



# THREE RIVERS MONTESSORI SCHOOL

PLEASE MAIL COMPLETE PACKET TO: P.O. Box 992, Elk River, MN 55330

## 2020-2021 Enrollment Information Packet

To Parent/Guardian of: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade: (September 1, 2020): \_\_\_\_\_

Please complete the attached enrollment form and return them to Three Rivers Montessori School.

Due Date: Friday, February 15 , 2020

### Enrollment Forms Include:

- Student Health Form
- Civil Rights Data Collection
- Emergency Information
- Educational Records Release
- Parent Permission for Child Pickup
- Media and Photo Release Permission
- General Field Trip Permission
- Computer and Internet Usage Contract Home Language Questionnaire
- Home Language Questionnaire
- Family and Cultural Information
- Immunization Records or Notarized Exemption Form

The Minnesota Government Data Practices Act requires that you be informed that the information you provide is considered private. You are not legally required to provide any information in this enrollment information packet. Three Rivers Montessori Elementary School staff will have access to any information you do provide and use it in the enrollment process. Failure to provide the information requested would necessitate that an enrollment decision be made without the benefit of reviewing the information you could provide. If you do provide the requested information, it is our expectation that any information you provide will be truthful.

# Three Rivers Montessori School 2020-2021 Student Health Form

Student's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Grade (Sep 2020): \_\_\_\_\_

**HEALTH CONCERNS:** Please X and explain if your child has any of the following

*\* Submit action plan for starred conditions.*

\_\_\_\_ **No health concerns**

\_\_\_\_ Allergies\* to \_\_\_\_\_; reaction \_\_\_\_\_

\_\_\_\_ Food Intolerance to \_\_\_\_\_; reaction \_\_\_\_\_

\_\_\_\_ **Asthma\*:** \_\_\_\_\_

\_\_\_\_ **Diabetes\*:** Type 1 Type 2 Managed by (circle): Diet/Activity Oral meds Insulin injections Pump

\_\_\_\_ Seizures\*: type/description/frequency \_\_\_\_\_

\_\_\_\_ Heart Condition \_\_\_\_\_

\_\_\_\_ Concussion / Traumatic Brain Injury - date \_\_\_\_\_

\_\_\_\_ Social/emotional/behavioral/mental health concerns \_\_\_\_\_

\_\_\_\_ Recent surgeries, hospitalizations, injuries \_\_\_\_\_

\_\_\_\_ Activity Restrictions \_\_\_\_\_

\_\_\_\_ Implanted Devices \_\_\_\_\_

\_\_\_\_ Bowel / Bladder Concerns \_\_\_\_\_

\_\_\_\_ Vision or Hearing Concerns \_\_\_\_\_

\_\_\_\_ Other Health Concern \_\_\_\_\_

\_\_\_\_ My child has health insurance \_\_\_\_\_ ( \_\_\_ I request assistance to obtain this)

Preferred Hospital in the event of an emergency \_\_\_\_\_

**MEDICATIONS:** List ALL medications that this student takes

*\* Please Note: ANY medication (BOTH PRESCRIPTION AND NON-PRESCRIPTION) needing to be administered during school hours **requires** WRITTEN CONSENT BY BOTH THE STUDENT'S GUARDIAN AS WELL AS THEIR HEALTH CARE PROVIDER.*

*Please complete a Medication Administration Form (forms are available in the office).*

Medication Name	Dose	Purpose	How Often Given during school?

*I attest to the information provided. I acknowledge that it is my responsibility to inform the school of any changes to the health status of this student including health conditions, needs, medications, and/or allergies. I understand and agree that this student may receive a routine screening for any vision and hearing deficiencies. I will comply with all school illness and medication policies. Furthermore, I give permission for school health staff to confidentially exchange health information - both within the school as well as with outside health care providers - for use in meeting this student's health and educational needs in school.*

\_\_\_\_\_  
Parent/Guardian Printed Name (s)    Phone Number (s)    Parent/Guardian Signature (s)    Date



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## Civil Rights Data Collection 2020-2021

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birth Date \_\_\_\_\_  
(Month/Day/Year)

Grade \_\_\_\_\_  
(Sept. 1, 2020)

*Three Rivers Montessori is required by the State to collect racial and ethnic information for all students. The information provided allows TRM to comply with State and Federal civil rights laws. Your response is protected by the Privacy Act and will not affect your application status or enrollment.*

Please select your child's **race** by checking those that apply:

- \_\_\_\_\_ **Black or African American** - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."
- \_\_\_\_\_ **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, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- \_\_\_\_\_ **American Indian or Alaskan 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.
- \_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- \_\_\_\_\_ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please select your child's **Ethnic Category**:

- \_\_\_\_\_ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- \_\_\_\_\_ **Non-Hispanic/Latino** - All other persons not included in the above.



