



**MNVA**

Minnesota  
Virtual Academy

HOUSTON PUBLIC SCHOOLS

Minnesota Virtual Academy  
306 West Elm Street  
Houston, MN 55943  
ph 866.215.2292  
fx 800.451.6036  
www.mnva.k12.mn.us

## Enrollment Forms Packet

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### Part 1: (The pages supplied in this PDF)

Please be sure you have completed and signed the forms listed below.

- Release of Student Records
- School District Enrollment Options (Open Enrollment) Form
- Non-Resident Agreement
- MNVA Outing Permission Form
- Registration Form for Early Childhood Screening
- MDH Pupil Immunization Record (Please have this form completed by your student's physician)

### Part 2: (Items you will need to supply)

Before you send in your enrollment packet, please be sure you have completed and included copies (do not include originals) of the following:

- Proof of age for each child applying to our program (copy of Birth Certificate or Passport)
- Current proof of residency (copy of current utility bill, tax statement, lease, or mortgage statement)
- A copy of the final 08-09 report card for each student applying (except if applying to Kindergarten)
- A copy of your student's Multifactorial Evaluation/504 or IEP, if applicable
- If you are enrolling a Kindergarten student, please provide a copy of your student's Registration Form for Early Childhood Screening (form attached)

Fax or mail the required documents listed in both parts 1 and 2 to MNVA. The fax number for MNVA is 1-800-451-6036. If you are unable to fax, please mail the documents to:

Minnesota Virtual Academy  
306 West Elm Street  
Houston, MN 55943

Student's Name:

Student's Home Phone:



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## Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health/immunization, and discipline/expulsion records).

### Student Information

Student's Full Name: \_\_\_\_\_  
first middle last

Student's Date of Birth: \_\_\_\_\_ Student's Social Security Number: \_\_\_\_\_

Student's Legal Address: \_\_\_\_\_  
street apt #

\_\_\_\_\_ city county state zip

Home Phone: (\_\_\_\_) \_\_\_\_\_

### Prior School Information

Name of Prior School: \_\_\_\_\_

School's Address: \_\_\_\_\_  
street

\_\_\_\_\_ city county state zip

School's Phone: (\_\_\_\_) \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_  
first last

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SCHOOL OFFICIALS ONLY:

Send student records to: Minnesota Virtual Academy  
306 West Elm Street  
Houston, MN 55943

Student's Name:

Student's Home Phone:



**SCHOOL DISTRICT ENROLLMENT OPTIONS PROGRAM  
REQUIRED FORM FOR ALL MINNESOTA DISTRICTS**

ED-01861-22

**PARENTS: Mail this form to the superintendent's office of the nonresident district where you wish your student to attend. Do not mail to the Minnesota Department of Education. See *General Information and Instructions: School District Enrollment Options Program* on important January 15<sup>th</sup> deadline information that may apply to your student.**

**SECTION 1: TO BE COMPLETED BY THE STUDENT'S PARENT OR GUARDIAN**

Parent/Guardian Name (Last, First, M.I.)		Telephone Number Home: ( ) - Work: ( ) -
Parent/Guardian Address		City/State/Zip Code
Resident District		City
District of Choice (Non-Resident School District)		
Student Name (Last, First, M.I.)		Seeking enrollment in what grade? Starting when?
Grade (as of application date)	Is this student currently <b>expelled</b> under Minn. Stat. § 121A.45 for a reason listed in Minn. Stat. § 124D.03, Subd. 1? <input type="checkbox"/> NO <input type="checkbox"/> YES.	
Reason for Request: (This does not affect your acceptance)	Family preferences regarding school(s) student wishes to attend in the nonresident district: 1. _____ 2. _____ 3. _____	

**SECTION 2: PARENT/GUARDIAN VERIFICATION OF INFORMATION**

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
*Signature – Parent/Guardian*

\_\_\_\_\_  
*Date*

**Non-Resident District:** Complete Section 3. The non-resident district must notify parents/guardians by **February 15** (or 30 days after receiving applications that come later) of approval or disapproval of application. Families must accept or decline the offer by **March 1** or 15 days later. After receipt of commitment to attend, the non-resident district must notify the resident district by **March 15** (or 60 days after initial receipt if form filed after January 15) of the student's intent to enroll. Districts report all rejected applications to the Minnesota Department of Education by **July 15**.

**SECTION 3: TO BE COMPLETED BY THE NONRESIDENT DISTRICT**

Date of Application is Received	District Name	District Number
Contact Person	Title	Telephone Number ( ) -
<input type="checkbox"/> <b>APPROVED</b> On the basis of information provided in the above application, and with respect to district policies and procedures, the above student will be assigned for enrollment in: _____ on _____ at _____ <i>School Building Name Starting Date Grade Level</i>		
<input type="checkbox"/> <b>DISAPPROVED</b> Nonresident District has denied your request for open enrollment because of the following reason(s) allowed in Minn. Stat. § 124D.03. Check all that apply. <ol style="list-style-type: none"> <li><input type="checkbox"/> The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See "General Information and Instructions: School District Enrollment Options" or Minn. Stat. § 124D.03, Subd. 3.</li> <li><input type="checkbox"/> Statute enrollment has been reached; Minn. Stat. § 124D.03, Subd. 2.</li> <li><input type="checkbox"/> Grade is closed district-wide by board action; Minn. Stat. § 124D.03, Subd. 2. and Subd. 6.</li> <li><input type="checkbox"/> District has denied the application because of expulsion reasons; Minn. Stat. § 124D.03, Subd. 1.</li> </ol>		
NONRESIDENT DISTRICT SIGNATURE: _____ <i>Superintendent / Responsible Authority</i>		_____ <i>Date</i>

## NON-RESIDENT AGREEMENT FORM

Student's Last Name	First Name	Middle Name
Student's Address (include apt. # if applicable)		City/State/Zip
Parent or Guardian Last Name	First Name	Phone
Parent Address (if different than student's)	Apt. #	City/State/Zip
Seeking enrollment for school year:	For what grade?	Grade as of application date:
Reason for requested transfer:		
Non-Resident (Serving) School District: <b>Houston Public School</b>	District # <b>294</b>	School Requested: <b>MNVA</b>
		Date Student Moved if applicable
		Month
		Day
		Year
Resident School District Name:	District #	School Most Recently attended:
Signature of Parent/Guardian:		
X		
The above information is true and correct to the best of my belief and knowledge.		Date Signed

<u>Type of Transfer:</u> (Completed by Resident District Staff)	
<input type="checkbox"/> 1. Agreement Between School Boards, Enrollment Exceptions. M. S. 124D.08, Subd 1-2: Transfer requires the approval of both school districts. (SAC Code 11).	
<input type="checkbox"/> 2. Continued Enrollment of 11th and 12th Grade Students. M. S. 124D.08, Subd 3: Transfer requires the approval of the non-resident school district only (SAC Code 04).	
<input type="checkbox"/> 3. Graduation Incentives Program. M. S. 124D.68: Transfer requires the approval of the non-resident school district only (SAC Code 03).	
Effective date of transfer (mm/dd/year):	Expiration date of transfer (mm/dd/year):

Non-Resident (Serving) School District: X	<input type="checkbox"/> Application APPROVED <input type="checkbox"/> Application DENIED
Signature of Superintendent or Responsible Authority	Date Signed
Resident School District: X	<input type="checkbox"/> Application APPROVED <input type="checkbox"/> Application DENIED
Signature of Superintendent or Responsible Authority	Date Signed



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## MNVA Outing and Event Permission Form 2009-2010

The following student has my permission to attend Minnesota Virtual Academy sponsored outings and events for the 2008-2009 school year:

Student Name: \_\_\_\_\_

When warranted, I entrust my child to the care of the MNVA teacher(s) sponsoring the event. Whenever my child is left in the care of an MNVA staff member, I agree to leave emergency contact information at the time of each outing.

Illness, Injury & Insurance – In case a student is ill or injured at a site or activity, MNVA staff shall have the authority to take appropriate action to provide immediate medical care and/or ambulance service. Every reasonable effort will be made to contact the parents to obtain their approval prior to a decision to transport a student to a doctor’s office or hospital emergency room. However, unless the parent is able to come to the site immediately to attend to the child personally, MNVA staff shall have the authority to decide on a course of action and notify the parents as soon as possible.

Financial responsibility for hospital and medical care and/or ambulance service shall be assumed by the parents. Parents will be asked to provide MNVA staff with a telephone number to be used in case of an emergency. This should be the number of a close relative or the number of the parent’s place of employment. The name of the family physician and choice of hospital should also be recorded.

Medical Conditions:

Does your child have any special medical conditions: drug or food allergies, diabetes, etc? If not, mark “no.” If yes, mark “yes” and explain the special medical conditions.

Student Name: \_\_\_\_\_ No    Yes    Explain: \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Number \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

*Please print this document and mail or fax to MNVA office:  
306 West Elm Street, Houston, Minnesota 55943  
fax number: 507-896-3603 or 800-451-6036*



Early Learning Services  
1500 Highway 36 West  
Roseville, MN 55113-4266

## REGISTRATION FORM FOR EARLY CHILDHOOD SCREENING

ED-02390-01

**GENERAL INFORMATION AND INSTRUCTIONS:** The following registration form needs to be completed by the **parent/guardian** of the child. Please print the information.

### CHILD IDENTIFICATION INFORMATION

Child's Legal Name (First, Middle, Last)

Child's Nickname or Other Name (First, Middle, Last)

Child's Birth Date

Gender

Male  Female

Race/Ethnicity (Check one)

- 1 - American Indian                       3 - Hispanic                       5 - White, not of Hispanic Origin  
 2 - Asian or Pacific Islander               4 - Black, not of Hispanic Origin

### PRIMARY/SECONDARY LANGUAGE INFORMATION

Which language did your child learn first?       English       Other (specify): \_\_\_\_\_

Which language is most often spoken in your home?       English       Other (specify): \_\_\_\_\_

Which language does your child usually speak?       English       Other (specify): \_\_\_\_\_

### PREVIOUS HEALTH & DEVELOPMENTAL SCREENING INFORMATION

Has your child received a comprehensive health and developmental screening as a preschooler (3-5 years old)?  Yes  No

If Yes, screening date: \_\_\_\_\_

Has your child ever been evaluated for special education or ever received special education services through an Individual Education Plan (IEP), Individual Family Services Plan (IFSP) or Individual Interagency Intervention Plan (IIIP)?  Yes  No

### PARENT/GUARDIAN VERIFICATION OF INFORMATION

I hereby verify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Name (printed) – Parent/Legal Guardian

\_\_\_\_\_  
Signature - Parent/Legal Guardian

\_\_\_\_\_  
Date

### TO BE FILLED OUT BY SCHOOL DISTRICT PERSONNEL ONLY

Screening Date

Screening District Name

District Number & Type

Child's Resident District Name

District Number & Type

MARSS I.D. Number

Check type of screening child received – STATE AID CATEGORY (SAC):

- 41 - Screening by District                       43 - Head Start                       45 - Conscientious Objector  
 42 - Child & Teen Check-ups/EPSDT               44 - Private Provider

### SCHOOL DISTRICT VERIFICATION OF INFORMATION

I hereby verify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature - School District Coordinator

\_\_\_\_\_  
Date



# Pupil Immunization Record

FOR SCHOOL USE ONLY  
 ( ) Complete; booster required in \_\_\_\_\_  
 ( ) In process; 8 mos. expires \_\_\_\_\_  
 ( ) Medical exemption for \_\_\_\_\_  
 ( ) Conscientious objection for \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Student Number \_\_\_\_\_

Minnesota Statutes Section 121A.15 requires children enrolled in a Minnesota school to be immunized against certain diseases, allowing for specified exceptions. This form is designed to provide the school with information required by the law.

