



Howard Lake-Waverly-Winsted Middle School

8700 County Road 6 SW, Howard Lake, MN 55349

Phone: 320-543-4660

2018-19 Student Registration Grade 5

Student Name: _____ Age: _____

Parent(s) Name: _____

Students are required to take: Advisory/SSR, Reading 5, Social 5, Science 5, Math 5, Language Arts 5, Intervention, a full year of PhyEd 5 which will alternate days with Band 5 or Exploratory Music. If students do not choose Band, they will be automatically placed in Exploratory Music.

Band 5: Yes or No



Does your child have an IEP? **Yes or No**

Notes: Please include information if your student receives: Special Education, Title Services, Gifted/Talented, etc.



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)

- 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.



Howard Lake-Waverly-Winsted Schools
Independent School District No. 2687

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

STUDENT INFORMATION

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

Date of Birth _____ Country of Birth _____

If country of birth is not USA, date of first enrollment in USA school _____

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

Home Phone _____

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

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

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 for the student's file.

STUDENT'S RACE/ETHNICITY		STUDENT'S LANGUAGE
<p><u>State Reporting Requirement</u></p> <p>Check ONE.</p> <p><input type="checkbox"/> Not North American Indian</p> <p><input type="checkbox"/> North American Indian (this would include Central or South American Indian)</p>	<p><u>Federal Reporting Requirement</u></p> <p>Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is the student's race? Check <u>ALL</u> that applies.</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p>Which language did your student first learn to speak?</p> <p>_____</p> <p>Which language is most often spoken by adults in the home?</p> <p>_____</p> <p>What language does your student usually speak?</p> <p>_____</p> <p>Interpreter needed? <input type="checkbox"/> Yes, language _____ <input type="checkbox"/> No</p>

TRANSPORTATION

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:

GENERAL ENROLLMENT QUESTIONS

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

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

Last School Attended _____

Grade _____

Date of Withdrawal _____

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

Is this student attending Howard Lake-Waverly-Winsted under the Enrollment Options Program? Yes No

If yes, what School District do you reside in? _____

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

Does 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 (lacks a fixed, regular or adequate nighttime residence)? 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? _____

Does student have an immediate family member (parent or sibling) who is currently in the armed forces? Yes No
 Active Reserve

Is student identified as military-connected youth? Yes No

Military-Connected Youth means any student having an immediate family member, including a parent, step-parent or sibling or any other person **RESIDING IN THE SAME HOUSEHOLD** who is on active duty, serving in the reserve component, or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces.

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

HEAD(S) OF HOUSEHOLD

Primary Parent/Guardian Name Please check <u>ALL</u> that apply: <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 Responsibility	Secondary Parent/Guardian Name Please check <u>ALL</u> that apply: <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 Responsibility
Dwelling Address	Dwelling Address
Mailing Address	Mailing Address
Cell Phone	Cell Phone
Work Phone	Work Phone
Email Address	Email Address

NOTE – To verify your Proof of Identity provide us with a copy of your Valid Driver's License.
 To verify your Proof of Residency provide us with a copy of your Purchase Agreement, Rental/Lease Agreement or current utility bill.

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 (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 (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 HEALTH HISTORY

Student's Name _____ Date of Birth _____

Does your student have any health issues? Check ALL that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> No Health Problems | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Problem |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Vision Loss |
| <input type="checkbox"/> Asthma/Respiratory | <input type="checkbox"/> Food Intolerances | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bladder/Kidney | <input type="checkbox"/> Hearing Loss | |

Describe the health issues that you checked above.

Does student have any allergies? Yes No

Describe student's allergy (food, bee stings, animals, medication)? Is it seasonal, mild, severe, life threatening (Anaphylaxis)?

Does student take medications at school? Yes No

Does student have an Epi-Pen? Yes No

Does student have an inhaler? Yes No

The Howard Lake-Waverly-Winsted District's medication policy requires a licensed prescriber signature for all prescription medication given during school hours. Medications must be sent in a current labeled prescription bottle. Please ask your pharmacy to label a separate school bottle. Please have an adult drop off/pick up medications. Medication will be started when ALL REQUIRED signatures are received. Parent/guardian is responsible for making sure medications are refilled.

Has student been hospitalized for illness, surgery or injury? Yes No

If YES, explain:

Does your child have any activity restrictions? Yes No

If YES explain:

- I understand the information on this form is given voluntarily. This information is collected to provide your student's health and safety while at school. Your signature gives permission to share health concerns with appropriate staff for your student's safety.

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

Contact 2	Relationship To Student
Phone 1 <small>Is this phone a <input type="checkbox"/> home phone or <input type="checkbox"/> cell phone</small>	Phone 2 <small>Is this phone a <input type="checkbox"/> home phone or <input type="checkbox"/> cell phone</small>

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 _____



STUDENT TRANSPORTATION

The bus transportation service for District 2687 allows a family to determine their bus pick up and drop off sites. These morning and afternoon sites may be at different locations.

