



Howard Lake-Waverly-Winsted Schools ISD 2687

8700 County Road 6 SW, Howard Lake, MN 55349

District Phone: 320-543-4646

Brad Sellner, Superintendent



RECORD REQUEST

Last School Attended Information

Name of School, City/State, Phone:

Records Requested:

Fax:

Email:

The following student(s) recently enrolled at Independent School District 2687. Start Date:

Student Name	Birthdate	Gender	Grade	School

Please send all of the following student(s) information to the school indicated:

Birth Certificate

Health Records

Preschool Screening Records

Psychological Reports (if any)

Cumulative Records

Special Education Records (if any)

Grades

Test Data

Attendance

MARSS State ID _____

Please send records to:

Grades 9-12	HLWW High School, PO Box 708, Howard Lake, MN 55349 Phone:320-543-4600 Ext. 4305, Fax: 320-543-4601, Email: athompson@hlww.k12.mn.us
Grades 5-8	HLWW Middle School, PO Box 708, Howard Lake, MN 55349 Phone:320-543-4660, Fax: 320-543-4632, Email: kmesser@hlww.k12.mn.us
Grades K-4	Humphrey Elementary, PO Box 248, Waverly, MN 55390 Phone:320-543-4680, Fax: 763-658-4497, Email: tknuth@hlww.k12.mn.us
Grades K-4	Winsted Elementary School, PO Box 160, Winsted, MN 55395 Phone: 320-543-4690, Fax: 320-485-4183, Email: jstifter@hlww.k12.mn.us
Preschool	HLWW Community Education, PO Box 708, Howard Lake, MN 55349 Phone:320-543-4670, Fax: 320-543-4631, Email: shorsch@hlww.k12.mn.us
SpEd Records	HLWW Schools, PO Box 708, Howard Lake, MN 55349 Phone:320-543-4646 Ext. 4500, Fax: 320-543-4630, Email: Inelson@hlww.k12.mn.us

Student and/or parental signatures are no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule of Educational Records, Federal Register, June 17, 1976 - Vol. 41 No. 118 page 24673.)



REGISTRATION REQUIREMENTS

Thank you for your interest in Howard Lake-Waverly-Winsted Schools!

Howard Lake-Waverly-Winsted's mission is to provide a positive learning environment that recognizes diversity, instills life-long learning skills, and nurtures each individual's unique potential, talents and self-worth through academics, fine arts, and athletics.

1) Proof of Identity

- Valid Driver's License

2) Proof of Address

- Purchase Agreement, Rental/Lease Agreement **OR** current utility bill displaying parent name and address
Purchase Agreement, Rental/Lease Agreement is the preferred document for proof of address.
Only street addresses will be accepted as proof of address, post office boxes do not meet proof of address requirements.

3) Legal Guardianship

- This documentation is required when only the child is living at a District address, while parents reside outside the District. The assigned legal guardian must register the child.

4) Immunization Record

- State law requires parents provide written proof of their child's immunization. Your child will not be allowed to attend school until current immunization record is received.

5) Birth Certificate (or passport)

- Must be an original birth certificate from the state they were born in, not a hospital certificate.

6) Early Childhood Screening (for children entering Kindergarten or First Grade)

- In order for your child to start kindergarten in any Minnesota Public School, you will need to provide us with a copy of your child's Early Childhood Screening Summary Form.

7) Legal/Custody Paper

- Custody Order - If child's legal guardianship is determined by a court order, please submit a copy.
- Order For Protection – If there is a current circumstance that we need to be aware of, please provide a copy of the current legal document.
- Legal Name Change – All student's record need to show the student's full legal name. If the student's name has been legally changed, please provide a copy of the court document.

8) Transcript Or Grades

- A copy of transcript or grades from previous schools and test results if available. If not available, please provide us with the name and address of the last school attended so that we can request records.

9) Medication

- Under certain conditions it is in the best interest of the child to take prescribed medications during the school day. Please see Health Office or building secretary for appropriate paperwork if needed.



Enrollment Date _____
Dwelling # _____
Family # _____ Student # _____

STUDENT INFORMATION

Student's Legal Name _____ Gender _____ Current Grade _____
 (Last) (First) (Middle)

Home Phone _____ Date of Birth _____

Dwelling Address _____
 (House #, Street, Apt/Lot, City, State, Zip)

To verify your child's date of birth, please provide us with a copy of your child's original birth certificate.

