



**ENROLLMENT FORM**  
(Please PRINT and complete entire form.)

**STUDENT**

Full LEGAL Name

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Enrolled Grade \_\_\_\_\_ Primary Home Language \_\_\_\_\_  
MM/DD/YYYY MF

**Ethnicity/Race Information**

Is this student Hispanic/Latino?  Yes  No

Regardless of your answer above, please continue to answer by checking all that apply to indicate the student's race:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White

(This information is used for reporting ethnic composition for administrative and Office of Civil Rights purposes. It will be treated in accordance with the Federal Data Privacy Act of 1974 and State of Minnesota Privacy Law.)

Has the student received any of the following services?

- 504 Plan
- Title 1
- English Language Learner
- Gifted and Talented
- Special Education: Current IEP/IFSP  Yes  No

If yes, please check any of the following:

- Emotional/Behavior (EBD)
- Developmental Cognitive Disability (DCD)
- Specific Learning Disability (SLD)
- Autism Spectrum Disorders
- Other \_\_\_\_\_

Does the student have any special health problems?  Yes  No

If yes, please describe \_\_\_\_\_

Student's birth country? \_\_\_\_\_ If other than U.S.A., what year did he/she move into the U.S.A.? \_\_\_\_\_

Has the student ever attended school in Minnesota?  Yes  No

Has the student attended ISD 199 schools before?  Yes  No

For Kindergarten only: Has your child been screened?  Yes  No  
If so, WHERE? \_\_\_\_\_

Last school attended \_\_\_\_\_ Grade attended \_\_\_\_\_

City, State \_\_\_\_\_ Date of attendance \_\_\_\_\_

**OFFICE USE ONLY**

Home room # \_\_\_\_\_ School # \_\_\_\_\_  
Begin Enrollment Date \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_ Student ID # \_\_\_\_\_  
LLC \_\_\_\_\_ Prev Dist \_\_\_\_\_ Transportation Code \_\_\_\_\_ Family # \_\_\_\_\_  
Resident District \_\_\_\_\_ To SPED \_\_\_\_\_ Verify IEP \_\_\_\_\_  
State Aid Code \_\_\_\_\_ Verify address residency \_\_\_\_\_ Verify birth certificate \_\_\_\_\_

**ADDRESS**

Revised 08/2017

<p><b>Legal Parent/Guardian #1:</b></p> <p>Name _____</p> <p>Address _____</p> <p>_____ Apt # _____</p> <p>Is this a permanent address?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Move in date _____</p> <p>Dwelling Type:    <input type="checkbox"/> Single Family    <input type="checkbox"/> Apartment  <input type="checkbox"/> Townhouse    <input type="checkbox"/> Duplex    <input type="checkbox"/> Condominium  <input type="checkbox"/> Mobile Home</p> <p>Primary Language _____</p> <p>Require Interpreter    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Birth Date (MM/DD/YY) _____</p> <p>Primary Phone _____</p> <p>Work _____ Cell _____</p> <p>E-mail _____ Gender <u>    </u>  <span style="margin-left: 300px;"><i>M/F</i></span></p> <p>Legal Relationship to student: _____</p>	<p><b>Parent/Guardian #2:</b></p> <p>Name _____</p> <p>Address _____</p> <p>_____ Apt # _____</p> <p>Is this a permanent address?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Move in date _____</p> <p>Dwelling Type:    <input type="checkbox"/> Single Family    <input type="checkbox"/> Apartment  <input type="checkbox"/> Townhouse    <input type="checkbox"/> Duplex    <input type="checkbox"/> Condominium  <input type="checkbox"/> Mobile Home</p> <p>Primary Language _____</p> <p>Require Interpreter    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Birth Date (MM/DD/YY) _____</p> <p>Primary Phone _____</p> <p>Work _____ Cell _____</p> <p>E-mail _____ Gender <u>    </u>  <span style="margin-left: 300px;"><i>M/F</i></span></p> <p>Legal Relationship to student: _____</p>
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If more than one address listed, where does student reside?     Parent/Guardian #1     Parent/Guardian #2

Pick-Up/Daycare Address (if different than above): \_\_\_\_\_

If Parent/Guardian(s) listed above is NOT the LEGAL guardian of this student, please provide legal guardian information below:

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
*MM/DD/YY*

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ / /

Please list all other children living at the address where the **student** resides:

Legal Last Name	Legal First Name	Legal Middle Name	Gender (M/F)	Birth date (MM/DD/YY)	School	Grade	What relation is Parent/Guardian #1 to the child?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

In accordance with the Minnesota Data Practices Act, directory information (name, address, phone number, gender, date of birth) can be released and made public.

**Completion of this section is required**

In compliance with the United States Department of Education, Improving America's Schools Act (IASA, Title 1 – Part C, Section 1309), we are required to ask the following question:

Have you recently (within the last 36 months) moved to this school district for temporary or seasonal agricultural or fishing work?     YES     NO

**Signature (Parent/Legal Guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_

**THIS IS A TWO-SIDED FORM**



Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student's Full Name \_\_\_\_\_

District Last Attended \_\_\_\_\_

\_\_\_\_\_  
 School (Last attended)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Fax

**Please circle the school that the student will attend in Inver Grove Heights**

Pine Bend Elementary  
 9875 Inver Grove Trail  
 Inver Grove Heights, MN 55076  
 651-306-7701  
 FAX 651-306-7739

Salem Hills Elementary/Atheneum  
 5899 Babcock Trail  
 Inver Grove Heights, MN 55077  
 651-306-7300  
 FAX 651-306-7321

Hilltop Elementary  
 3201 68<sup>th</sup> Street E  
 Inver Grove Heights, MN 55076  
 651-306-7400  
 FAX 651-306-7444

Inver Grove Heights Middle School  
 8167 Cahill Ave.  
 Inver Grove Heights, MN 55076  
 651-306-7200  
 FAX 651-306-7939

Simley High School/Simley ALP  
 2920 80<sup>th</sup> St. E.  
 Inver Grove Heights, MN 55076  
 651-306-7000  
 FAX 651-306-7938

**The information to be released:**

- Official school records containing private data, including gender, race, discipline records, attendance records, class rank, standardized test results, and State testing information
- Health record
- Psychological reports
- Special education records
- Teacher, counselor, staff observations
- Pictures
- Chemical abuse / dependency report
- Medical report (including related services)
- Psychiatric report
- Social work report
- Other

I authorize ISD 199, to release or obtain information for the student listed above.

\_\_\_\_\_  
**Signature** of Parent / Guardian (or student age 18 or over)

\_\_\_\_\_  
**Date**

# Emergency Record



**INVER GROVE HEIGHTS SCHOOLS**  
Inspire. Innovate. Excel.  
A Community Commitment

**For Office Use Only:**  
Student ID: \_\_\_\_\_  
Family ID: \_\_\_\_\_  
Date Printed: 7/24/2012

**Please check the information below, fill in what is missing, and correct what is in error. Thank you.**

Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Home Address: \_\_\_\_\_ AM Bus: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ PM Bus: \_\_\_\_\_

*Please use area code and identify phone number types: W=Work C=Cell P=Page E=Evening*

Parent or Guardian 1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone 1: \_\_\_\_\_ x Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_ Child Lives With:

E-mail: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Parent or Guardian 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone 1: \_\_\_\_\_ x Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_ Child Lives With:

E-mail: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Brothers & Sisters: (names, ages, and school(s) (if attending)) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immunizations within the last year: (Type and mo/day/yr) \_\_\_\_\_

Current Health Problem(s): Please turn over and fill out the Medical Information portion

Medications: Please turn over and fill out the Medical Information portion

**IN CASE OF AN EMERGENCY: (Two contacts who would care for this child in case a parent or guardian cannot be reached)**

Contact 1: \_\_\_\_\_ Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ x Phone 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ x Phone 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Day Care Provider: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Our procedure will be to contact the parent at home or at work. You will be asked to pick up the child and provide proper care. If we cannot reach you we will call the friend, relative, or neighbor that you have listed above and ask them to care for your child. Your signature provides the authorization for the district to do so. In extreme emergency, an ambulance will be called and your child will be taken to the nearest hospital. The cost of this will be covered by the parent.

Parent or Guardian 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual 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 enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in 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.	

**Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.**

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

\* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at 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.

