during conference nights:
Eagle Creek 2/23, 2/28, 3/2 | 4-8 p.m.
Jackson 1/24, 1/26, 1/31 | 3:15-7:30 p.m.
Sweeney 2/27, 2/28, 3/2 | 4-8 p.m.
Sun Path 2/23, 2/27, 2/28 | 3:30-7:30 p.m.
Red Oak 2/23, 2/28, 3/2 | 4-8 p.m.



Look for your Kindergarten Round-Up reminder in the mail



Kindergarten Round-Up Nights 5:00 p.m.
Meet the principal and teachers, take a ride on the bus, tour the school and learn more about kindergarten.



All registration paperwork due to schools. Registrations after May 1, 2017 will be handled by the Welcome Center located at 1200 Town Square Shakopee, MN (next to the Dollar General).



First Day of School!

Dear Parents/Guardians

Welcome to kindergarten at Shakopee Public Schools! We are excited to join you in this new and exciting journey as your child begins school. Kindergarten is a special time of great academic and personal growth. Your child is important to us and we can't wait to make next year a positive experience.

This registration guide has information about our kindergarten program as well as information you will need to be ready for the first day of school. Enrollment forms for registration are also included. These forms may be returned to your assigned elementary school through May 1st. Any forms returned after May 1st should be returned to the District Office Welcome Center (1200 Town Square). We are looking forward to meeting all of our kindergarteners and their families at Round-Up nights, April 18th and 20th at 5:00 p.m.

Feel free to reach out to us at any point if you have questions or concerns.

Thank you,

Josie Koivisto, Principal, Eagle Creek Elementary 952-496-5922
Doug Schleif, Principal, Jackson Elementary 952-496-5802
Mitch Perrine, Principal, Red Oak Elementary 952-496-5952
Patrick Leonard, Principal, Sun Path Elementary 952-496-5892
Melissa Zahn, Principal, Sweeney Elementary 952-496-5832

Kindergarten

Education *Forward*



We are proud that our kindergarten programming is rich in reading, writing and developing a well-rounded student. We are dedicated to providing our kindergarten students a great start!

Reading and Writing

Our kindergarten students participate in Reading and Writing Workshops daily. They are fun and engaging ways to meet our students' individual literacy needs. In the workshop format, students will participate in a mini lesson, guided practice and independent work.

Math

Kindergarten math is focused on developing a deep understanding of number sense which builds a strong foundation for math success. Kindergarten teachers have been trained in Advantage Math Recovery.

Science

Project Lead the Way is a STEM (Science, Technology, Engineering and Mathematics) program incorporated in our kindergarten classrooms. PLTW is a national program and Shakopee is an early adopter of this cutting edge program that promotes problem-solving skills. These units provide an engaging, hands-on classroom environment empowering students to solve real-world challenges; and inspiring them to reimagine how they see themselves.

Young Scholars

Young Scholars is an academic program that embraces research-based practices for identifying and nurturing academic potential in students. Young Scholars helps to build creativity and critical thinking throughout the year. All kindergarten students receive classroom lessons from a Young Scholars specialist.

Technology in the Classroom

The use of iPads in our classrooms allows teachers to individualize and personalize learning. Technology tools also enhance and showcase learning. Teachers are able to use apps to share student learning with families from inside their classrooms.

Specialists

Kindergarten students participate daily in one or two of the following – media, music, art and physical education. These classes are taught by a certified instructor trained in each area.

Kindergarten

YMCA School-Age Care

Shakopee Public Schools works with River Valley YMCA to provide a fee-based before and after school care program located in your child's school.

Monday - Friday
Before School Care 6:15 a.m. - School Start
After School Care School End - 6:15 p.m.

For more information call the River Valley YMCA at 952-230-9622 or visit www.ymcatwincities.org.



Free Breakfast



Breakfast and lunch are available at all schools, and breakfast is provided free for all kindergarten students.

Based on income, students may qualify for free meals by completing an application. Contact the Food Service Department for more information at 952-496-5141 or 952-496-5140.

Shakopee Public Schools is excited to partner with families at every stage of learning and development! Early Childhood Screening is required for students to attend kindergarten.

