



## LIFE Prep School Registration Check List

Your registration is not complete until we receive ALL of the items that are checked sent back and your child receives a letter of acceptance from LIFE Prep School. **If we do not receive these items back by the due date given we have no other choice but to accept the next one on the waiting list.**

- Registration Packet-This must be filled out completely.
- Immunization/shot records-Must be up to date! **Required by Law!** Your child will not be accepted unless their immunizations are up to date!
- Birth Certificate-stop in the office and we can make you a copy!
- Early Childhood Screening-**REQUIRED BY LAW!! YOUR CHILD CANNOT BE IN SCHOOL WITHOUT THIS! DO NOT DELAY YOUR CHILD'S REGISTRATION, CALL NOW TO SCHEDULE THIS APPOINTMENT!**

All students entering Pre-K & Kindergarten must be Early Childhood Screened. You may screen all your children from age 3-5 anytime!!! This is free to all families and includes vision, hearing, height, weight, development, speech and review of health and immunization information. Depending on where you live will depend on where you screen. **Please send in your Early Childhood Screening form when sending your registration packet back. You are responsible to get this form to us! It must be sent back with the registration packet.**

Early Childhood Screening locations below:

- \_\_\_\_\_ ISD 625 St. Paul Placement Center 651-632-3746
- \_\_\_\_\_ ISD 623 Roseville 651-487-4378 extension 3
- \_\_\_\_\_ ISD 622 North St. Paul, Maplewood & Oakdale 651-701-8468
- \_\_\_\_\_ ISD 624 White Bear Lake 651-653-3100
- \_\_\_\_\_ Minneapolis 612-348-8687

**Medical: Please Note:** If your son or daughter has a medical condition the medical form included needs to be filled out by your child's doctor and sent back along with your signature also. Asthma Action plans & Anaphylaxis Plans are needed also every new school year along with the medical form or we cannot administer any type of treatment.

If you have any questions, please call Ms. Lori at 651-793-6624 or you may email me at [lori.steider@lifeprepschool.org](mailto:lori.steider@lifeprepschool.org) or fax 651-344-0586



# LIFE Prep School 2020-2021

Pre-K-6<sup>th</sup> Grade Interest Application  
Application must be filled out completely. **One application per child.**

STUDENT NAME: \_\_\_\_\_  
LAST (legal) FIRST (legal) MIDDLE

Home Address: \_\_\_\_\_  
Bldg/House Number Street Name Street type (Ave, St, Blvd, Etc.) Apt #  
City State Zip Code

PARENT OR GUARDIAN #1: \_\_\_\_\_ PARENT OR GUARDIAN #2: \_\_\_\_\_  
Relation to student (Mother, Stepfather, etc.) Relation to student (Mother, Stepfather, etc.)  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\* ANY CHANGE IN ADDRESS OR PHONE SHOULD BE REPORTED IMMEDIATELY TO LIFE Prep at (651) 793-6624\*\***

APPLYING FOR WHAT GRADE: \_\_\_\_\_ APPLYING FOR SCHOOL YEAR: 2020-2021

**If you are registering for Kindergarten your child must be 5 years old by September 1, 2020.**

Sibling Preference (Brothers and sisters ONLY. Cousins do not qualify as siblings)  
Does this child have a sibling currently attending LIFE Prep? Yes  No

Sibling Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

How did you hear about LIFE Prep?  
 Family Member/Friend  School Website  School Brochure  Facebook  
 Advertisement, where advertised \_\_\_\_\_  Other \_\_\_\_\_

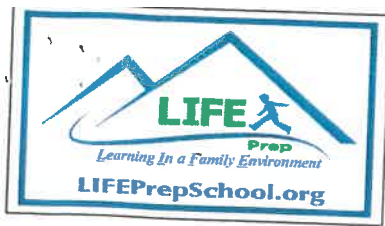
PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\* Send, fax, or drop off application to: LIFE Prep 930 Geranium Ave. E. St. Paul, MN 55106 Fax: 651-344-0586**  
Email completed applications to [lori.steider@lifeprepschool.org](mailto:lori.steider@lifeprepschool.org) For assistance please call 651-793-6624.