6th-Grade 2018-2019  
Middle School Registration

Student's Name: \_\_\_\_\_

**Elective Choices:** All students must have a music choice. *Circle one please.*

Band – All year course, meets every other day.  
(The Student must have had band in 5<sup>th</sup> grade, or have taken summer lessons).

Choir – All year course. Meets every other day.

General Music – All year course, meets every other day.

Parent Signature: \_\_\_\_\_

7th-Grade 2018-2019  
Middle School Registration

Student's Name: \_\_\_\_\_

**Elective Choices:** All students must have a music choice. *Circle one please.*

Band – All year course, meets every other day. (Must have prior band experience)

Choir – All year course. Meets every other day.

General Music – All year course, meets every other day.

Parent Signature: \_\_\_\_\_

8th-Grade 2018-2019  
Middle School Registration

Student's Name: \_\_\_\_\_

**Elective Choices:** All students must have a music choice. *Circle one please.*

Band – All year course, meets every other day. (Must have prior band experience)

Choir – All year course. Meets every other day.

General Music – All year course, meets every other day.

Parent Signature: \_\_\_\_\_

524 F1  
ADOPTED: 10/02/00  
REVISED: 04/04/05  
REVISED: 03/26/07  
REVIEWED: 03/23/09  
REVISED: 06/14/10  
REVIEWED: 03/14/11  
REVISED: 04/25/11  
REVISED: 04/23/12

TECHNOLOGY USE AGREEMENT FOR STUDENTS  
Inver Grove Heights Independent School District 199

**STUDENT APPLICATION PORTION OF DOCUMENT**

User's Full Name (*please print*): \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street Address, City, State, Zip code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I am an Inver Grove Heights School District 199 student and will graduate in: \_\_\_\_\_

**I have read Policy 524 titled Network/Internet Acceptable Use By Staff and Students. I have reviewed Procedure 524 titled Network/Internet Acceptable Use By Staff and Students and I understand or have had this information explained to me and will abide by the Policy and Procedure.**

User Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_

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PARENT OR GUARDIAN (If you are under the age of 18 a parent or guardian must also read and sign this agreement.)

As the parent or guardian of this student I have read and understand the Network/Internet Acceptable Use By Staff and Students Policy. I understand that this access is designed for educational purposes. I also recognize it is impossible for Inver Grove School District to restrict access to all controversial materials and will not hold them responsible for materials acquired on the network. I hereby give permission for my child to access and use technology and certify that the information contained on this form is correct.

It is the parent or guardian's responsibility to supervise students at home even while doing school assigned projects.

Parent or Guardian Name: (*please print*) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_

## PROCEDURE: 524

ADOPTED: 04/23/12

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INDEPENDENT SCHOOL DISTRICT 199

Inver Grove Heights Community Schools

2990 80th Street East

Inver Grove Heights, Minnesota 55076

### NETWORK/INTERNET ACCEPTABLE USE BY STAFF AND STUDENTS PROCEDURE

#### I. Parental/Guardian Concern Regarding Access to Network/Internet Resources

If parents/guardians do not want their student to access network/Internet resources in school, they must notify the principal in writing.

#### II. Acceptable Use Guidelines

All staff and students will use the District's technology resources, including electronic communication resources in manner which does not interfere with, disrupt, or jeopardize

network/Internet users, services, or equipment. Such interference, disruption, or jeopardy includes, but is not limited to:

A. Distribution of messages to inappropriate forums or mailing lists;

B. Propagation of computer viruses;

C. Unauthorized entry to other computational, information, or communications devices or resources;

D. Failure to respect the legal protection provided by copyright, trademark, licenses, and other laws to programs, data and documents;

E. Vandalism, harassment, bullying, and hazing;

1. Vandalism is defined as damage to, interference with, or destruction of the data of another user, the Internet, the District network, or any other network connected to the District network.

2. Harassment is defined as the persistent annoyance of another user or interference with another user's work.

3. Bullying is defined as using technology to intentionally and/or maliciously place a student in reasonable fear of harm to his or her person or property; or creating a hostile educational environment for a student.

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4. Hazing is defined as using technology to coerce a student into committing an act, that creates risk of harm to a person, in order for the student to be initiated into or affiliated with a student organization, or for any other purpose.

F. Illegal or criminal use of the District network;

G. Obstruction of other users' access by consuming unwarranted amounts of system resources (disk space, CPU time, printers) or by deliberately crashing the machine(s);

H. Communication of personal information about oneself or others which does not serve an education purpose, violates data privacy, or jeopardizes individual safety;

I. Communication by staff to advocate, directly or indirectly, for or against a ballot proposition and/or the election of any person to office.

#### III. E-mail Guidelines

• Do not say anything in an e-mail that you would not want to see republished.

What you say can be republished and stored by others. When you delete an email from your mailbox, it remains in the system for some period of time.

• Do not use the "Reply All" button if your message only needs to be returned to one individual.

• Make sure your e-mail activities do not violate any law or policy, for example, email

must not:

- Defame or disparage individuals or institutions;

- Violate copyright law, through uploading, downloading or resending e-mail;

- Harass or discriminate against someone; or

- Include private information or data about someone

• Do not open e-mail attachments if you are unsure of the origination source.

• Conserve file size. Features such as wallpaper, stationary, graphics and music with the body of an e-mail are strongly discouraged.

#### IV. Consequences

Consequences for students who fail to abide by Policy 524 – Internet Acceptable Use and

Safety will be included in the building discipline procedure required by Policy 506 – Student Discipline. Infractions by students will also be referred to legal authorities when appropriate.

**Legal References:** 15 U.S.C. § 6501 et seq. – Children's Online Privacy Protection Act

17 U.S.C. § 101 *et. seq.* - Copyrights

20 U.S.C. § 6751 et seq. – Enhancing Education through Technology Act of 2001

47 U.S.C. § 254 - Children's Internet Protection Act of 2000 (CIPA)

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47 C.F.R. § 54.520 - FCC rules implementing CIPA

Minn. Stat. § 121A.0695 – School Board Policy; Prohibiting Intimidation and Bullying

Minn. Stat. § 125B.15 – Internet Access for Students

Minn. Stat. § 125B.26 – Telecommunications/Internet Access Equity Act

*Tinker v. Des Moines Indep. Cmty. Sch. Dist.*, 393 U.S. 503, 89 S. Ct. 733, 21 L.Ed.2d 731 (1969)

*United States v. Amer. Library Assoc.*, 539

U.S. 194, 123 S. Ct. 2297, 56 L.Ed.2d 221 (2003)

*Doninger v. Niehoff*, 527 F.3d41 (2nd Cir. 2008)

*Layshock v. Hermitage Sch. Dist.*, 412 F. Supp. 2d 502 (W.D. Pa. 2006)

*M.T. v. Cent. York Sch. Dist.*, 937 A.2d538 (Pa. Commw. Ct. 2007)

*J.S. v. Bethlehem Area Sch. Dist.*, 807 A.2d 847 (Pa. 2002)

**Cross References:** Policy 403 - Discipline, Suspension, and Dismissal of School District Employees

Policy 406 - Public and Private Personnel Data

Policy 505 - Distribution of Non-school Sponsored Materials on School

Premises by Students and Employees

Policy 506 - Student Discipline

Policy 514 – Bullying Prohibition

Policy 515 - Protection and Privacy of Pupil Records

Policy 519 - Interviews of Students by Outside Agencies

Policy 521 - Student Disability Nondiscrimination

Policy 522 - Student Sex Nondiscrimination

Policy 526 – Hazing Prohibition

Policy 603 - Curriculum Development

Policy 604 - Instructional Curriculum

Policy 606 - Textbooks and Instructional Materials

Policy 806 - Crisis Management Policy

Policy 904 - Distribution of Materials on School District Property by Nonschool Persons



## **POLICY: 524**

ADOPTED: 10/02/00

REVISED: 04/04/05

REVISED: 03/26/07

REVISED: 03/23/09

REVISED: 06/14/10

REVISED: 03/14/11

REVISED: 04/23/12

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INDEPENDENT SCHOOL DISTRICT 199

Inver Grove Heights Community Schools

2990 80th Street East

Inver Grove Heights, Minnesota 55076

### **NETWORK/INTERNET ACCEPTABLE USE BY STAFF AND STUDENTS POLICY**

#### **I. Purpose**

The purpose of this policy is to set forth policy and guidelines for access to the school district technology systems, acceptable and safe use of the Internet, digital communications and school district technologies.

#### **II. General Statement of Policy**

A. District 199 considers its own stated educational mission, goals, and objectives when making decisions regarding student and employee access to the School District technology system and the Internet, including digital communications. Electronic and digital information research skills are fundamental to preparation of citizens and future employees. Access to the School District systems and to the Internet enables students and employees to explore thousands of libraries, databases, bulletin boards, and other resources while engaging with people around the world.

District 199 expects that faculty will blend thoughtful use of the school district technology systems and the Internet throughout the curriculum and will provide guidance and instruction to students in their use. Users are expected to use Internet access through the district system to further educational and professional goals consistent with the mission of the School District and school policies. Uses which might be acceptable on a user's private personal account on another system may not be acceptable on the District limited-purpose network and should not be presumed to be.

Use of the District's network/Internet resources is intended only for educational and informational purposes, such as research, professional development, instruction, collaborative education projects, and dissemination of District information. Use of network/Internet resources must support the district curriculum and enhance student learning opportunities and/or support accurate and appropriate communication of District information. Instructional Materials Selection and Production Policy and prescribe the identification process for instructional materials, including electronic resources.

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B. Use of the District network/Internet resources for personal gain or profit is not permitted. Personal web pages, personal e-mail accounts and emails regarding personal business may not reside on the District's network.

C. All e-mail messages that are sent and/or received on the District network are considered property of the District.

D. Use of District network/Internet including electronic communication by staff to advocate, directly or indirectly, for or against a ballot proposition and/or the election of any person to any office is not permitted. Only those staff authorized by the Superintendent may express the District's position on pending legislation or other

policy matters.

E. The District will follow required state and federal mandates related to Internet filtering within specific timelines.

#### **III. Privileges and Responsibilities**

Use of the school district system and access to the use of the Internet including electronic communication is a privilege, not a right, used within District policy 524.

**Legal References:** 15 U.S.C. § 6501 et seq. – Children's Online Privacy Protection Act

17 U.S.C. § 101 et. seq. – Copyrights

20 U.S.C. § 6751 et seq. – Enhancing Education through Technology Act of 2001

47 U.S.C. § 254 - Children's Internet Protection Act of 2000 (CIPA)

47 C.F.R. § 54.520 - FCC rules implementing CIPA

Minn. Stat. § 121A.0695 – School Board Policy; Prohibiting Intimidation and Bullying

Minn. Stat. § 125B.15 – Internet Access for Students

Minn. Stat. § 125B.26 – Telecommunications/Internet Access Equity Act

*Tinker v. Des Moines Indep. Cmty. Sch. Dist.*, 393 U.S. 503, 89 S. Ct. 733, 21 L.Ed.2d 731 (1969)

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U.S. 194, 123 S. Ct. 2297, 56 L.Ed.2d 221 (2003)

*Doninger v. Niehoff*, 527 F.3d41 (2nd Cir. 2008)

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*J.S. v. Bethlehem Area Sch. Dist.*, 807 A.2d 847 (Pa. 2002)

**Cross References:** Policy 403 - Discipline, Suspension, and Dismissal of School District Employees

Policy 406 - Public and Private Personnel Data

Policy 505 - Distribution of Non-school Sponsored Materials on School Premises by Students and Employees

Policy 506 - Student Discipline

Policy 515 - Protection and Privacy of Pupil Records

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Policy 519 - Interviews of Students by Outside Agencies

Policy 521 - Student Disability Nondiscrimination

Policy 522 - Student Sex Nondiscrimination

Policy 603 - Curriculum Development

Policy 604 - Instructional Curriculum

Policy 606 - Textbooks and Instructional Materials

Policy 806 - Crisis Management Policy

Policy 904 - Distribution of Materials on School District Property by Nonschool Persons

**ISD 199 required documents for enrollment of new students and  
Kindergarten students not in District census:**

- 1) Completed enrollment forms
- 2) Student Record Request (*this is actually no longer required*)
- 3) Copy of child's birth certificate (we can request but not require)
- 4) Current immunization record
- 5) **Two** items showing proof of residency:

current utility bill

homeowners/rental insurance

property tax bill

valid driver's license

signed purchase/lease agreement

statement from Post Office showing change of address

mortgage statement

payroll statement

bank statement

health statement/bill

- 6) Legal documentation of guardianship if person enrolling the child is not the parent.