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## Emergency Information 2020-2021

### WHO IS LEGALLY RESPONSIBLE FOR THIS CHILD?

Student lives with (Please circle those that apply):      Mother      Father      Both  
Step-Parent      Foster Parent      Legal Guardian      Other

### If other than parent, please provide:

Name and Relationship: \_\_\_\_\_

Address/Phone/Email: \_\_\_\_\_

Employer/Work Phone: \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Possesses Guardianship rights? Y / N/ other \*If terminated/restricted please provide documentation

Telephone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Possesses Guardianship rights? Y / N /other \*If terminated/restricted please provide documentation

Telephone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

**In case your child becomes ill or hurt and neither parent can be contacted, please provide the school with the name/names of who should be contacted and their relationship to you.**

## Emergency Information (Continued)

### Alternate Emergency Contact (Not Parent/Guardian):

Emergency Contact Name: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

### Alternate Emergency Contact (Not Parent/Guardian):

Emergency Contact Name: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Physician's and/or Clinic's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please indicate the hospital in which you would like your child to be taken to in case of an emergency.

\_\_\_\_\_

If I cannot be reached during a medical emergency, I hereby authorize the school to obtain emergency medical treatment for my child.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



# THREE RIVERS MONTESSORI SCHOOL

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## Educational Records Release

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender: M / F Birthdate (MM/DD/YYYY) \_\_\_\_\_ Grade \_\_\_\_\_

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

### Prior School District Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Please Forward All Records AS SOON AS POSSIBLE Including:

- Student MARRS Number
- Transcripts (grades earned, attendance dates/records, grade level completed, schools attended)
- Attendance and Discipline Records
- Standardized Test Results
- Health Records Including Immunizations
- Special Education Information (if any)
- Early Childhood Screening Records
- Birth Certificate
- Court papers on file
- Social Worker Involvement; Psychological Service Reports (if any); Limited English Proficiency (if any)
- Other: \_\_\_\_\_

Thank you for your cooperation.

**I authorize the release of the official school records listed above to Three Rivers Montessori**

\_\_\_\_\_  
 Parent/Guardian Signature                      Printed Name                      Date

*Parental permission is no longer required when records are requested by authorized school personnel (Family Education Act).*



# THREE RIVERS MONTESSORI SCHOOL

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## Parent Permission for Child Pickup 2020-2021

Child's Name: \_\_\_\_\_

Please list the name and phone number of each individual permitted to pick up your child. A picture ID will be required for child pick-up when it is not the child's primary caregiver, mother or father.

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

4. \_\_\_\_\_ Phone \_\_\_\_\_

5. \_\_\_\_\_ Phone \_\_\_\_\_

6. \_\_\_\_\_ Phone \_\_\_\_\_

A change of information form will be available to parents at the sign in and out area. Please let us know if a child's drop off or pick up arrangements change. Thank you.

\_\_\_\_\_

Parent Signature

Date



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## Media and Photo Release Permission 2020-2021

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### Media and Photo Release Form for Minors (if under 18)

Three Rivers Montessori (TRM) uses images and videos taken at school to promote and celebrate its work programs and events! The purpose of this release is to agree to when and how we use materials containing your child's image. TRM will not use any part of your child's name in association with their image.

Thereby I grant TRM permission to use my child's image in any or all media platforms and formats whether now known or hereafter existing, controlled by TRM, in perpetuity, and for other use by the organization either now or in the future. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I give permission: Please write initials in the lines you agree to allow TRM to use your child's image.

\_\_\_\_\_ To use my child's photograph(s)/video or video still frame in printed distributable materials including but not limited to newsletters, annual reports, brochures, pamphlets, etc..

\_\_\_\_\_ To use my child's photograph(s)/video or video still frame in social media outlets, including but not limited to TRM's website.

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**Media and Photo Release - Parent Signature**

Date





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## General Field Trip Permission 2020-2021

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### Field Trip Permission

Children in lower and upper elementary programs at Three Rivers Montessori School will participate in "Going Out" opportunities throughout the year. "Going Out" experiences will be organized by the children with the support of school staff and supervised by an adult. These excursions allow the children to build upon their work in the Montessori environment and will include involvement in the community. "Going Out" opportunities are an outgrowth of learning activities pertaining to the curriculum and are considered essential to the program at the school. By signing below, you are giving permission for your child to participate in supervised "Going Out" experiences and other activities as designated and/or approved by the staff of Three Rivers Montessori Elementary School that will occur outside of the school building.

A notice and explanation of each field trip will be sent home prior to the activity. The parent will have an opportunity to refuse a field trip at any time.

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Field Trip Permission - Parent Signature

Date



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## Computer and Internet Usage Contract 2020-2021

Dear Parent/Guardian:

At Three Rivers Montessori School older children in grades 1-6 may have occasional access to the Internet. The Internet is a global information system with great educational potential. The use of the Internet is a privilege. Children will be taught appropriate use of the Internet. Information on the Internet changes rapidly. It is the School's responsibility to teach students the skills to be responsible users of the Internet and adopt guidelines for a child's use of the Internet. District/School officials work to control the Internet environment to provide access to the most appropriate educational sites and materials for children and staff. To protect the due process rights of children the guidelines below define appropriate educational and ethical uses of the Internet at Three Rivers Montessori Elementary School, identify individual child responsibilities, and outline the responsibilities of the school in carrying out these guidelines.

Child Responsibilities: As a user of the internet and our computer network I will: 1. Respect school rules and behavior standards in the classroom and on the Internet. That means I will be polite, use appropriate language, be respectful and honest. 2. Only use the computers or access the Internet with the permission of a teacher or supervising adult. I will always ask first. 3. Use Internet sites that are connected to what I am studying in class or that a teacher has OK'd for my use. Only access appropriate material on the Internet. In the unlikely event that I accidentally access inappropriate material on the Internet, I will close the page immediately and tell my teacher what happened. 5. Respect the privacy of others. This means I will not use someone else's password or open or change another person's files. 6. Use the computer network in a manner which does not violate any laws, regulations or copyrights. 7. Remember that a school computer use is not private. That means my teachers or other people who operate the network can look at my files or Internet use history. 8. Never give out any private information about myself in an e-mail or online, including my whole name, address or phone number. 9. Respect computer equipment and the use of the network and share computer resources and time with other children.

Staff Responsibilities: 1. Teach children the appropriate and ethical use of the Internet and email. 2. Help children understand the guidelines. 3. Help children locate appropriate sites for school use. 4. Monitor the child's use of the Internet and help them back out of inappropriate sites. 5. Get parent permission prior to posting any child's work to the Internet. If permission is granted, items will be considered fair use and available to the public. 6. Limit access to the Internet or the school Computer Network if the child does not follow these guidelines.

**We have read and understand the Computer Network and Internet Guidelines.**

Child's Name: \_\_\_\_\_ Grade (Sept. 1, 2020): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTE: Children will not be able to access educational resources on the internet without this signed form on file in the office.**

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## Family and Cultural Information 2020-2021

At Three Rivers Montessori School we value cultural diversity and family traditions. We encourage you to enrich our program by sharing your customs and traditions with us. We hope to foster awareness and appreciation of the world community.

Child's Name: \_\_\_\_\_

Country(ies) of your family's heritage:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Do you speak languages other than English in your home? If so, which others?

\_\_\_\_\_

Are there cultural holidays or important events you celebrate at home that you want us to know about?

Holiday: \_\_\_\_\_ Date/Time of Year: \_\_\_\_\_

Holiday: \_\_\_\_\_ Date/Time of Year: \_\_\_\_\_

Holiday: \_\_\_\_\_ Date/Time of Year: \_\_\_\_\_

Is there anything else you would like the school to understand regarding your family traditions? Please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date