Early Childhood Screening

If your child is between the ages of three and five, it is time to schedule your child's Early Childhood Screening. Early Childhood Screening is a FREE evaluation of your child's development and learning. The state of Minnesota requires screening before children enter kindergarten.

What is the purpose of Early Childhood Screening?

Early Childhood Screening is a process that supports children in being ready for kindergarten by identifying possible health or developmental concerns that may impact learning. Screening checks all areas of development; including hearing, vision, communication, social and motor.

Where are screenings held?

All screening appointments take place at Central Family Center, located at 505 Holmes Street South, Shakopee.

What dates and times are available?

Early Childhood Screening appointments take place on weekdays throughout the year between 8:30 a.m. and 6:00 p.m.

How do I schedule an appointment?

To schedule an appointment, visit www.shakopee.k12.mn.us/Page/6587 or call 952-496-5054.



Student Enrollment Form

Superintendent: Dr. Rod Thompson
 Assistant Superintendent: Dr. John Bezek

Start Date _____

FOR OFFICE USE ONLY: School # _____ Name _____ Last Location Code: _____

Student ID # _____ Household Name _____ Teacher/Advisor _____

STUDENT INFORMATION: Please enter the student's **full legal name** as it appears on their Birth Certificate.

Last Name _____ First Name _____ Middle Name _____
 Date of Birth: _____ Current Age _____ Gender: M or F
 Enrolling in Grade: _____ School Year _____

NOTE - If there is an ACTIVE Order of Protection, Restraining Order or Custody Order that affects your student, please provide a copy of the court document to the Main Office for the student's file.

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.

Street Address: _____ Apt./Unit # _____
 City: _____ State: _____ Zip: _____ Home Phone # _____

PRIMARY PARENT/GUARDIAN #1: (Parent/Guardian listed here resides in the above address with the student)

Last Name: _____ First Name: _____ Middle Name: _____
 Date of Birth: _____ Relationship to Student: _____ Gender: M or F
 Email Address _____ Cell # _____ Work # _____

PRIMARY PARENT/GUARDIAN #2: (Parent/Guardian listed here resides in the above address with the student)

Last Name: _____ First Name: _____ Middle Name: _____
 Date of Birth: _____ Relationship to Student: _____ Gender: M or F
 Email Address _____ Cell # _____ Work # _____

OTHER MEMBERS – Please list full names of all other children and/or adults living at this address and their relationship to the student you are enrolling. **Do NOT include names already listed above.** If you need additional space please write on a separate piece of paper.

LAST NAME	FIRST NAME	MIDDLE NAME	M/F	BIRTHDATE	GRADE	Relationship to student	SCHOOL ATTENDING

SECONDARY HOUSEHOLD INFORMATION: If there is a **PARENT** to this student who does **NOT** live in the same household, please provide their information so they will be able to receive important school correspondences regarding this student.

Last Name: _____ First: _____ Middle Name: _____
 Date of Birth: _____ Relationship to Student: _____ Gender: M or F
 Home #: _____ Cell #: _____ Work #: _____
 Street Address: _____ Apt. /Unit #: _____
 City: _____ State: _____ Zip: _____ Email: _____

PREVIOUS SCHOOL INFORMATION: What is the name of the last school the student attended before enrolling today?

Name of School: _____ District # _____
City: _____ State: _____ Zip: _____ Last Day Attended _____
School Phone # _____ Fax # _____
Has the student ever attended Shakopee Public Schools? Y or N School Name _____ Year _____

SPECIAL SERVICES INFORMATION: Please check all that apply

Which Special Service(s) has the student received or is currently receiving?

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 _____

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 personal 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

What COUNTRY was the student born in? _____

If other than the U.S.A., when did the student move into the U.S.A.? Month _____ Year _____

PRIMARY HOME LANGUAGE: By Minnesota Statue, 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. Please answer the following questions.

Which language did your child learn first? English Other Name of Language: _____
Which language is most often spoken in your home? English Other Name of Language: _____
Which language does your child usually speak? English Other Name of Language: _____
Do the parents/guardians speak English? YES NO Do the parents/guardians prefer an interpreter? YES NO

By signing this form, I verify and confirm that all the information provided is true and accurate to the best of my knowledge.