## Office Use Only

Date Rec'd: _____	Sibling Applied for _____
_____ Birth Certificate	_____
_____ Immunizations	_____
_____ ECS	Grade: _____
_____ Bus _____ Parent Transporting _____ Van	Teacher: _____
_____ Medical Form	Student ID: _____
_____ Prescription Drug _____ Epipen & Anaphylaxis Plan _____ Inhaler & Asthma Action Plan	





## 2020-2021 New Student Enrollment Information & Forms

Dear Parent/Guardian,

We are pleased to be able to offer your child placement at LIFE Prep for the upcoming 2020-2021 school year. Acceptance of the placement offered to your child must be faxed or emailed to LIFE Prep within one week of your placement offer. If your acceptance is not received within that time frame, placement will be offered to the next child on the waiting list.

In order to finalize your child's enrollment after your initial acceptance, the following required documents and completed & signed forms must be received by the due date given. Forms and documents may be submitted via fax, email, postal mail or in person. Failure to complete this enrollment process may result in the loss of your child's placement.

Provide a copy of the following documents (originals can be brought to the school office to be copied if needed).

- **Your child's state issued birth certificate**
- **Proof and record of immunizations – all shots must be updated before your child starts school**
- **Early Childhood Screening (for students enrolling in Pre-K and Kindergarten)**
- **Court papers allocating parental custody (if appropriate)**
- **IEP and Special Education paperwork, if applicable**
- **A completed and signed enrollment packet**

We look forward to having your child at LIFE Prep and welcoming you into the LIFE Prep family. Please feel free to contact the school office by phone 651-793-6624 or by email at [lori.steider@lifeprepschool.org](mailto:lori.steider@lifeprepschool.org)





LIFE Prep  
Acceptance Form for 2020-2021 Enrollment

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Check the applicable response:

\_\_\_ I/We accept the enrollment offered for our listed child for the 2020-2021 school year at LIFE Prep. We will notify the school immediately if our plans to have our child attend LIFE Prep change prior to the start of the school year.

If accepting enrollment, please let us know about special services your student may need at LIFE Prep, if any: (Check any that apply)

\_\_\_ Our child has an existing Individualized Education Plan (IEP) for Special Education services at \_\_\_\_\_ (name of current school). Provide a current copy of the IEP and Eligibility documents to LIFE Prep with your enrollment acceptance and enrollment forms packet. You will be contacted by our Special Education Department to review the need for IEP services at LIFE Prep.

\_\_\_ Our child has an existing 504 Accommodation Plan at \_\_\_\_\_ (name of current school). Attach a copy of the current 504 plan.

\_\_\_ Our child is receiving Limited English Proficiency (LEP) or English Language Learning (ELL) services at \_\_\_\_\_ (name of current school), or may need to be evaluated.

\_\_\_ Other special needs, please specify: \_\_\_\_\_

\_\_\_ No, I/we decline enrollment offered for our above listed child for the 2019-2020 school year at LIFE Prep. I understand that by declining this offer, the seat will be released and offered to the next child on the waiting list.

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

Parent/Guardian Printed Name: \_\_\_\_\_

Additional Comments: \_\_\_\_\_







### REQUEST FOR TRANSFER OF STUDENT RECORDS

Date of Request \_\_\_\_\_

To:

School Name \_\_\_\_\_

Via Fax # \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

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

The following student has enrolled at LIFE Prep for the 2020-2021 school year. The student will begin at LIFE Prep on \_\_\_\_\_.

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ Last Grade attended \_\_\_\_\_

Please forward student records, including:

- All school records (include any confidential and/or Special Education records, if applicable.)
- Progress Records (include transcripts, attendance records, test results, etc.)
- Health Information (include birth certificate, immunization records, vision/hearing/health screening)
- Behavioral Records (Disciplinary history, psychological test results, medical info, etc.)
- Special Services Records (include current IEP & Eligibility Report, 504 Accommodation Plan, LEP, Gifted/Talented)
- Speech/Language/Hearing Records

Other; \_\_\_\_\_

I request the records checked above be released and forwarded to LIFE Prep.

