

## **Zumbrota - Mazeppa Primary**

799 MILL STREET, ZUMBROTA, MINNESOTA 55992 • (507) 732-7848 fax (507) 732-4522



Dear Parent/Guardian(s):

Excitement is always in the air at ZM Schools when we start thinking about our kindergarten students for the upcoming school year!

This letter is to welcome you and your student to the 2020-2021 school year. We look forward to the opportunity to work with you and your child. If your plans have changed and your student will not be attending, please call the elementary office at 732-7848.

Due to the distance learning that is currently in place we will be processing 2020-2021 Kindergarten Registration via mail. You may return the enclosed forms via mail, fax (507) 732-4522 or email them back to [amyh@zmsch.k12.mn.us](mailto:amyh@zmsch.k12.mn.us)

Enclosed you will find: Student Registration, Family Information, Health Office Emergency Contact, Health Info Update, Immunizations. The State of MN also requires a copy of your child's birth certificate for their records, (photocopy is great - does not need to be an original).

**All registration forms must be completed and turned in on or before May 15th to ensure your child's enrollment.**

Yours in Education,

Quinn Rasmussen  
Wendy Ahern  
Principal Admin Team  
Zumbrota-Mazeppa Schools



**ZUMBROTA-MAZEPPA PUBLIC SCHOOLS STUDENT ENROLLMENT FORM (Required)**  
**(Please complete ONE per Student)**

**STUDENT INFORMATION**

Student Last Name <i>(legal)</i> :	Suffix: <i>(Jr., III)</i>	Grade:	Gender: - Male - Female
Student First Name <i>(legal)</i> :	Nickname:	Birthdate (mm/dd/yy): / /	
Student Middle Name <i>(full)</i> :	Household Phone: ( ) - -		
Address:	City/Zip code:		

**STUDENT'S HERITAGE**

<p>Racial/Ethnic background <b>(REQUIRED – circle only one)</b>:</p> <p>1 – American Indian/Alaskan Native                  2 – Asian or Pacific Islander                  3 – Hispanic                  4 – Black/African American, not of Hispanic Origin                  5 – White, not of Hispanic Origin</p> <hr/> <p>Military Connect Youth:    Yes    No</p>	<p>Additional federal Race/Ethnicity categories are <b>(REQUIRED. Mark the box YES or NO in Part A below. More than one box may be marked for Part B)</b></p> <p><b>PART A</b> – Is the child Hispanic/Latino? (Check only one)                  ___ NO, not Hispanic/Latino                  ___ YES, Hispanic/Latino</p> <p><b>PART B</b> – What is the child's race? (Circle at least one)                  Yes No ...American Indian/Alaskan Native                  Yes No ...Asian                  Yes No ...Native Hawaiian/Pacific Islander                  Yes No ...White                  Yes No ...Black/African American</p>		
<p>Which language did your child learn first:                  English _____ Other _____</p>	<p>Which language is most often spoken in your home:                  English: Yes No                  Other: _____</p>	<p>Which language does your child usually speak:                  English Yes No                  Other: _____</p>	

Birth Country: - USA - Other \_\_\_\_\_  
 If other, Date Entered United States: (mm/dd/yy) / /

**STUDENT'S PREVIOUS EDUCATIONAL EXPERIENCE**

Has student been enrolled in a MINNESOTA Public School?    Yes    No  
 \*If YES, what is the name of the MN Public School and year(s) attended?  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Has student attended ZM previously?    Yes    No    If YES, year(s) that student attended ZM \_\_\_\_\_

Last School Attended:	District No.	City/State/Zip	Month/Year Last Attended:
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**ADDITIONAL INFORMATION**

Is the student a resident of the ZM school district? * If not a ZM resident, has an Open Enrollment form been completed for the student?	- Y - N - Y - N
Is the student a ward of the State?	- Y - N
Has the student's family moved to this school district within the last 36 months for temporary or season agricultural or fishing work?	- Y - N
Has this student received ESL (English as a Second Language) services?	- Y - N
Has this student been identified as Gifted and Talented?	- Y - N
Has the student ever been assessed for or received Special Education Services (this includes speech & early childhood)? * If YES, please provide details:	- Y - N
Are there legal custody, restraining orders or school disciplinary (expulsion) issues that we should be aware of? (Please provide documentation) * If YES, please describe:	- Y - N
<p><b>KINDERGARTEN ONLY</b> – Early childhood Screening is a requirement for Kindergarten Enrollment: Has your child received a comprehensive health and developmental screening as a preschooler (3-5 years old)?                  * If YES,                  Screening Date: (mm/dd/yy): / /    Where: _____</p>	- Y - N

**HEALTH INFORMATION: Please check any conditions which apply to the student.**

<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Orthopedic condition
<input type="checkbox"/> Bee Sting Allergy	<input type="checkbox"/> Convulsive Disorder	<input type="checkbox"/> Special Diet
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Emotional Problems	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Headaches - frequent	<input type="checkbox"/> Weight Concerns

Please describe any of the previously checked conditions and care.