Parent/Legal Guardian Signature: _____ Date _____



STUDENT EMERGENCY CONTACT FORM

Student _____ Grade _____
Last First Middle

Address _____
Address City State ZIP

Birthdate _____ School Name _____

DO YOU HAVE INTERNET ACCESS? Yes ___ No ___

(Parents and students with access to the Internet are strongly encouraged to use their Parent Portal and Student Portal Accounts to view student grades, report cards, schedules, attendance, assignments, etc.)

EMERGENCY CONTACTS

Parents/legal guardians should be listed as #1 and #2 below. They will be the first to be contacted in the event of an Emergency. All additional Emergency Contacts must be 18 years or older. If someone other than a parent is picking up your student from school, we must hear from a parent/ legal guardian as to who that person will be before they will be permitted to leave. **IMPORTANT** – Please see the box below regarding **Step-Parents**.

#1 _____
(Adult Name)

Relationship to Student _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

EMAIL ADDRESS _____

#2 _____
(Adult Name)

Relationship to Student _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

EMAIL ADDRESS _____

#3 _____
(Adult Name)

Relationship to Student _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

EMAIL ADDRESS _____

#4 _____
(Adult Name)

Relationship to Student _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

EMAIL ADDRESS _____

IMPORTANT NOTE: If there are any legal Custodial issues, Orders of Protection and/or Restraining Orders that affect your student(s), a legal document must be supplied in order to be enforced. Please attach.

REGARDING STEP-PARENTS - We need signed authorization from a legal parent to release school information to a Step-parent. If the Step-parent in this household has the legal parent's authorization to attend Parent Conferences, meet with the student's teachers/staff, have access to the student's information via Parent Portal, make calls regarding attendance, or remove the student from school due to illness or injury, etc. - Please sign below.

_____ **Step Parent Name**

_____ **Parent Signature**

_____ **Legal Parent/Guardian Signature**

ABOUT YOUR CHILD

Child's Legal Name: _____ Birthdate: _____ Age: _____

Name to be used in school: _____

It would be very helpful for the Kindergarten teachers to know something about your child BEFORE the school year begins. Please answer the following questions regarding your child's special needs, learning styles, past school experiences and medical concerns. Please add comments as you would like and return this form with the other registration forms.

Yes No

 1. Does your child have any medical concerns? If yes, please explain:

 2. Is your child on any regularly administered medication? If yes, please explain: _____

 3. Did your child attend Headstart or a formal pre-school program? If yes, please name:

 4. Was your child's pre-school experience positive for your child? If not, please explain:

 5. Does your child work well (i.e. sharing, cooperating, displaying appropriate behavior) in groups? If not, please explain: _____

 6. Does your child easily accept directions from adults? If not, please explain: _____

 7. Has your child shown an interest in any pre-academic activities such as printing or learning the names of letters and numbers? If yes, please explain: _____

 8. Do you have any concerns about your child beginning Kindergarten? If yes, please explain:

 9. Is there anything you would like the school to know about your child such as: learning style, changes at home, etc.? If yes, please explain: _____

Thank you very much for your cooperation in completing this survey. It will help the school to better plan for your child's success in Kindergarten.



Dear Parent or Guardian:

All kindergarten students must be up-to-date with the following immunizations before they start school to be compliant with Minnesota State Law (Minnesota 121A.15):

- 5 doses of Tetanus/Diphtheria/Pertussis booster (DTaP)
- 2 doses of Measles, Mumps and Rubella (MMR)
- 4 doses of Polio (IPV, OPV)
- 3 doses of Hepatitis B (HBV)
- 2 doses of Varicella (Chicken Pox). If your child had the chickenpox disease, then varicella immunizations are not required and the child's doctor must sign the "Student Immunization Form" (page 2).

Legal exemptions are permitted by Minnesota law when children are not immunized due to medical conditions or when their parent/guardian conscientiously opposes immunizations for them. You may complete the enclosed form "Student Immunization Form" for legal exemption. The instructions for legal exemption are on page 2 this form.

Please check your records at home or at your doctor's office and submit your child's record of immunization dates to your child's school. If your child needs immunizations, please make an appointment with your doctor. If you do not have health insurance, Scott County Public Health Nurses offer an immunization clinic where these immunizations can be obtained. Call 952-496-8555 for an appointment.

