Discovery Woods School

K-6 Public Charter
Enrollment Packet

For Office Use Only:
Copy of Birth Certificate_____
Copy of Immunization Record_____
MARSS#_____
Resident District_____
Date of Records Request_____
Date Records Received_____

STUDENT INFORMATION		**GRADE:** ☐K ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
LAST NAME:	**LEGAL FIRST NAME:**	
MIDDLE NAME:	**PREFERRED NAME:**	
BIRTHDATE:	**LEGAL GENDER:** ☐M ☐F	**BIRTH PLACE:**

ETHNICITY: (Please check all that apply) ☐American Indian-Alaska Native ☐North American Indian ☐Asian ☐Hispanic-Latino ☐Black-African American ☐White ☐ Hawaiian/Pacific Islander

Minnesota Resident – Minn. Stat. § 124E.11(c)
☐ My child(ren) are Minnesota residents ☐ My child(ren) are _____ residents

GUARDIAN INFORMATION				
Guardian 1	**NAME:**		**Legal Guardian** ☐Y ☐N	
ADDRESS:	**CITY:**		**STATE:**	**ZIP:**

The student lives at this address ☐Full-time ☐ Part-time

If Part-time, what is the student's schedule at this address (days/weeks)?_____

_____

_____

CELL PHONE:	**OTHER PHONE NUMBERS:**

EMAIL:

Relationship to Student: ☐Mother ☐Father ☐Both ☐Step-Parent ☐Foster Parent ☐Legal Guardian ☐Other

Guardian 2	**NAME:**		**Legal Guardian** ☐Y ☐N	
ADDRESS:	**CITY:**		**STATE:**	**ZIP:**

The student lives at this address ☐Full-time ☐ Part-time

If Part-time, what is the student's schedule at this address (days/weeks)?_____

_____

_____

CELL PHONE:	**OTHER PHONE NUMBERS:**

EMAIL:

Relationship to Student: ☐Mother ☐Father ☐Both ☐Step-Parent ☐Foster Parent ☐Legal Guardian ☐Other

EMERGENCY CONTACTS/AUTHORIZED PICK UP		
NAME:	**PHONE:**	**RELATIONSHIP:**
NAME:	**PHONE:**	**RELATIONSHIP:**
NAME:	**PHONE:**	**RELATIONSHIP:**

Does your child have any of the following:		
☐Mild/moderate mental impairment (MMMI)	☐Moderate/severe mental impairment (MSMI)	☐ 504 Accommodation Plan
☐Deaf/hard of hearing	☐Speech/language therapy	☐Early Childhood Special Education (ECSE)
☐Physical impairment	☐Visual impairment	☐Specific Learning Disabilities (SLD)
☐Emotional Behavioral Disorder (EBD)	☐Other not listed	☐An IEP

Other Considerations

Aftercare Available
Discovery Woods School offers an Aftercare program from 2:50-5:30 pm. We have full-time or part-time options. Aftercare Rates:

- 5-day/week = $200/month
- 3-day/week = $144/month

Please check whether you expect to utilize this service:
☐ **5-day week Aftercare**
☐ **3-day week Aftercare** (circle days needed: M T W Th F)
☐ **I don't need Aftercare**

Busing
Brainerd Public Schools (ISD 181) will provide busing for Discovery Woods students. Children will likely ride two school buses and transfer at Brainerd Senior High. Please notify the transportation office at ISD 181 this spring or summer if you would like your child to ride the bus. The transportation office phone number is 218-454-6920. Please check one of the following:

☐ **My child(ren) will ride the bus, and I will contact bus transportation at Brainerd ISD 181. (218-454-6920)**

☐ **My child(ren) will not need ISD 181 busing.**

Parent Printed Name:	
Parent Signature:	

How did you hear about us? ☐ Online ☐ Social Media ☐ Word of Mouth ☐ Other: _____

Thank you very much! Please scan and email all pages of this paperwork packet to the school's office - business@discoverywoods.com, send via mail, or drop off at the school - 604 N 7th St, Brainerd, MN 56401.

