

# ADA-BORUP HIGH SCHOOL STUDENT REGISTRATION

Pupil's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address \_\_\_\_\_

(if different) \_\_\_\_\_ Resident School Dist \_\_\_\_\_

If transferring from out-of-state, has student ever attended another Minnesota School? \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Copy of Birth Certificate \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Parent(s) e-mail address: \_\_\_\_\_

Does parent receive mail at the claimed address? \_\_\_\_\_

How long has parent lived at claimed residence? \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural work? Yes \_\_\_\_\_ No \_\_\_\_\_

Father's Employment \_\_\_\_\_ Mother's Employment \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

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To be completed by office personnel.

Bus Pupil \_\_\_\_\_ Bus Route \_\_\_\_\_

Lunch ID # \_\_\_\_\_ Locker No. \_\_\_\_\_ (Offer Free/Reduced Application)

Pad Lock \_\_\_\_\_ (\$5.00 Rental Fee) Instant Alert: PHONE E-MAIL

MARSS No. \_\_\_\_\_ MARSS Validation \_\_\_\_\_

Print and Mail Parent Access Form \_\_\_\_\_ email daily bulletin \_\_\_\_\_

*Student* \_\_\_\_\_

Grade: \_\_\_\_\_

### Request for Health Information

Must be completed annually

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mom's Work: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

Dad's Work: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the student have any drug allergies?  Yes  No

If yes, please list: \_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

**MY CHILD DOES NOT HAVE ANY KNOWN MEDICAL CONDITIONS. (You may stop here if there are no known medical conditions. Please sign at the bottom and return to school).**

#### Asthma Yes No

Triggers:  environmental  seasonal  exercise induced  upper respiratory infection

other \_\_\_\_\_

Will your child have an inhaler at school?  Yes  No If yes, location of inhaler:  Health Office  Carried by Student

#### Anaphylaxis Allergy Yes No

Allergen:  Bee Stings  Latex  Medications  Other \_\_\_\_\_

Will your child have an epipen at school?  Yes  No If yes, location of epipen:  Health Office  Carried by Student

Date and Description of Last Reaction: \_\_\_\_\_

#### Food Allergy Yes No

Peanuts  Tree Nuts  Milk  Egg  Wheat  Soy  Fish  Shellfish  Other: \_\_\_\_\_

Will your child have an epipen at school?  Yes  No If yes, location of epipen:  Health Office  Carried by Student

Date and Description of Last Reaction: \_\_\_\_\_

#### Seizures Yes No

Type: \_\_\_\_\_

controlled with medication  on medication, continues with seizures  no medication needed at school

Diastat/Diazepam needed at school

Date and Description of Last Seizure: \_\_\_\_\_

#### Diabetes Yes No

Type I  Type II Diagnosis Date: \_\_\_\_\_

Insulin by:  Pump  Injections Independent with all care:  Yes  No

Other conditions or specific information to help us better serve your child: \_\_\_\_\_

\_\_\_\_\_

Does your child take routine medications?  Yes  No

Does your child need to take medications at school?  Yes  No

List medications: \_\_\_\_\_

This information will be shared with staff members on a need to know basis to help ensure your child's health, safety and school success.

I give permission to the school nurse/health assistants to share information regarding my child's medical condition(s) with my physician or emergency personnel.

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

# ADA-BORUP HIGH SCHOOL

## REQUEST FOR RELEASE OF EDUCATIONAL RECORDS

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Last Attended: \_\_\_\_\_

The above named student has enrolled at the Ada-Borup High School. Please send the following:

- Current Sports Physical
- Official Administrative Record (Name, address, birth date, grade level completed, grades, class rank, and attendance record.)
- Withdrawal Records
- Health Records to include immunizations
- Test Scores
- Date student withdrew from your school
- MARSS number, if applicable
- Graduation Standards test results, if applicable
- High Standards completed, if applicable
- IEP, if applicable (please e-mail or fax as soon as possible)
- MN Schools Only – Free & Reduced Meal Application