All immunizations and/or records of exemptions must be on file with your child's school **before** the start of school. Please call your child's school health office with any questions.

Are Your Kids Ready?

Minnesota's Immunization Law

Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. Children birth to age 2 may not have received all doses. Look at the table on the back, it shows the age when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years ^① For Kindergarten	Age: 7 through 11 years For 1st through 6 th grade	Age: 12 years and older For 7 th through 12 th grade
Hepatitis A (Hep A) ✓✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ^⑥ ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT ^④ ✓✓✓✓✓	✓✓✓ tetanus and diphtheria containing doses	Tdap ^⑦ ✓
Polio ✓✓✓	Polio ^⑤ ✓✓✓✓	Polio ✓✓✓	Polio ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal ^⑧ ✓ & booster
Pneumococcal ^② ✓✓✓✓			
Varicella ^③ ✓	Varicella ^③ ✓✓	Varicella ^③ ✓✓	Varicella ✓✓

Immunizations recommended but not required:

Influenza

Annually for all children age 6 months and older

Rotavirus

For infants

Human papillomavirus

At age 11 -12 years

- ① First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
- ② Not required after 24 months.
- ③ If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form.
- ④ Fifth shot of DTaP not needed if fourth was after age 4. Final dose of DTaP on or after age 4.
- ⑤ Fourth shot of polio not needed if third was after age 4. Final dose of polio on or after age 4.
- ⑥ An alternate 2-shot schedule of hepatitis B may also be used for kids from age 11 through 15 years.
- ⑦ Proof of at least three doses of diphtheria and tetanus vaccination needed. If a child received Tdap at age 7 through 10 years another dose of Tdap is not needed. Td does not meet the Tdap requirement.
- ⑧ One dose is required beginning at 7th grade. The booster dose is usually given at 16 years but the timing depends on when the first dose was given.

Exemptions

To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption.

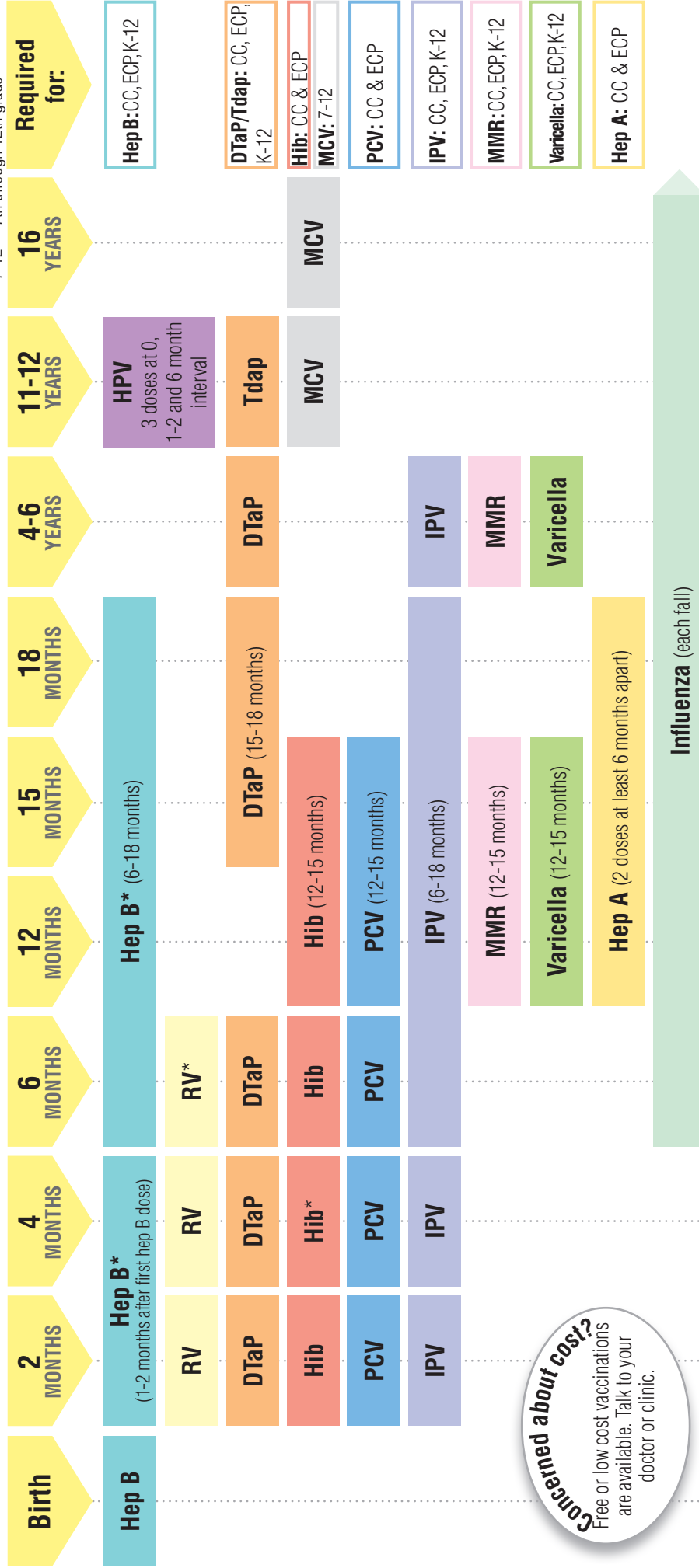
Parents may file a medical exemption signed by a health care provider or a conscientious objection signed by a parent/guardian and notarized.