Mailing Address (if different from home address) _____

Student lives with? Both Father/Mother Father Only Mother Only Father/Stepmother Mother/Stepfather
 Legal Guardian Foster Parent(s) Other Relative

LANGUAGE INFORMATION

- Which language did your student learn first? English Other (specify) _____
- Which language is most often spoken in your home? English Other (specify) _____
- Which language does your student usually speak? English Other (specify) _____
- Do you speak another language, other than English, and need an interpreter? If so, which language? _____

MIGRANT INFORMATION

In compliance with federal regulations, have you recently moved to the Howard Lake-Waverly-Winsted School District within the last 36 months for temporary or seasonal agriculture or fishing work? Yes No

GENERAL ENROLLMENT QUESTIONS

Early Childhood Screening: If enrolling student for Kindergarten where did student receive screening? _____

Last School Attended _____ Grade _____

Date of Withdrawal _____

Is this school you last attended a Public Private Out-of-state

Is student identified as military-connected youth? Yes No

Did the student receive any of the following services at their previous school? English As A Second Language Title I
 504 Plan (Americans with Disabilities Act) Tutoring None

Does your student have a Special Education IEP (Individual Education Plan)? Yes No

If YES, what is your student's disability? (Check ALL that apply)

- | | | |
|-------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Emotional/Behavioral Disorders | <input type="checkbox"/> Speech/Language Impairments |
| <input type="checkbox"/> Developmental Cognitive Disability | <input type="checkbox"/> Other Health Disabilities | <input type="checkbox"/> Severely Multiple Impaired |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Physically Impaired | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf - Hard of Hearing | <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Visually Impaired |

Is student considered homeless? Yes No

If YES, what district and school did your student attend prior to becoming homeless? _____

If YES, what district does the primary legal parent live? _____

Has student previously attended Howard Lake-Waverly-Winsted? Yes No If YES, when _____

- over please -

TRANSPORTATION INFORMATION

To-and-From school transportation is defined as the student's trip to school at the beginning of the school day and the trip home at the end of the school day. Elementary students (grades K-6) must live one mile or more from school and secondary students (grades 7-12) must live two miles or more from school.

Does student require transportation? Yes No (student lives _____ miles from school)

Pick Up/Drop Off Location: _____

To verify your proof of identity/residency, please provide us with a copy of your Valid Driver's License AND Purchase of Agreement, Rental/Lease Agreement (or current utility bill).

HEAD(S) OF HOUSEHOLD INFORMATION

Name <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release To <input type="checkbox"/> Financial Resp.	Name <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release To <input type="checkbox"/> Financial Resp.
Dwelling Address	Dwelling Address
Mailing Address	Mailing Address
Work Phone	Work Phone
Cell Phone	Cell Phone
Email Address	Email Address

OTHER MEMBERS LIVING IN THE HOUSEHOLD

Last Name, First Name, Initial	Birthdate	Gender	Relationship To Head(s) of Household	School Attending	Grade
		M F			
		M F			
		M F			

MUNICIPALITY (PLEASE CHECK ONE)

- | | | |
|---------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> 11 - City of Howard Lake | <input type="checkbox"/> 12 - Middleville Township | <input type="checkbox"/> 13 - Victor Township |
| <input type="checkbox"/> 14 - Stockholm Township | <input type="checkbox"/> 21 - City of Waverly | <input type="checkbox"/> 22 - Marysville Township |
| <input type="checkbox"/> 23 - Woodland Township | <input type="checkbox"/> 31 - City of Winsted | <input type="checkbox"/> 32 - Winsted Township |
| <input type="checkbox"/> 33 - Hollywood Township | | |

COUNTY (PLEASE CHECK ONE)

- 10 - Carver 43 - McLeod 86 - Wright Other - _____

NONCUSTODIAL PARENT

I would like the noncustodial parent listed below to be placed on the school's mailing list. Yes No

Name _____
Contact Allowed Ed. Rights Has Custody Mailings Allowed Enrolling Parent Release To Financial Resp.
 Home Address (House #, Street, Apt/Lot, City, State, Zip) _____
 Mailing Address (if different from home address) _____
 Home Phone Number _____
 Work Number _____

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for all students. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 2687. Certain information, known as "directory information," is available to the public unless the district receives a written request from a parent. I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature _____ Date _____



STUDENT'S RACE/ETHNICITY

Student's Legal Name _____ Date Of Birth _____
 (Last) (First) (Middle)

Country of Birth _____

If Country of Birth is not USA, date of first enrollment in USA school _____

This information is for federal and state civil rights and statistical reports. This is a nonscientific racial/ethnic designation as defined by the U.S. Department of Education. The manner of collection is described in Rule 353.0102, Duties of the District.

For federal reporting purposes please check ONE

- Yes – Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin.
- No – Not of Hispanic or Latino origin

For federal reporting purpose please check ALL that apply

- American Indian or Alaska Native (Person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.)
- Asian or Pacific Islander (Person 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, Philippines Islands, Thailand, and Vietnam.)
- Black or African American (Person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (Person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Island).
- White, not of Hispanic origin (Person having origins in any of the original peoples of Europe, North Africa or the Middle East.)

For state reporting purpose please check ONE

- American Indian or Alaska Native (Person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.)
- Asian or Pacific Islander (Person 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, Philippines Islands, Thailand, and Vietnam.)
- Black or African American (Person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (Person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Island).
- White, not of Hispanic origin (Person having origins in any of the original peoples of Europe, North Africa or the Middle East.)

Parent/Guardian Signature _____ Date _____



Family # _____

FAMILY EMERGENCY RECORD

Student's Name _____ Grade _____
 (Last) (First) (Middle)

Student's Name _____ Grade _____
 (Last) (First) (Middle)

Student's Name _____ Grade _____
 (Last) (First) (Middle)

Student's Name _____ Grade _____
 (Last) (First) (Middle)

Student's Name _____ Grade _____
 (Last) (First) (Middle)

Mailing Address _____
 Dwelling Address _____

PARENT CONTACT

Automated Telephone Notification System (this system allows us to send a telephone or email message to all parents/guardians providing information about school closings, school events or emergencies.) Please include area code with phone numbers.

Parent/Guardian 1 _____ Relationship To Student _____

Home Phone	Cell Phone	Automated Notification Phone
Email	Place of Employment	

Parent/Guardian 2 _____ Relationship To Student _____

Home Phone	Cell Phone	Automated Notification Phone
Email	Place of Employment	

IN CASE OF AN EMERGENCY

Two emergency contacts that would care for student(s) in case the parent/guardian cannot be reached.

Contact 1 _____ Relationship To Student _____

Phone 1 Is this phone a <input type="checkbox"/> home phone or <input type="checkbox"/> cell phone	Phone 2 Is this phone a <input type="checkbox"/> home phone or <input type="checkbox"/> cell phone
-------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

Contact 2 _____ Relationship To Student _____

Phone 1 Is this phone a <input type="checkbox"/> home phone or <input type="checkbox"/> cell phone	Phone 2 Is this phone a <input type="checkbox"/> home phone or <input type="checkbox"/> cell phone
-------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

Our procedure will be to contact the parent/guardian at home or work. If we cannot reach you we will call the relative, friend or neighbor that you have listed above and ask them to care for your student. In an extreme emergency, an ambulance will be called and student child will be taken to the nearest hospital. The cost of this will be covered by the parent/guardian.

Parent/Guardian Signature _____ Date _____



Automated Telephone Notification System

Keeping parents informed is a top priority at Howard Lake-Waverly-Winsted School District. That is why we have adopted a automated notification system which will allow us to send a telephone or email message to all parents/guardians providing important information about school closings, school events or emergencies. We anticipate using the service to notify you about parent/teacher conferences, report card distribution, open house, and much more. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately.

What you need to know about receiving calls sent through the notification system:

- Caller ID will display the school's main number when a general announcement is delivered.
- Caller ID will display 411 if the message is an emergency.
- The system can leave a message on an answering machine or voicemail.
- If the message stops playing, press 1 and the message will replay from the beginning.

Due to the fact that these notifications are made by an automated service we will not be calling your work phone number because most work numbers are not a direct line to a parent/guardian. We will continue to call you at work if there is an emergency at school with your child (injury, illness, etc.) These calls are made personally by our building staff.

We are very excited to incorporate the notification system as a tool to improve parent communication and look forward to having the ability to deliver real-time information to you and provide awareness of all the great events that take place within our district.

We sincerely appreciate your cooperation and if you have any questions please do not hesitate to contact your student's school.

Brad Sellner
Superintendent

.....**CUT HERE AND RETURN BOTTOM PORTION**.....

Student: _____ Grade: _____

1.)

Parent/Guardian Name:	
Notification Phone Number:	
Email Address:	

2.)

Parent/Guardian Name:	
Notification Phone Number:	
Email Address:	

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone number(s) and email address. If this information changes during the school year, please let us know immediately.

Chromebook User Agreement

Howard Lake - Waverly - Winsted School District #2687

Chromebook User and Handbook Policies and Guidelines Agreement

Access to technology in the Howard Lake-Waverly-Winsted school district has been made possible and has been established for educational purposes only. In making decisions regarding student and employee access to the school district computer systems and the Internet, including electronic communications, the school district considers its own stated educational mission, goals, and objectives. Electronic information research skills are now fundamental to preparation of citizens and future employees. Access to the school district computer system and to the Internet enables students and employees to explore thousands of libraries, databases, bulletin boards, and other resources while collaborating with people around the world. The use of the school district computer systems and access to use of the Internet is a privilege, not a right.

Failure to comply with Howard Lake-Waverly-Winsted's **Bullying Prohibition Policy #514** and **Internet Acceptable Use and Safety Policy #524** or the expectations set forth in the Chromebook handbook regarding the care and use of the Chromebook, may result in the loss of privileges related to the Chromebook up to and including additional school consequences.

The Chromebook is the property of Howard Lake-Waverly-Winsted School District #2687 and may be seized and reviewed at any time. There shall be no expectation of privacy of materials found within the Chromebook or on the student's school district email account.

Student Agreement

I have reviewed and agree to follow the HLWW School District's Chromebook/e-mail policies cited in this agreement/handbook and understand my responsibilities as a student.

Student Name: _____ Date: _____

Student Signature: _____

Parent Agreement

I/we have reviewed and agree to follow the HLWW School District's Chromebook/e-mail policies as cited in this agreement/handbook and understand my/our responsibilities as a parent.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Chromebook Insurance Form

The assigned Chromebook is the property of Howard Lake-Waverly-Winsted School District #2687. The Chromebook is being made available for your child/student to take home to enhance their learning.

Upon your child taking the referenced Chromebook home, you as his/her parent/guardian assumes **FULL Responsibility** for theft and any damages that may occur to the Chromebook. This would include any damages that may occur while your child is in transit to or from school; unless the damage occurred as the result of a traffic accident involving the school bus. Theft of the Chromebook would require reimbursement for the full cost of replacement. If the computer is damaged, reimbursement for damages would include full cost of repair, reprogramming, and/or replacement as determined by the HLWW Technology staff.

At all times, HLWW's **Bullying Prohibition Policy #514** and **Internet Acceptable Use and Safety Policy #524** should be completely followed in and out of school.

The Chromebook must be brought to school each day to enhance your child's learning in their classes.

At any time, HLWW #2687 reserves the right to revoke your privilege of taking home and using the Chromebook if it is determined that these policies and conditions are not being met with additional school consequences being applied as outlined in the Student Discipline Policy #504 and the student handbook.

HLWW ISD #2687 is offering Chromebook insurance coverage for parents. While not required, it is strongly suggested. This insurance is \$0 deductible for the first claim and \$25 deductible for all subsequent claims. This insurance covers all necessary repairs and/or Chromebook replacement. This insurance policy would cover the following: Theft, Fire/Flood, Natural Disasters, Power Surge, Drops, Spills, and Vandalism.

Parent Acknowledgement for Chromebooks

- I have read and agree to comply with all the policies and provisions found within HLWW's Chromebook Handbook.
- I desire to purchase liability insurance in the amount of **\$30.00** per Chromebook with a family cap of \$80. Cash or check is attached and payable to **HLWW ISD #2687**.
- I do not wish to purchase liability insurance. I fully understand that by doing so, I am responsible for the cost of all Chromebook repairs and/or replacements.

Student Name: _____

Parent Name: _____ Date: _____

Parent Signature: _____