Is student under medical care? - Yes - No	If Yes, please explain.	
Is student taking routine medications? - Yes - No	If Yes, please explain.	
Are there any restrictions on student's physical activity? - Yes - No	If Yes, please explain.	
Any serious illness, accident or injury in the past 3 years? - Yes - No	If Yes, please explain.	
Wear glasses or contact lenses? - Yes - No	If yes, are they to be worn at school? - Yes - No	Would you like a conference with the school nurse? - Yes - No

**TRANSPORTATION INFORMATION**

How will this student get to school? - Bus - Walk - Parent Drop-off - Drive Themselves (HS only) - Other

How will this student get home? - Bus - Walk - Parent Pick-up - Drive Themselves (HS only) - Other

Pick-Up/Drop-Off/Daycare Address (for bussed Students ONLY, if other than primary residence):

a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

**VERIFICATION OF INFORMATION**

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for all students. The information will become part of the student's cumulative record and will be available to appropriate staff member of District 2805. By signing below, I certify that all the information that appears on this form is correct and complete to the best of my knowledge and release it to Independent School District #2805 for enrollment purposes.

**Signature of Parent/Guardian:**

**Date:**

## ZUMBROTA-MAZEPPA PUBLIC SCHOOLS FAMILY INFORMATION FORM

(Please complete ONE per family)

### PRIMARY Household – (The primary residence of your students)

All student information and mailings will be sent to the primary household.

Street Address:	Apt #:
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Mailing Address (if different than above):

City:	State:	Zip:	Household Phone: (    ) -    -	<input type="checkbox"/> - Landline <input type="checkbox"/> - Cellular
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### Primary Parent/Guardian Information – (Parent(s)/Guardian(s) living in primary household with students)

Full Legal Name A: (Last, First, Middle)			Full Legal Name B: (Last, First, Middle)		
Birth date: / /	Gender: <input type="checkbox"/> - Male <input type="checkbox"/> - Female	Hispanic: Y or N Migrant: Y or N	Birth date: / /	Gender: <input type="checkbox"/> - Male <input type="checkbox"/> - Female	Hispanic: Y or No Migrant: Y or N
Cell (    ) -	Work (    ) -	-	Cell (    ) -	Work (    ) -	-
Employer:			Employer:		
E-mail:			E-mail:		

### Please list ALL members of the primary household – (Adults, Parents & children) Relationship= (Son, Daughter, Spouse, Self, Step-Son, Step-Daughter, Foster Child, etc...)

Full Legal Name (Last, First, Middle)	Birth date: (mm/dd/yy)	Gender	Relationship to Parent/Guardian A	Legal Guardian	Relationship to Parent/Guardian B	Legal Guardian
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N
		<input type="checkbox"/> - M <input type="checkbox"/> - F		<input type="checkbox"/> - Y <input type="checkbox"/> - N		<input type="checkbox"/> - Y <input type="checkbox"/> - N

### Second Parent/Guardian Mailing – (Parent/Guardian not living in the primary household with student(s))

Full Legal Name C: (Last, First, Middle)			Name(s) of student(s) pertaining to this parent/guardian:		Relationship to Parent/guardian C		Legal Guardian	
Street Address:							<input type="checkbox"/> - Y <input type="checkbox"/> - N	
City:	State:	Zip:					<input type="checkbox"/> - Y <input type="checkbox"/> - N	
Birth date: / /	Gender: <input type="checkbox"/> - Male <input type="checkbox"/> - female	Nickname:					<input type="checkbox"/> - Y <input type="checkbox"/> - N	
Cell (    ) -	Work (    ) -	-					<input type="checkbox"/> - Y <input type="checkbox"/> - N	
Employer:							<input type="checkbox"/> - Y <input type="checkbox"/> - N	
E-mail:							<input type="checkbox"/> - Y <input type="checkbox"/> - N	
Home Phone: (    ) -			<input type="checkbox"/> - Landline <input type="checkbox"/> - Cellular				<input type="checkbox"/> - Y <input type="checkbox"/> - N	

**Parent Portal Acceptance**

By placing a check in the box and your initials below, you agree that you have read the Parent Portal Acceptable Use & Safety Guidelines and agree to abide by and support the guidelines. I understand that if I violate any terms of these guidelines, I may lose my privilege to use the Parent Portal and may be liable for civil and/or criminal consequences.

<input type="checkbox"/> Parent/Guardian A: _____ (initials)	<input type="checkbox"/> Parent/Guardian B: _____ (initials)	<input type="checkbox"/> Parent/Guardian C: _____ (initials)
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**Emergency Contacts** – (Emergency contacts are those people to whom we may release the students listed above in the event of an illness or injury if the Parent/Guardian cannot be reached. In the case of serious accident or illness at school, 911 will be called. DO NOT put the names of any previously listed Parent/Guardians in the following spaces.)

<b>Emergency Contact #1</b>	First Name: _____	Last Name: _____
Primary/Home ( )- -	Cell ( )- -	Work ( ) - -
<b>Emergency Contact #2</b>	First Name: _____	Last Name: _____
Primary/Home ( )- -	Cell ( )- -	Work ( ) - -

**Parent/Guardian Signatures**

I CERTIFY THE INFORMATION PROVIDED ON THIS CENSUS FORM IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Guardian A: _____	Date: _____
Signature of Parent/Guardian B: _____	Date: _____
Signature of Parent/Guardian C: _____	Date: _____

**Protection and Privacy of Student Records**

Educational records that identify or could be used to identify a student, other than directory information, may not be released to members of the public without the written permission of the student's natural parent, legal guardian or eligible student. Individuals such as step parent, grandparent, etc. need authorization to attain student information. *\*Please note that the Zumbrota-Mazeppa School District, by law must release information to a natural parent unless we have a court document stating otherwise. If you wish to give permission to a step parent, grandparent, an organization, etc. please complete an authorization for a release of student records form. This form is available at each school building in the principal's office.*

**Photo Release**

Each year the ZM School District provides information to the newspaper and other media when possible to share school activities with the community. We send names and photos to the newspaper to add interest and to honor the students. Students may also be audio/video taped for instructional, educational, or publicity purposes.

If you DO NOT want such information made available to newspapers, etc., please sign below.

**NOTE:** If this form is not returned to school, the school district will assume that you give permission to the ZM School District to include your child in publicity activities. Thank you for your cooperation.

No, I do not give permission to include my child/children in publicity activities, photos, or audio/video taping.

**I do not want** my children's information or photo released to the newspaper or other media.

\_\_\_\_\_  
Parent/Guardian Signature



## ZM Heath Office Emergency Information

Student Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Grade\_Kdgn \_\_\_ D.O.B. \_\_\_\_\_ Home Phone \_\_\_\_\_

Student's Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State / Zip

### Parent / Guardian Information

The School District will contact **the parents/guardians** listed below in the event of an emergency, or regarding academic or behavior issues. If there are exceptions to this, we will require proper documentation: ie. Restraining Order, custody agreement.

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
Work Phone _____ ext. _____	Work Phone _____ ext. _____

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
Work Phone _____ ext. _____	Work Phone _____ ext. _____

### Please list two different people who would assume temporary care of your child if you can not be reached.

Name _____	Relationship _____	Phone _____	ext. _____
Name _____	Relationship _____	Phone _____	ext. _____

### Census Information - Please list below all others living in household.

Name	Birth date	M/F	Relationship	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Health Information:** List any health conditions such as heart disease, asthma, diabetes, eye or ear problems, epilepsy, allergies, ect. This information will be shared with staff as needed.

List any routine prescription or over the counter medications / treatments.

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist/Orthodontist: : \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Choice: \_\_\_\_\_

In the event that parents, other persons named on this card, or physician cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the previously mentioned child in the event of an emergency.

I will not hold the school district financially responsible for the emergency care and/or transportation for my child.

**Busing Information:** Please list the location that your child is to be picked up from and then dropped of at, whether it is at home or another care provider's home.

A.M. pick up: \_\_\_\_\_ Bus# \_\_\_\_\_ Bus # \_\_\_\_\_ P.M. drop off: \_\_\_\_\_ Bus# \_\_\_\_\_ Bus# \_\_\_\_\_  
Walk to school \_\_\_\_\_

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





## ZUMBROTA-MAZEPPAA ISD #2805 INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
School \_\_\_\_\_ Phone/Pager \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

### Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at [Insert phone number] or the State Coordinator at [Insert phone number].

By signing below, I acknowledge that I have received and understand the above rights.

\_\_\_\_\_  
Signature of Parent/Guardian/Unattached Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of McKinney-Vento Liaison

\_\_\_\_\_  
Date



# ZUMBROTA-MAZEPPA SCHOOL HEALTH INFORMATION FORM

**PART 1 Parent or guardian to complete.** Parent or guardian is encouraged to participate in the development of an Individual Health Care Plan, if needed.

Student Name Last			First	Middle	Sex <input type="radio"/> M <input type="radio"/> F	Date of Birth
School		Grade	Parent/Guardian Name			
Home Phone		Mother Cell		Father Cell		
My child has a medical condition that may affect his or her school day <input type="radio"/> No <input type="radio"/> Yes (please complete Part 2)						
Parent or Guardian Name (Print or Type)				Email Address		
Parent or Guardian Signature				Date		

**PART 2 Complete ALL boxes that apply to your child.** Parent/guardian is responsible for providing the school with any medication, special food, or equipment that the student will require during the school day. Check with the school office to obtain correct medication forms. If an individual school health care plan is indicated, parent/guardian is responsible for providing the school nurse with necessary medical information and forms. Please see link to locate your building's school nurse and forms: <http://www.zmschools.us/departments/welcome-health-services>

ALLERGIES

**Allergy Type**

Food List food(s) \_\_\_\_\_

Bee/Insect Sting \_\_\_\_\_

Other (List) \_\_\_\_\_

Reactions  Type  Mild  Severe Date of last severe reaction: \_\_\_\_\_

Describe your child's allergic reaction symptoms: \_\_\_\_\_

- Does your child require classroom designation (i.e. peanut, nut, dairy, or seafood "free" etc.)?  No  Yes
- Does your child need to sit at a specified allergy free area in the cafeteria?  No  Yes
- Will your child be riding the bus to school?  No  Yes

**Currently prescribed medications and treatment:**

Oral antihistamine (Benadryl, etc.)  Epinephrine  Other \_\_\_\_\_

(A Medication Authorization Form is required for all medications at school. See next page)

FOOD INTOLERANCE

Due to gastrointestinal (digestive) distress List foods: \_\_\_\_\_

Due to religious preferences List foods: \_\_\_\_\_

ASTHMA

**Triggers**  Exercise  Environmental  Other (list) \_\_\_\_\_

**Symptoms**

Chest tightness, discomfort, or pain  Difficulty breathing  Throat itch, tightness, or soreness

Coughing  Hoarseness  Wheezing

Other \_\_\_\_\_ Date of last hospitalization for asthma \_\_\_\_\_

**Currently prescribed medications and treatment**

Inhalers  Oral antihistamines  Oral steroids Nebulizer  Oral Bronchodilator  Peak flow monitoring

Will your child require medication at school?  No  Yes

(A Medication Authorization Form is required for all medications at school. See next page)	
<input type="checkbox"/> <b>DIABETES</b> (Contact school nurse to discuss Individualized Health Plan)	
<b>Currently prescribed medications and treatments</b> <input type="checkbox"/> Insulin <input type="checkbox"/> Syringe <input type="checkbox"/> Pen <input type="checkbox"/> Pump <input type="checkbox"/> Blood sugar testing <input type="checkbox"/> Carbohydrate counting <input type="checkbox"/> Glucagon <input type="checkbox"/> Oral medication(s) List medication(s) _____ Date of last hospitalization related to Diabetes _____	
<input type="checkbox"/> <b>SEIZURE DISORDER</b>	
<b>Type of seizure</b> <input type="checkbox"/> Absence (staring, unresponsive) <input type="checkbox"/> Complex partial <input type="checkbox"/> Generalized tonic-clonic (grand mal, convulsive) Other (explain) _____ Date of last seizure _____ Length of seizure _____ Physical education restrictions <input type="radio"/> No <input type="radio"/> Yes Currently prescribed medications _____ Medications needed <u>IN SCHOOL</u> <input type="radio"/> No <input type="radio"/> Yes List medication(s) _____ (A Medication Authorization Form is required for all meds at school. See below)	
<input type="checkbox"/> <b>OTHER HEALTH CONDITIONS</b>	
<input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Arthritis <input type="checkbox"/> Bathroom issues <input type="checkbox"/> Bleeding disorder (be specific) _____ <input type="checkbox"/> Emotional concerns <input type="checkbox"/> Heart condition (be specific) _____ <input type="checkbox"/> Kidney disease <input type="checkbox"/> Physical disability (be specific) _____ Other (explain) _____ Special procedures (e.g. catheterization, cardiac monitor, etc.) required <u>IN SCHOOL</u> <input type="radio"/> No <input type="radio"/> Yes (explain) _____	
MEDICATION NEEDED <u>IN SCHOOL</u> <input type="radio"/> No <input type="radio"/> Yes	
List medication(s) _____ A <b>Medication Authorization form</b> must be completed by your child's physician for all medication (prescription and over-the-counter) indicated the medication, dosage, and time the medicine is to be given. See "Health Services" link on the district website for policy and forms. <a href="http://www.zmschools.us/departments/welcome-health-services">http://www.zmschools.us/departments/welcome-health-services</a>	
<input type="checkbox"/> <b>VISION CONDITIONS</b>	<input type="checkbox"/> <b>HEARING CONDITIONS</b>
<input type="checkbox"/> Contacts <input type="checkbox"/> Glasses <input type="checkbox"/> Non-correctable <input type="checkbox"/> Other _____	<input type="checkbox"/> Hearing aid(s) <input type="checkbox"/> Non-correctable <input type="checkbox"/> Other _____
<input type="checkbox"/> <b>PHYSICAL RESTRICTIONS</b>	
Does your child's health condition restrict participation in physical education? <input type="radio"/> No <input type="radio"/> Yes If yes, please explain restrictions _____  Will your child be riding the bus to school? <input type="radio"/> No <input type="radio"/> Yes  Do you wish to have a conference with the school nurse? <input type="radio"/> No <input type="radio"/> Yes  Do you wish to have a conference with the school counselor? <input type="radio"/> No <input type="radio"/> Yes	
<b>PART 3 School nurse to complete if parent or guardian indicates medical condition(s).</b>	
Health condition noted _____ ZM School Nurse	Individual health care plan or procedure needed _____ Date
Notes _____ _____	

RETURN COMPLETED FORM TO SCHOOL OFFICE

## Immunizations Needed Prior to Starting Kindergarten

Welcome Parents of Kindergarten Students,

MN State Law requires all students entering school to show proof they have received immunizations (usually at 5 yrs old). Students **WILL NOT be able to start** the first day of school without completing these immunizations.

The following immunizations are required **before** the first day of school:

3 Hepatitis B  
5 DTP  
4 Polio  
2 MMR  
2 Varicella

Students who cannot be vaccinated for medical reasons or whose parents are conscientiously opposed to immunizations may file a legal exemption by completing the back side of the Student Immunization Form which can be found on the school webpage under health services tab.

<http://www.zmschools.us/departments/welcome-health-services/immunizations>.

You may make an appointment at a local clinic to receive the shots or you may visit Goodhue County Public Health at 426 West Avenue, Red Wing, MN 55066. The telephone number is 1-800-950-2142.

Please send immunization records to the school as soon as possible. These can be faxed by MD office to 507-732-4522 or mailed to the school.

**REMEMBER: If the school does not have up to date immunization records PRIOR to the first day of Kindergarten your student will not be eligible to start school.** Thank you!

Sincerely,



Tiffany Boraas, LSN  
Licensed School Nurse  
507-732-7848





# Is your child ready for Kindergarten?

While there's no perfect formula that determines when children are truly ready for Kindergarten, you can use this checklist to see how well your child is doing in acquiring the skills needed for Kindergarten.

Check the skills your child has mastered. Then recheck every month to see what additional skills your child can accomplish easily.

- Can recognize rhyming sounds
- Can listen to and retell a story
- Can follow 2-step directions (*independently*)
- Can color/cut/glue
- Can print first name
- Knows and can trace shapes
- Knows colors
- Can sort similar items by color, size and shape
- Can hear sounds in words
- Can identify 13 or more letters
- Can identify 2 or more letter sounds
- Can count to 30
- Can identify numbers 0-10
- Can solve problems without tears or anger
- Can manage bathroom needs
- Can button and zip shirts, pants and coats