**Please send records to:**

Sandy Gunderson  
Ada-Borup High School  
604 West Thorpe Avenue  
Ada, MN 56510

Phone # (218) 784-5300  
Fax # (218) 784-3475  
e-mail: sandyg@ada.k12.mn.us

\_\_\_\_\_  
Signature of parent/guardian OR Registrar

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

*It is not necessary for a parent's signature to be included in a transcript request to another school. Per federal registrar, June 17, 1976, Part II H.E.W. Privacy Rights of Parents and Students. Final Rule of Education Record, Vol. 41 #118-24674#99.11 Prior consent for disclosure not required. Record may not be withheld due to nonpayment of student fees. Family, Educational and Privacy Rights (FERPA) 34 CFR 99.4, 34 CFR 300.562 (c); Minn. Stat. 123B.37.*

## RACE/ETHNICITY SURVEY

### Race/Ethnicity (Choose ONLY one)

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

**Please complete the federal race/ethnicity questions below. You may choose more than one answer in Part B.**

Part A. Is this student (or are you) Hispanic/Latino? (*Choose only one*) This question is about ethnicity, not race.

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

No matter what you selected in Part A, please continue to answer Part B by indicating the child's race by marking one or more boxes.

Part B. **What is your child's race?** (Choose all that apply.)

- American Indian/Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black/African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian/Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
- White** (Person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

*THE FOLLOWING IS TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL :*

STUDENT IDENTIFICATION INFORMATION		
Student's Name (First, Middle, Last)		
Date of Birth	Age	Grade Level

DISTRICT IDENTIFICATION/VERIFICATION INFORMATION		
School Name	District Number	
I hereby verify that the above information is true and accurate to the best of my knowledge and belief.		
_____ Name (Printed)		
_____ Signature – Responsible Authority	_____ Title	_____ Date

*THE FOLLOWING IS TO BE COMPLETED BY PARENT/GUARDIAN :*

STUDENT LANGUAGE INFORMATION	
<p><i>Dear Parents and Guardians:</i></p> <p><i>In order to help your child learn, your child's teachers need to determine which language your child uses most.</i></p> <p><i>Please respond to the questions below by checking the appropriate box.</i></p>	
1. Which language did your child learn first?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
2. Which language is most often spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
3. Which language does your child usually speak?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____

PARENT/GUARDIAN VERIFICATION OF INFORMATION	
I hereby verify that the above information is true and correct to the best of my knowledge and belief.	
_____ Name (Printed)	
_____ Signature – Parent/Guardian	_____ Date

**Ada-Borup School**  
**Social Media Guidelines and Procedures for Student Activities**

Representing Ada-Borup School in an extra-curricular setting is a privilege. Facebook, Twitter and other social media sites have increased in popularity and are used by the majority of students here at Ada-Borup in one form or another.

Students should be aware that third parties--- including peers, faculty, media, future employers and MSHSL officials could easily access your profiles and view all personal information. This includes pictures, videos, comments, and posters. Inappropriate material found by third parties affects the perception of the activity, student body and the School.

**REGULATIONS**

The Ada-Borup School Activities Department recognizes the student's right to actively participate in social media however it maintains and will enforce the following expectations of students who participate in extra-curricular activities

- Students will not post sexist, racist, obscene or profane material of any kind.
- Students will not use social media to degrade, demean, or attack any person or school.
- Students will not post material relating to acts in violation of any Federal or State laws, MSHSL or Ada-Borup School policies, or team rules.
- Students will not post material which reflects negatively on themselves, Ada-Borup School, their respective teams or organization, or other schools.

The coach/supervisor/leader and/or administration has the right to determine the perceived intent of any material put out on social media.

**SANCTIONS**

If a student's profile and its contents are found to be inappropriate in accordance with the above behaviors, he/she will be subject to the following penalties:

- Written Warning (depending upon severity of the offense- this may be skipped)
- A meeting with the coach/supervisor/leader and activities director
- Penalties as determined by the coach/supervisor/leader and administration and also in accordance with MSHSL Bylaw 206 which could include apology letters, single or multi-game suspensions, and/or dismissal from the activity.

**REMINDER**

If you are ever in doubt of the appropriateness of your online public material, consider whether it upholds and positively reflects your own values and ethics as well as those of your team and school. Remember, always present a positive image and don't do anything to embarrass yourself, the team, your family or the school.

By signing below you affirm that you understand the Ada-Borup Activities Department Social Media Policy and Guidelines for Students and the requirements for which you must adhere. Also, you affirm that failure to adhere to this policy and guidelines may result in consequences that include suspension from the activity.

Printed Name \_\_\_\_\_

Grade \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_