Looking for Records?

For copies of your child's vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 1-800-657-3970.

When to Get Vaccines Birth to 16 Years

CC = Child care
ECP = Early Childhood Programs
K-12 = Kindergarten through 12th grade
7-12 = 7th through 12th grade



Concerned about costs?
Free or low cost vaccinations are available. Talk to your doctor or clinic.

It's not too late! If your child has fallen behind on their vaccinations, talk to your doctor or clinic to catch them up.

Minnesota law requires written proof of certain vaccinations for children in child care, early childhood programs, and school. However, if a child has a medical reason or if his/her parents are conscientiously opposed to any or all of the vaccinations, a legal exemption is available.

Children with certain medical conditions may need additional vaccines (e.g., pneumococcal or meningococcal). Talk to your doctor or clinic.

Pregnant? Protect yourself and your baby from whooping cough, get a Tdap vaccination between 27 and 36 weeks gestation. Talk to your doctor.

*The **number of doses** depends on the product your doctor uses.

For copies of your child's **immunization records**, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 1-800-657-3970.

Key to vaccine abbreviations

DTaP/Tdap=diphtheria, pertussis, tetanus	Hib = <i>Haemophilus influenzae</i> type b
Hep B=hepatitis B	IPV=polio
MMR= measles, mumps, rubella	PCV= pneumococcal
	RV=rotavirus

MINNESOTA
MDH
DEPARTMENT OF HEALTH

Immunization Program
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize

ID# 52799 (10/2014)

Shakopee Public Schools Annual Student Health Update

Each year the District asks parents to update student health records to insure that Health Services staff is providing proper services. The information provided below may be shared with staff involved with your student's education. Please return this form to your child's school as soon as possible. If you have any questions, please call the Health Office at 952-496-5081 or 952-496-5073.

Student's Name: _____ **Date of Birth:** _____ **Sex:** __ Male __ Female

School: _____ Jackson Elementary _____ **Grade:** _____ **Date:** _____

Individual Student Health Information & Update	Yes	No
1. Does your child have a medical diagnosis? What is the diagnosis? _____		
2. Has your child received any immunization in the last year that has not already been reported to the school? Type of Immunization _____ Date _____ Name of Clinic _____		
3. Has your child been seriously ill or hospitalized since the last school year? Specifically _____ If yes, is he/she still under care of a physician? _____		
4. Are there health services needed in school? The services needed are: _____		
5. Does your child have allergies? Does your child have food allergies? If yes, allergic to what? _____ What is the typical reaction? _____ Should medication be stored at school? _____ When should the medication be used? _____		
6. Does your child have asthma? What medications are used? _____		
7. Is your child taking any medication on a regular basis? If yes, please name medication and reason: _____ Does this medication need to be administered at school? (If yes, please complete a "Permission to Dispense Medication" available in the office of your child's school.		
8. Has your child had any vision problems? If yes, please explain _____		
9. Has your child had any hearing problems? If yes, please explain _____		
10. Does your child have any dietary restrictions/needs? If yes, please explain _____		
11. Does your child have any restriction on physical activity? If yes, please explain _____		
12. Are there any health/medical records we should request? If yes, what and from where _____		
13. Would you like an individual meeting with the school nurse? When would you like to have this meeting? _____		