604 N 7th Street
Brainerd, MN 56401
(218) 828 - 8200

www.discoverywoods.com

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The school district uses the information provided on this survey to determine if a student is multilingual. In Minnesota, multilingual students may qualify for a Multilingual Seal upon further assessment.

Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. Access to instruction is required by federal and state law.

As a parent or guardian, you have the right to decline English Learner instruction at any time. Every enrolling student must be provided with the Minnesota Language Survey during the school enrollment process. The information requested on this form will help the school better serve our student population. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Check the phrase that best describes your student:		Indicate the language(s) other than English in the space provided:
1. My student first learned:	□ Language(s) other than English. □ English and language(s) other than English. □ Only English.	
2. My student speaks:	□ Language(s) other than English. □ English and language(s) other than English. □ Only English.	
3. My student understands:	□ Language(s) other than English. □ English and language(s) other than English. □ Only English.	
4. My student has consistent interaction in:	□ Language(s) other than English. □ English and language(s) other than English. □ Only English.	

All data on this form is private. It will only be shared with district staff who need the information and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. This information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

Discovery Woods School

DATA PRIVACY STATEMENT & PERMISSIONS

Child's Name: _____ Birthdate: _____

Parent/Guardian Name: _____

Data Privacy

Discovery Woods School will utilize the following items as school data for use between the school and families, as well as for state reporting to the MN Department of Education (MDE). Student information will not be provided to outside parties unless the parents/guardians have approved this request in advance.

- The First, Middle, and Last name of the student
- The mailing address of the student, including city, state, and ZIP
- Telephone number(s)
- Birthdate
- Parent/guardian/custodian names, contact addresses, and phone numbers

Do you authorize the school to photograph or videotape your child for purposes of school records and/or Discovery Woods publicity (e.g., Facebook page, Instagram, newsletter, newspaper, brochures, website, yearbook)? ☐ Yes ☐ No

Medical Information

Does your child have allergies? ☐ Yes ☐ No

*If yes, please fill out the school's Child Allergy Plan (CAP) for your child.

Special Dietary requirements: _____

_____

Medical conditions or ongoing medications taken: _____

_____

Walking Field Trip Permission

I permit my child to accompany his/her class on all walking field trips. Staff will ensure a safe walking route and supervision to/from the school.

Parent Printed Name:	**Date:**
Parent Signature:	

Discovery Woods School

REQUEST FOR HEALTH AND EDUCATION RECORDS

Parents/guardians, please fill out this form granting Discovery Woods School permission to request a transfer of records from your child's previous school/program and any other applicable agencies.

Student Legal Name:	**Date of Birth:**

PREVIOUS SCHOOL AND DISTRICT INFORMATION		
DISTRICT NAME:	**DISTRICT NUMBER:**	
SCHOOL NAME:	**SCHOOL YEAR LAST ATTENDED:**	
ADDRESS:	**STATE:**	**ZIP:**

A district, a charter school, or a nonpublic school that receives services or aid under sections 123B.40 to 123B.48 from which a student is transferring must transmit the student's educational records, within ten business days of a request, to the district, the charter school, or the nonpublic school in which the student is enrolling. (Minn Statute 120A.22 Subd. 7)

Please release the following information for scheduling purposes, as it pertains to the listed student.

- Copy of birth certificate
- Health & Immunization Records
- IEP/Special Education Information
- Cumulative Records
- Grades (report card/transcript)
- State Testing Data
- Attendance History
- Psychological Services Report (if any)
- Special Ed info (IEP/evaluation, if any)
- 504 Plan (if any)
- MARSS number, if transferring in MN
- Any other information considered confidential or privileged, including Free/Reduced lunch, disciplinary records, etc

Forward information to:

Discovery Woods School
Main Office
604 N 7th St
Brainerd, MN 56401

mainoffice@discoverywoods.com

I understand that no other use will be made of this information, except for the use previously communicated to me or as otherwise authorized by law. Access to it will be limited to persons whose work assignments reasonably require access to this information. I understand that consent can be revoked at any time.

PARENT/GUARDIAN SIGNATURE:	**DATE:**

OFFICE USE ONLY
Enrollment Date: Start Date: