

Belgrade – Brooten – Elrosa Schools

Request for student records

Date: _____

(Former School Name)

(Mailing Address)

(City, State, and Zip)

(Phone Number and FAX Number)

Please send any and all information on: psychological,
Educational,
Medical,
Profiles of Learning,
Or other nature,
(MARSS request enclosed) concerning:

Student _____ Grade Level _____ Birthdate _____

Please forward this information to:

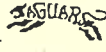
Registrar
Belgrade-Brooten-Elrosa Elementary School
250th 2nd Ave.
PO Box 39
Brooten, MN 56316
FAX: 320-346-2589

It is understood that this information will be used in a confidential and professional manner in the best interest of the student. Thank you for your attention and anticipated cooperation.

Students and/or parental signatures are no longer required when authorized school personnel request records. (Section 1232g of the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g.)

If you have any questions regarding this request, please contact Marsha Hanson at 320-346-2278.

BBE Public School ISD# 2364



BBE High School
710 Washburn Ave
PO Box 339
Belgrade, MN 56312
Phone: 320.254.8211
Fax: 320.254.3784

BBE Elementary School
250 2nd Ave
PO Box 339
Brooten, MN 56316
Phone: 320.346.2278
Fax: 320.346.2589

Student Demographic Information

Child's Name/ Last				First	Middle	Date of Birth	Birth Place (City/County/State)	M	F	
Father/Guardian's Name				D.O.B.		Mother/Guardian's Name		D.O.B.		
Home Phone		Work Phone		Home Phone		Work Phone				
Cell Phone		E-Mail Address		Cell Phone		E-Mail Address				
Address				Address						
City, ST ZIP Code				City, ST ZIP Code						
Student lives with: Both Parents				Mother	Father	Other	Bus Driver/Animal			

Alternative Emergency Contacts

*2 contacts required *If parent cannot be reached, these people can be contacted to pick up child from school if ill or otherwise needed.

Primary Emergency Contact/Relationship		Secondary Emergency Contact/Relationship	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone		Cell Phone	

Medical Information

Hospital/Clinic Preference

Physician's Name _____ Phone Number _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.
In case of serious accident/injury/EMERGENCY, school district procedure will be to contact the parent or guardian at home or at work. If that contact cannot be made, school district personnel will call for emergency medical assistance, 911.

Parent's/Guardian's Signature _____ Date _____

For Office Use Only

Teacher: _____ Grade: _____

Records Request History		
School:	Contact:	Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Medical Information Continued

Does your child have allergies?	YES / NO	To what?
Typical treatment when allergic reaction occurs?		
Does your child have asthma? <small>*If student needs to have inhaler/meds at school, please complete the "Physician Order For Giving Asthma Medications In School" form.</small>	YES / NO	
Any medications taken on a regular basis? <small>*If meds need to be taken at school, please complete the "Medication Policy Form for BBE Students."</small>	YES / NO	If yes, what meds/reason?
Any dietary restrictions or special needs? <small>*Any dietary restrictions or needs must be ordered by physician. Please complete the "Special Diet Statement" form.</small>	YES / NO	Explain:
Any vision problems?	YES / NO	Glasses / Contacts
Any hearing problems?	YES / NO	
Any serious illness/injury/hospitalization during this past year?	YES / NO	Explain:
* Any prescription medication must be sent to school nurse in the original pharmacy container along with a Medication Policy form signed by the physician and parent.		
*Do you give permission for your child to receive Over the Counter meds if needed? <small>(Tylenol, cough drops, pepto bismol, etc.)</small>	YES / NO	
Parent Signature	Date	

Student Registration

Former School *If student attended more than one school, please list grade level and attendance dates.

_____ () _____ ()
 Address of School Phone Fax

Former School *If student attended more than one school, please list grade level and attendance dates.

_____ () _____ ()
 Address of School Phone Fax

Current services student was receiving (check all that apply).

_____ Special Education (please circle) LD/EBD/Other

_____ LEP Service

Case Manager _____

_____ Title I

_____ Targeted Services
 (After school program)

_____ Other: _____

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.