Parent Name _____

Parent Signature _____

Student Immunization Form

Student Name _____

Birthdate _____ Student Number _____

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

FOR SCHOOL USE ONLY

- () Complete; booster required in _____
- () In process; 8 mos. expires _____
- () Medical exemption for _____
- () Conscientious objection for _____
- () Parental/guardian consent _____

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

School Personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of Vaccine	DO NOT USE (✓) or (✗)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT) • for children age 6 years and younger • final dose on or after age 4 years						
Tetanus and Diphtheria (Td) • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above						5th dose not required if 4th dose was given on or after the 4th birthday
Tetanus, Diphtheria and Pertussis (Tdap) • for children in 7th - 12th grade						
Polio (IPV, OPV) • final dose on or after age 4 years						
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday						4th dose not required if 3rd dose was given on or after the 4th birthday
Hepatitis B (hep B)						
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required						
Meningococcal (MCV, MPSV) • for children in 7th - 12th grade • booster given at age 16 years						
Recommended						
Human Papillomavirus (HPV)						
Hepatitis A (hep A)						
Influenza (annually for children 6 months and older)						

Additional exemptions:

- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- **Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- **Students 18 years of age or older:** Do not need polio vaccine.

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

<p>1. Certify Immunization Status. Complete A or B to indicate child's immunization status.</p>	
<p>A. Received all required immunizations: I certify that this student has received all immunizations required by law.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of Parent / Guardian OR Physician / Public Clinic</p> <p>_____ Date</p>	<p>B. Will complete required immunizations within the next 8 months: I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.</p> <p>The dates on which the remaining doses are to be given are:</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of Physician / Public Clinic</p> <p>_____ Date</p>

<p>2. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption.</p>	
<p>A. Medical exemption: No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement: I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of physician/nurse practitioner/physician assistant</p> <p>_____ Date</p> <p>*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of physician/nurse practitioner/physician assistant (If disease occurred before September 2010, a parent can sign.)</p>	<p>B. Conscientious exemption: No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized: I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of parent or legal guardian</p> <p>_____ Date</p> <p>Subscribed and sworn to before me this: _____ day of _____ 20____</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of notary</p>

<p>3. Parental/Guardian Consent to Share Immunization Information (optional): Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.</p> <p>I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system:</p>	
<hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of parent or legal guardian</p>	<hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Date</p>



Shakopee Public Schools Transportation

Dear Parents/Guardian,

It is the goal of Shakopee Public schools to make your transportation needs safe for you and your student.

In order to meet your requests and make our process efficient we have made all of our forms available online. *Please visit www.shakopee.k12.mn.us and click on Departments > Transportation and choose Transportation Forms from the left hand navigation bar.*

You will find the following forms:

- **Alternate Transportation Application:** This form should be filled out if you need your child picked up or dropped off at a location other than your primary home address. Please call the office of the school you are assigned to for confirmation that your alternate address for daycare is in the school's boundary.
- **Opt Out of Transportation for the year:** If your child qualifies for bussing services but you know you will not be riding the bus please fill out the Opt Out of Transportation form.
- **Bus Stop Change Request:** If you believe your child's stop doesn't meet the District criteria, the Bus Stop Change Request form should be completed. Completing this form does not guarantee the bus stop will be moved to the requested location. To learn more about the Districts criteria for bus stops please visit the transportation page on the above mentioned website.