**Medical exemption:** No student is required to receive an immunization if they have a medical contraindication or laboratory evidence of immunity. To receive a medical exemption, a physician must sign the following statement:

Enter the MONTH, DAY, and YEAR for all vaccines the pupil received. DO NOT USE (✓) or (✗).  
 Vaccines/doses in shaded boxes are recommended but not required by law.

*I certify that immunization is contraindicated for medical reasons or that laboratory confirmation of adequate immunity exists for the following immunizations:*

Type of Vaccine	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
<b>Diphtheria, Tetanus, and Pertussis</b> (DTaP, DTP)					
<b>Diphtheria and Tetanus (DT) -</b> pediatric formulation (<7 yrs)					
<b>Tetanus and Diphtheria (Td) – adult</b> formulation (7yrs)					
<b>Polio (IPV, OPV)</b>					
<b>Measles, Mumps, and Rubella</b> (MMR) (minimum age: 12 mos)					
<b>Hepatitis B (hep B) *</b>					
<b>Varicella (chickenpox)**</b>					
<b>Pneumococcal Conjugate (PCV)***</b>					
<b>Haemophilus influenzae type b</b> (Hib)***					

\_\_\_\_\_  
 Signature of physician \_\_\_\_\_ Date

**Conscientious exemption:** No student is required to have an immunization which is contrary to the conscientiously held beliefs of his/her parent or guardian. To receive this exemption, a parent or legal guardian must complete and sign the following statement and have it notarized:

*I certify by notarization that immunization for my child is contrary to my conscientiously held beliefs. Indicate vaccine(s):*

\_\_\_\_\_  
 Signature of parent or legal guardian \_\_\_\_\_ Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
 Signature of notary

**History of varicella disease:**

*I certify that this child had chickenpox disease on this date: \_\_\_\_\_ (YR) and therefore does not need a varicella shot.*

\_\_\_\_\_  
 Signature of parent/legal guardian or physician/public clinic \_\_\_\_\_ Date

\* Hepatitis B is required for kindergarten and 7<sup>th</sup> grade.  
 \*\* Varicella vaccine will be required starting fall 2004.  
 \*\*\* PCV and Hib vaccines are recommended only for children through age 4 years.  
 Note for 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+Hib, Hib+HBV) in each applicable space.

**Indicate immunization status and source of above information by choosing one of the following:**

I certify that this student has received all immunizations required by law.  
 \_\_\_\_\_  
 Signature of parent/guardian or physician/public clinic \_\_\_\_\_ Date

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B (K + 7<sup>th</sup>), varicella (K + 7<sup>th</sup>), measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months. The dates on which the remaining doses are to be given are:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of physician/public clinic \_\_\_\_\_ Date

**Additional exemptions**

- **Children less than 7 years of age:** The 5<sup>th</sup> dose of DTaP/DTP/DT (similarly, the 4<sup>th</sup> dose of polio vaccine) is not necessary if the 4<sup>th</sup> DTaP/DTP/DT (3<sup>rd</sup> dose of polio) was administered after the 4<sup>th</sup> birthday.
- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Td booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7<sup>th</sup> birthday but before their 11<sup>th</sup> birthday. Instead, it will be required 10 years after the date of the most recent dose. Enforcement of the Td booster requirement will be reinstated in the fall of 2004 for all 7<sup>th</sup>-12<sup>th</sup> graders.
- **Students 11-15 years of age:** A 3<sup>rd</sup> dose of hepatitis B vaccine is not required for those students who provide documentation of the alternative 2-dose schedule.
- **Students 7 years of age or older:** Do not need pertussis vaccine.
- **Students 18 years of age or older:** Do not need polio vaccine.