



# K-6 Public Charter Enrollment Form

**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: <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
LAST NAME:		LEGAL FIRST NAME:	
MIDDLE NAME:		PREFERRED NAME:	
BIRTHDATE:	LEGAL GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	BIRTH PLACE:	
ETHNICITY: (Please check all that apply) <input type="checkbox"/> American Indian-Alaska Native <input type="checkbox"/> North American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic-Latino <input type="checkbox"/> Black-African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander			
Minnesota Resident - Minn. Stat. § 124E.11(c) <input type="checkbox"/> My child(ren) are Minnesota residents <input type="checkbox"/> My child(ren) are _____ residents			

GUARDIAN INFORMATION			
Guardian 1	NAME:	Legal Guardian <input type="checkbox"/> Y <input type="checkbox"/> N	
ADDRESS:	CITY:	STATE:	ZIP:
The student lives at this address <input type="checkbox"/> Full-time <input type="checkbox"/> 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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
Guardian 2	NAME:	Legal Guardian <input type="checkbox"/> Y <input type="checkbox"/> N	
ADDRESS:	CITY:	STATE:	ZIP:
The student lives at this address <input type="checkbox"/> Full-time <input type="checkbox"/> 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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			

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

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

### Other Considerations

#### Aftercare

Although the school accepts K-6 students into the Aftercare program, priority for spots goes to K-6 students with a preschool-age sibling enrolled in Aftercare. Aftercare Rates:

- 5-day/week = \$200/month
- 3-day/week = \$144/month
- Drop-in = \$15/day

Please check whether you expect to utilize this service:

- Aftercare 3:00- 5:30     I don't need Aftercare

#### Busing

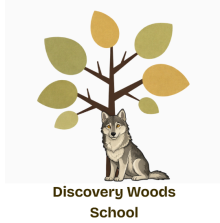
Brainerd Public Schools (ISD 181) will provide busing for Discovery Woods students. Children will likely ride two school buses and transfer at Brainerd Senior High. Please notify the transportation office at ISD 181 this spring or summer if you would like your child to ride the bus. The transportation 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 main office - [mainoffice@discoverywoods.com](mailto:mainoffice@discoverywoods.com), send via mail, or drop off at the school - 604 N 7th St, Brainerd, MN 56401.



604 N 7<sup>th</sup> Street  
 Brainerd, MN 56401  
 (218) 828 - 8200  
 mainoffice@discoverywoods.com  
 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:	<input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> Only English.	
2. My student speaks:	<input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> Only English.	
3. My student understands:	<input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> Only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> 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.*



# 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: \_\_\_\_\_

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## 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:	



# 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:	
<b>PREVIOUS SCHOOL AND DISTRICT INFORMATION</b>			
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:
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<b>OFFICE USE ONLY</b> Enrollment Date:	Start Date:
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