Please establish a **permanent pick up/drop off location**. This location might be at home, a neighbor or a day care provider. Temporary pick up/drop off location may be possible if it does not affect pick up/drop off of other students.

If there is a permanent change in your child's transportation a note is required three days in advance.

Please remember your child will be sent home every day on his/her assigned bus unless we receive a note (each and every day) stating differently! It is not enough for your child to tell the teacher that he/she should go to someone else's home.

This form needs to be completed and returned to the school office.

Student's Name _____

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

PICK UP LOCATION

Student will ride bus to school from: home day care other: _____

Street Address: _____

City: _____

Telephone Number: _____

DROP OFF LOCATION

Student will ride bus from school to: home day care other: _____

Street Address: _____

City: _____

Telephone Number: _____

Families are encouraged to contact the bus garage at 320-543-4650 or jtulkki@hlww.k12.mn.us if they have any questions.

Parent/Guardian Signature _____ Date _____



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.

Student Name	Birthdate	Gender	Grade	Start Date

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

Birth Certificate

Health Records

Early Childhood 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. 5, Fax: 320-543-4630, Email: lwharram@mawseco.k12.mn.us If your school utilizes SPED Forms, please send the student to Linda Wharram, District 2687: Howard Lake

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.)

2018-19 HOWARD LAKE-WAVERLY-WINSTED MIDDLE SCHOOL SUPPLY LIST

Note to all grade levels:

- ☑ In purchasing notebooks and folders please purchase two of each of the following colors...

Red for mathematics

Blue for language arts

Yellow for health 7th & 8th; reading 5th & 6th

Green for social studies

Purple for science

- ☑ Physical Education clothes/uniform will be required (gray or white t-shirt and dark sweatpants/shorts that meet dress code for length). We will be selling a t-shirt/shorts combo at open-house night with the HLWW logo on it. PE tennis shoes (need to have laces that tie). Do not bring flat bottomed skater shoes or slip on tennis shoes without support.

- ☑ Three boxes of Kleenex (to be given to advisory teacher).

Seventh and Eighth Grade:

- Notebooks (spiral/tear-out) and folders for five subjects (see colors listed above)
- One extra notebook and folder (for exploratory class)
- Black, blue and red pens (no gel pens)
- Highlighters
- Glue Sticks
- Scissors
- Markers (thin-tip)
- Number two pencils
- Colored pencils, number two pencils and an eraser (Art Class)
- Sticky Tabs-Post It tabs/flags, any color (Science and Math)
- Pack of white note cards- lined or unlined (Science)
- Headphones or Earbuds
- Plastic sheet protectors (8th grade only)
- One one-inch or larger binder (8th Grade Only)
- Composition Notebook (Math)
- Double Sided Tape- Two Rolls (Math)
- Student Planner
- Calculator: The TI-30X is required for 7th grade. However, you also have the option of purchasing a TI - 84 or TI -84+ . This will be sufficient for 7th grade - college level math.



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Sixth Grade:

- Calculator
- Ruler with centimeters and inches
- Black, blue, and red pens (no gel pens)
- Number two pencils and an eraser
- Five Notebooks (spiral/tear-out) and folders for five subjects (see colors listed on front page)
- Colored pencils and Number 2 Pencils (Art Class)
- Markers
- Two black dry erase markers
- Jumbo book covers
- Scissors
- Glue Sticks
- Student Planner
- Headphones or Earbuds

Fifth Grade:

- Six notebooks (spiral/tear-out): 2 blue, 2 red, 1 yellow and 1 black (No green notebooks needed!)
- 5 two pocket folders: One of each color (yellow, green, red, blue and black)
- 6 boxes of sharpened number two pencils- three for you, *three for teacher
- 1 ½ inch white binder
- Pens
- Erasers
- Individual pencil sharpener
- Pencil pouch
- Art Supplies: Markers (thick and/or thin), Colored pencils, Scissors, Glue (bottle and/or stick)
- Ruler (prefer to have inches and centimeters)
- 2-4 Dry Erase Markers
- Headphones or Earbuds

*These items are to be given to the **Advisory** teacher at the Open House or beginning of the school year.

Howard Lake-Waverly-Winsted School District provides parent access through ParentVUE to further promote educational excellence, and to enhance communications. ParentVUE provides parents with an opportunity to review their student's grades, assignments, schedule, attendance, health emergency information and much more.

If you DO NOT have a ParentVUE account, you can create a ParentVUE account by:

- Sending an email to ParentVue@hlww.k12.mn.us
- Include the following information about your child:
 - First and last name
 - Grade level
 - School currently attending
 - You will receive a confirmation email with an activation code and instructions for completing the setup process.

Web Portal and Mobile App

(iPhone/iPod Touch/Android) it works wherever you are – at work, after school activities, or weekend events.

Who do I contact?

- Duane Lichy 320-543-4610
- Jesse Robertson 320-543-4617