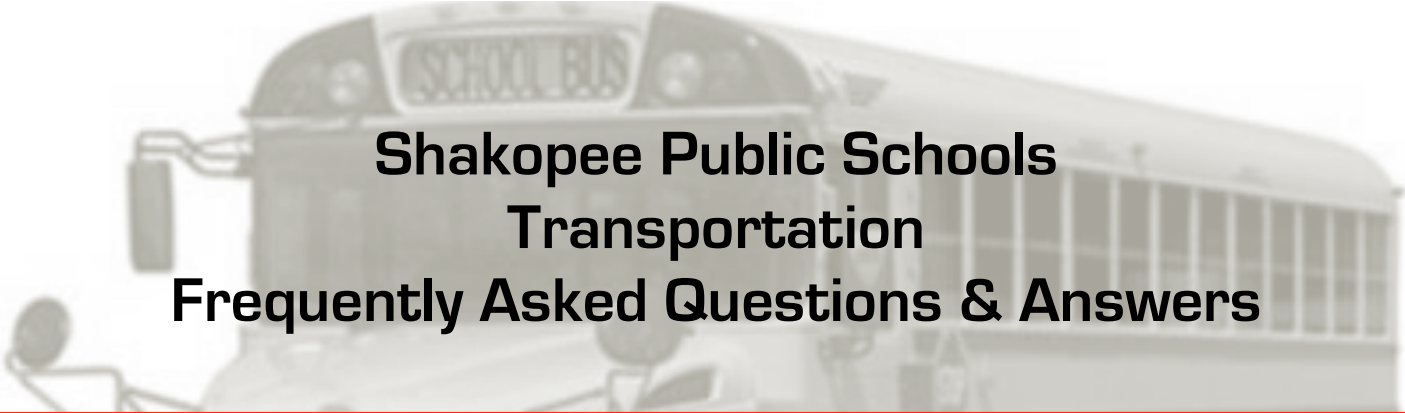
If you have additional questions regarding bussing for your child please contact the transportation office or Palmer Bus Service.

Sincerely,

Shakopee Schools Transportation Department

Joleen Mohlin | 952-496-5996 | jrmohlin@shakopee.k12.mn.us

Palmer Bus Service | 952-445-1166 | path@palmerbuservice.com



Shakopee Public Schools Transportation Frequently Asked Questions & Answers

Welcome to Shakopee Public Schools!

Enrolling your child into school is a very exciting time of the year and safe transportation for your child to and from school is a priority for Shakopee Schools.

Below is a list of frequently asked questions regarding Shakopee Public Schools transportation.

How do I know if my child is eligible for transportation?

Elementary students (grades K-5) who live ½ mile or more from their assigned school are eligible for transportation.

Students in grades 6-9 who live 1 mile or more from their assigned school and senior high students who live more than 2 miles from the High School are eligible for transportation.

My child(ren) is eligible for transportation, how do I get them on a bus?

Once you have completed all of your enrollment paperwork the transportation office will contact you with your route information, bus number and stop times. This process can take up to five business days and your child is not eligible to be on the bus until they are assigned a bus and route.

If I live within a school boundary but my daycare is in another school boundary will my child be eligible for transportation from that daycare?

Busses do not cross elementary and middle school boundaries.

How are bus routes chosen?

Bus routes and stops are designed with consideration of safety, efficiency, cost and shortest over-all ride times. Bus routing is designed with buses traveling main roads through neighborhoods and with students picked up and dropped off at central locations. Bus stops are located at corners or intersections whenever possible and are centrally located to where students are coming from.

I still have additional questions, who can I contact?

Pat Huber at Palmer bus service 952-445-1166

Joleen Mohlin at 952-496-5996/jrmohlin@shakopee.k12.mn.us

Our Elementary Schools



Eagle Creek Elementary
6855 Woodward Ave. Shakopee, MN | 952-496-5922

Jackson Elementary
1601 Lusitano St. Shakopee, MN | 952-496-5802

Sweeney Elementary
1001 Adams St. S. Shakopee, MN | 952-496-5832

Sun Path Elementary
2250 17th Ave. E. Shakopee, MN | 952-496-5892

Red Oak Elementary
7700 Old Carriage Ct. Shakopee, MN | 952-496-5952

Other District Buildings

Central Family Center (Preschool and Preschool Screening)
505 Holmes St. S. Shakopee, MN | 952-496-5013

District Office (Welcome Center)
1200 Town Square Shakopee, MN | 952-496-5000

Kindergarten Enrollment Website
www.shakopee.k12.mn.us/enroll