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

Please forward all records to LIFE Prep-930 Geranium Ave E St. Paul, MN 55106  
Fax: 651-344-0586 or email to [lori.steider@lifeprepschool.org](mailto:lori.steider@lifeprepschool.org)  
For assistance please call 651-793-6624





Student's Full LEGAL Name: \_\_\_\_\_  
First Middle Last

Also known as/Goes by name: \_\_\_\_\_ Gender Male [ ] Female [ ]

Grade level (2020-2021) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

If born outside of the US, month/year of US entry \_\_\_\_\_

What is the PRIMARY language spoken in home? \_\_\_\_\_

Ethnicity, check all that apply: Special Services at previous school? [ ] No [ ] Yes

[ ] American Indian

[ ] Alaska Native

[ ] Asian

[ ] Black/African American

[ ] Hispanic/Latino

[ ] Native Hawaiian/Pacific Islander

[ ] White/Caucasian

If yes, briefly describe: \_\_\_\_\_

Circle any that apply: IEP 504 G/T LEP Title I Other\_\_  
Please provide a copy of current documentation related to these services.

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

School Address: \_\_\_\_\_ School Phone # \_\_\_\_\_  
Street Address City/State/Zip

Student lives with: [ ] Both parents in same household [ ] Both parents in separate households  
[ ] Mother only [ ] Father only [ ] Legal Guardians [ ] Other \_\_\_\_\_

Custodial information (if applicable): Be sure to provide LIFE Prep with copies of necessary physical/legal custody documentation.

Physical custody: [ ] Mother [ ] Father [ ] Joint, Other \_\_\_\_\_

Non-custodial parent has: Permission to see student [ ] Yes [ ] No Permission to pick up [ ] Yes [ ] No

Educational Decision Making Authority [ ] Mother [ ] Father [ ] Joint/Other \_\_\_\_\_

Additional Information: \_\_\_\_\_

Student's PRIMARY Address and Contact Information:

Home Address \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Cell Phones: \_\_\_\_\_  
Cell # for \_\_\_\_\_ Cell # for \_\_\_\_\_

Best Parent/Guardian Email addressed to use for school communications: \_\_\_\_\_



STUDENT NAME \_\_\_\_\_

Parent/Guardian (Living at Student's Primary Address)

Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Guardian/Other Responsible Adult (Living at Student's Primary Address)

Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation: \_\_\_\_\_

SECONDARY Household (if applicable)- If the student lives in both households, please check here [ ]

Home Address \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Cell Phones: \_\_\_\_\_  
Cell # for \_\_\_\_\_ Cell # for \_\_\_\_\_

Best Parent/Guardian Email addressed to use for school communications:  
\_\_\_\_\_

Siblings: List all children living in the same household(s) as the student

Name	Birthdate	Grade	School child attends
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contacts: List two local people other than student's parent(s) who can be contacted and who are authorized to pick child up in case of emergency/illness if parent is unable to be reached.

1. Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email: \_\_\_\_\_

The information provided on this form is accurate and complete to the best of my knowledge.

Parent/Guardian 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.



Field trips

Study trips and field trips are an important part of LIFE experience. While we do attempt to notify you of field trips in advance, learning opportunities may arise without advance notice. Your signature authorizes your son or daughter to attend all field trips and study trips that are developed as a part of their class. If your son or daughter has any special health concerns or handicapping conditions which will require special attention or supervision on field trips please describe the condition and what special considerations should be made.

Medical emergency/liability waiver

I hereby give my permission for LIFE staff to procure all necessary medical help for my child or ward while this person is under the supervision of the LIFE staff. I also give permission to LIFE staff to authorize any competent medical person to do all things reasonably necessary to take care of any injury or sickness. LIFE does not provide health coverage. Parents are responsible for any payment for medical treatment, which may be required while he/she is in this program. I also give my permission for LIFE staff to administer syrup of ipecac as needed in an emergency.

Media release form

I hereby grant LIFE Prep & it's designee(s) the right and permission to use my son or daughter's name and reproduction of physical likeness for the purpose of publicizing LIFE Prep through pamphlets, video, newspaper, periodicals, photographs, website, social media, etc. Note: No payment will be made to a child photographed under these terms or to their family if and when the photographs are used for the above stated purposes. Parents/Guardians waive the right to preview or approve the finished photographs and/or videos.

Technology use

As a parent or guardian of the minor student above, I grant permission for my son/daughter to access the network computer services such as electronic mail and internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the internet may be objectionable, but I accept responsibility for guidance of the internet use, setting and conveying standards for my son/daughter to follow when selecting, sharing or exploring information and media.

Absences & Tardiness

According to Minnesota state law all children are required to attend school. When a child has been absent from attendance at school without lawful excuses for **3 days**, the state law requires us to send a letter home informing the parent. When a child has been absent from attendance at school without lawful excuse for **5 days** we are required to inform the Ramsey County Attorney's Office Family Truancy Intervention Program (F-TIP).

If your child will be absent or tardy from school for any reason, please call the office by 7:30 a.m. that day to let us know. If a child is absent from school without notification, the school will contact the parent by phone to determine the reason for the absence. **If we are not notified, the absence will be considered unexcused.**

Lawful Excuses:

- Sickness
- Doctor's/Dentist's visits including Mental Health
- Religious Holidays
- Family Emergencies

Unlawful Excuses:

- Overslept
- Missed the bus
- Needed at home

Please note that any child absent for fifteen consecutive days will be automatically un-enrolled.

I have carefully read and understand the LIFE Prep, Field trip, Medical, Media, Technology & Attendance Policies.

Parent /Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



LIFE Prep School Transportation Form

For the safety of our students during arrival and dismissal times, we request that you provide as specific as possible information regarding your plan for regular transportation to and from school, and acceptable alternatives. If a circumstance arises that is different from this plan, please contact the school office so we can be sure your student is safely release too an alternate approved person.

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Phone # \_\_\_\_\_

BUS INFORMATION (Busing is currently provided within the St. Paul city limits)

Pick up address: \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Address is (please circle appropriate response) Home \_\_\_\_\_ Childcare \_\_\_\_\_ Other \_\_\_\_\_

Drop off address: \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Address is (please circle appropriate response) Home \_\_\_\_\_ Childcare \_\_\_\_\_ Other \_\_\_\_\_

Phone number bus company can use to reach you in case of an emergency \_\_\_\_\_

\_\_\_\_\_ I will be providing transportation to my child [ ] Drop off [ ] Pickup [ ] Both Drop off & Pickup

\_\_\_\_\_ My child will walk to and from school.

Other persons authorized to transport my child to/from school. (others in addition to Parent/Guardian, Emergency contacts listed on current student enrollment form, and school transportation)

Name(s): \_\_\_\_\_ Relation to Student \_\_\_\_\_ Best Contact Phone # \_\_\_\_\_

\_\_\_\_\_

Name(s): \_\_\_\_\_ Relation to Student \_\_\_\_\_ Best Contact Phone # \_\_\_\_\_

\_\_\_\_\_

Name(s): \_\_\_\_\_ Relation to Student \_\_\_\_\_ Best Contact Phone # \_\_\_\_\_

\_\_\_\_\_

General Drop Off/Pick Up Information:

- Regular student morning drop-off begins at 7:40
• Regular student afternoon pick up begins at 2:35. Students are to be picked up on Jessamine Street, in back of the school building.
• Students are required to be picked up within 10 minutes after school or afterschool activity. If your child is not picked up in that time frame, they will be put in aftercare and you will be charged. In case of emergency, contact the school office to make specific arrangements.

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



## 2020-2021 Before and After Care Options

LIFE Prep's school hours are 7:45am-2:45pm.

Parents may begin dropping off students at Parent Drop Off at 7:30am. Any students who arrive before 7:30 must be registered for Before Care. Students must leave the building by bus or parent pickup by 2:50 each day. Aftercare will not be offered on site.

### **Before Care**

The fee for Before Care for the 2020-2021 school year is a flat rate of \$50 per family, due at the time of registration. Once registered, families can utilize before care as often as they would like throughout the year, from 6am-7:30am. ANY STUDENT ARRIVING PRIOR TO 7:30 MUST BE ENROLLED IN BEFORE CARE.

To register, please submit the attached Before Care Enrollment form along with the registration fee.

### **After Care**

While aftercare will no longer be offered at LIFE Prep, there are several locations within our community that offer aftercare options. If you enroll in an aftercare program within LIFE Prep's bussing boundaries, we will provide transportation to that location for your child.

To check a program's bussing availability, contact Lori Steider at 651-279-6624 or [lori.steider@lifeprepschool.org](mailto:lori.steider@lifeprepschool.org)

1. **Keystone Community Kids:** A free after school program for youth in grades 1-5 Located at West 7th Community Center, 265 Oneida Street, St. Paul. Open Monday-Friday until 6pm
2. **Rec Check:** A free after school program offered by St Paul Parks and Rec for students in grades 1-5. Open Monday- Friday until 6 pm

(There are several rec check locations throughout St. Paul. Before enrolling your child, please ensure you are selecting a location within LIFE Prep's bus routes.)

3. **St Paul Midway YMCA Aftercare Program:** A fee based program for students in grade K-5th grade.

**4. Boys and Girls Club**

690 Jackson St. Paul MN 55103

1620 Ames Ave. St. Paul MN 55106

If you need assistance in registering your family for one of these after care programs please contact Christyna Sherrod, City Connects Coordinator at [christyna.jamma@lifeprepschool.org](mailto:christyna.jamma@lifeprepschool.org) who can assist you through the application process.

**LIFE Prep Before and After School Plan**

**Student \_\_\_\_\_ Grade Level \_\_\_\_\_**

**Please select your before care option**

**\_\_\_\_\_ My child will need before care from 6am-7:30am and I have attached the \$50 Fee**

**\_\_\_\_\_ My child DOES NOT need before care and will arrive via school bus**

**\_\_\_\_\_ My child DOES NOT need before care and will be dropped off by car between  
7:30 and 7:45**

**Please select your aftercare option**

**\_\_\_\_\_ My child will be picked up by car at 2:45pm**

**\_\_\_\_\_ My child will be riding the bus home after school**

**\_\_\_\_\_ My child will be taking the bus to a community aftercare program. Please list  
the program here \_\_\_\_\_.**

**\*It is the parent's responsibility to register the child into a community aftercare program**

# Immunization Form

each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Immunizations required for child care, early childhood programs, and school.

Birth to 6 months

12 -24 months

At Kindergarten

At 7th grade

At 12th grade

## Vaccine

Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Haemophilus influenzae type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

### Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I understand that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me on \_\_\_\_\_ (date)

Notary Stamp  


by \_\_\_\_\_ (name of parent or guardian)

Notary Signature: \_\_\_\_\_

STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

- 3. Consent to share immunization information:** This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:
  - Provide easier access for you and your school to check immunization records, such as at school entry each year.
  - Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.
- Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you chose not to sign, it will not affect the health or educational services your child receives.
- I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)

STUDENT NAME:

Reviewed by/date

# 2020-2021 School Year Student Health Information / Concerns

Student Name: \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female Grade \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Dear Parent/Guardian:  
Your child's health may affect his or her learning. Health information is important in planning for your child's needs at school. Your input and involvement are important. Please complete this form and return it to school as soon as possible.

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

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Attention Deficit Hyper-activity Disorder/Attention Deficit Disorder (ADHD/ADD)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies* (to what? _____)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the allergy been diagnosed by a doctor?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Medication for allergy: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>*Complete allergy action plan if appropriate</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Food Intolerance? Describe: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma or other breathing problems: <b>*Complete asthma action plan if appropriate</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has asthma been diagnosed by a Health Care Provider?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Currently has an inhaler?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Ever hospitalized for asthma? If so, when was last hospitalization? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Other breathing problem (describe): _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes: <input type="checkbox"/> Type 1* <input type="checkbox"/> Type 2 <b>*Must complete diabetes emergency plan.</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Managed by: <input type="checkbox"/> Diet/Activity <input type="checkbox"/> Oral meds <input type="checkbox"/> Insulin injections <input type="checkbox"/> Insulin Pump |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Conditions: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizures: Date & type of last seizure: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>*If yes must complete seizure action plan.</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had a concussion or head injury?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Social/emotional/behavioral/mental health concerns: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a current concern that your child has been a <input type="checkbox"/> target of / <input type="checkbox"/> instigator of bullying?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent surgeries or hospitalizations: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Activity restrictions: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Receives Special Education /IEP/504 Services  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other health concerns: _____  |

**EMERGENCIES:** Does your child have a known health problem that could result in an emergency?  Yes\*  No

**\* Must complete emergency action plan**

Please describe: \_\_\_\_\_

**MEDICATIONS**

First, list ALL medications that your child takes: \_\_\_\_\_

Now, list **ALL** medications that your child needs DURING THE SCHOOL DAY. An authorization with parent and health care provider consent is required each school year for all the following listed prescription **AND** over-the-counter medications. **A new consent is needed each school year.**

**Please complete and sign back of form**



**LIFE Prep School**  
**IMPORTANT-Medical Information**

**THIS NEEDS YOUR IMMEDIATE ATTENTION BEFORE THE FIRST DAY OF SCHOOL! PLEASE DO NOT DELAY THIS MATTER! THIS IS REQUIRED BY LAW!**

\_\_\_\_\_ Asthma-If you have a child with asthma, we need a current Asthma Action Plan in the beginning of every school year! The medical form that is attached needs to be brought to your child's clinic and needs to be signed by you and your child's physician and sent back to school as soon as possible along with a current action plan. This also can be faxed to your child's clinic by you and faxed back to LIFE Prep at 651-344-0586.

\_\_\_\_\_ Epipen-If you have a child with an allergy that requires an epipen, we need a current Anaphylaxis Plan in the beginning of every school year! The medical form that is attached needs to be brought to your child's clinic and needs to be signed by you and your child's physician and sent back to school as soon as possible along with a current anaphylaxis plan. This also can be faxed to your child's clinic by you and faxed back to LIFE Prep at 651-344-0586.

\_\_\_\_\_ Prescription Drug-Any time a student is prescribed a prescription drug, the attached form needs to be signed by you and your child's physician before we can give this medicine to your child. The medical form that is attached needs to be brought to your child's clinic and needs to be signed by your child's physician and sent back to school as soon as possible. Or you may fax this to your child's clinic and have it faxed back to us at 651-344-0586.

If you have any questions or concerns please contact Ms. Lori at 651-793-6624 or [lori.steider@lifeprepschool.org](mailto:lori.steider@lifeprepschool.org)





# Medication Authorization Form School Year 2020-2021

*Parent/guardian AND a licensed health care professional must provide written permission for school personnel to administer medication(s) every school year.*

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

**PHYSICIAN/LICENSED PROVIDER – PLEASE COMPLETE**

MEDICATIONS REQUIRED DURING SCHOOL HOURS						
All authorizations expire at the end of the school year or following Extended Year Summer (ESY) session						
Medication/ Treatment	Diagnosis/Reason for Medication	ICD 10 Code	Dose	Time	Route	Possible Side Effects
1.						
2.						
3.						

**Inhaler—please include Asthma Action Plan:**

- Student may carry/self administer his/her inhaler according to the licensed prescriber's instructions. This student has been instructed on proper use, side effects, and safeguards regarding this medication.
- It is my professional opinion that this student **should not carry** his/her inhaled medication.

**Epinephrine auto-injector—please include Anaphylaxis Action Plan:**

- Student may carry/self administer epinephrine auto-injector (Epi-Pen™) according to the licensed prescriber's instructions. This student has been instructed on proper use, side effects, and safeguards regarding this medication.
- It is my professional opinion that this student **should not carry** his/her Epi-pen/auto-injector.

**Other:**

- Student may carry/self administer \_\_\_\_\_ (Please identify).

Signature of Licensed Health Care Provider \_\_\_\_\_ Printed name of Licensed Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Clinic Name/Address \_\_\_\_\_ Clinic Phone # \_\_\_\_\_ Clinic Fax # \_\_\_\_\_

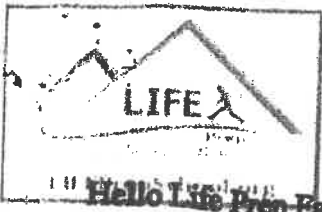
**Parent/Guardian Medication Authorization**

1. I request the medication listed be given during school hours as ordered by this student's licensed health care provider. Only daily medications and those for life threatening/emergency conditions will be sent on field trips.
2. I will provide the school with physician/licensed prescriber authorization for any change in medication(s) and/or treatment(s). (Example: dosage change, time change, discontinued, etc.)
3. I give permission to designated school staff to administer the above medication(s) and/or perform treatment(s). I release the school personnel from any liability in the administration of this medication(s) or treatment.
4. I understand that school health staff cannot administer the medication(s)/treatment(s)/procedure(s) indicated on this form without authorization from both my student's physician/licensed prescriber and guardian/parent.
5. I give permission for health office staff to consult with this student's licensed health care provider regarding questions about the above medical condition(s) and medication/procedure being used to treat the condition.  
 Provider name: \_\_\_\_\_ Clinic name: \_\_\_\_\_  
 Fax: \_\_\_\_\_
6. I give permission for the health office staff to communicate as needed with school staff about my student's health condition(s) and the action of the medication and/or treatment.

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

Parent/Guardian name (please print) \_\_\_\_\_ Tel # \_\_\_\_\_





Hello Life Prep Families!

To better serve our students, we are asking all families to fill out the form on the back of this letter. The form is called the Student Residency Statement (SRS). This form helps us to offer services for students who are living with other family members that are not legal guardians, living in a housing situation that is not permanent, or living with extended family in the house such as uncles, aunts, cousins, grandparents.

Information about the McKinney Vento Homeless Assistance Act is below along with contact information if you have questions.

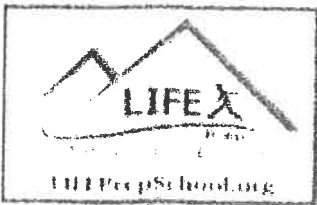
If your family lacks a fixed, regular and adequate nighttime residence and is forced to live in any of the following situations:

- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (example: evicted from home, etc.).
- In a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations.
- In an emergency or transitional shelter.
- Have a primary nighttime residence that is not designed for or ordinarily used as a regular sleeping accommodation for humans.
- In a car, park, public space, abandoned building, substandard housing, bus or train station, or a similar setting.

In addition, a student who is not in the physical custody of a parent/guardian and is living in one of the situations listed above may be considered an unaccompanied youth.

Then the student may have the right to:

- Enroll in school without proof of residency, immunization, school records, or other documents.
- Choose between the local school where you are living or the school last attended before becoming homeless, when feasible.
- Receive transportation to school.
- Attend school and participate in school programs with children who are not homeless. Children cannot be separated from the regular school program because they are homeless.
- Receive all the school services available to other students.



# STUDENT RESIDENCY STATEMENT (SRS)

Student Name (PLEASE PRINT): \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list all of YOUR other preschool and school-aged children currently living with you (PLEASE PRINT):

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_

Information provided on this form is confidential.

1. Does your child live in any of these following situations?

- Sharing the housing of other persons due to: (check one)
  - Loss of housing, economic hardship or a similar reason (example: evicted from home, etc.)  
Explain: \_\_\_\_\_
  - Long-term, cooperative living arrangement to save money or a similar reason
  - Other (please specify): \_\_\_\_\_
- In a motel, hotel, campground or similar setting due to: (check one)
  - Lack of alternative adequate accommodations, explain: \_\_\_\_\_
  - A convenient living arrangement or waiting for apartment or house to be ready
  - Other (please specify): \_\_\_\_\_
- In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing through MUST, Center for Family Resources or other shelter or agency
- Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans
- In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- My child is living with a family member other than his/her legal guardian. \_\_\_\_\_
- None of the above

2. How long do you anticipate living at this location? \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Students living in some transitional situations may qualify as homeless. Eligibility is determined by the School's Homeless Liaison.

Parent/Guardian/Unaccompanied Youth Signature \_\_\_\_\_

Date \_\_\_\_\_



## **SWEATSHIRTS AND SWEATERS**

- Solid black, navy blue or royal blue
- Pull over sweatshirts only
- Must wear collared uniform shirt underneath
- Sweaters must be cardigan style or pullovers

## **SKIRTS AND SKORTS**

- No more than one size larger than waist
- Solid black or khaki
- No slits, designer zippers or decorations
- Must be hemmed and worn at waist

## **JUMPER**

- Solid black or khaki
- No more than one size larger-must be hemmed
- White, Royal Blue or Black collared shirt may be worn underneath

## **JACKET/OUTER WEAR, CAPS AND HATS**

- No bandanas, or skull caps
- Hats, caps, headbands or sweatbands worn outside only
- No jackets or outer wear inside the building

## **SHOES**

- No boots worn in classrooms
- Gym shoes required for gym

## **OTHER**

- Leggings and thermal wear under pants only
- No toys or electronic equipment
- No cell phones visible or on during the school day – if visible it will be taken to the administrator for parent pick up.