Cannon Falls Elementary School

1020 East Minnesota Street

Cannon Falls, MN 55009

www.cannonfallsschools.com

Keep It
- Respect
- Effort
- Attitude
- Learning

By keeping it REAL we will respect ourselves, others, and our community and we will be responsible for learning.

February 2021

Dear Parent,

Welcome to Cannon Falls Elementary School! We are so excited to welcome the ***CLASS OF 2034!***

Due to Covid, we will not be able to have our traditional Kindergarten Round-Up. We are, however, looking forward to welcoming children who will be five years old on or before September 1, 2021, into our kindergarten program at Cannon Falls Elementary School. If your child will **NOT** be attending kindergarten please call us at 263-6800, ext. 1201, as soon as possible. We would appreciate your help in asking parents of eligible kindergartners who may have recently moved to Cannon Falls to call the elementary school office so that we can send them a registration packet.

Enclosed with this letter are health forms and registration information. Please fill out the enclosed forms and return them to the elementary office at your earliest convenience. When registering your child, please also provide the school with a copy of your child's birth certificate. Lunch account money can be paid in September at conference time. Health records may be completed **now** (preferably) or returned to the Cannon Falls Elementary School **by the first day of school.**

If your child has not had their early childhood screening, please contact Megan Lampman at lampman.megan@cf.k12.mn.us. We have two screening dates coming up. They are April 7th and May 14th.

Before classes begin next fall, you and your child will meet with your child's teacher for a 30-minute conference (Bomber Day Conferences) which you will schedule online beginning August 23. These conferences will be held on September 7 and 8. This will be a chance for you **and** your child to meet the teacher on an individual basis. Class placements will be available on Infinite Campus (our school information system) on August 20. If you are not yet set up with parent portal access, you can call the school in August and we will help get you set up. Classes will begin on Thursday, September 9 or Friday, September 10. You will find out your child's start day from their teacher during your conference.

Please visit our district webpage for a link to some great videos to give you and your student an idea of what they can expect here at CFES!
Go to: http://www.cannonfallsschools.com/

- scroll down and click on: NEW TO OUR SCHOOL and then click on Kindergarten
- The links are also under the "Parent" tab

Sincerely,

Jennifer Chappuis
PreK-5 Principal

Teacher_____Grade_____

CANNON FALLS ELEMENTARY SCHOOL REGISTRATION CARD

PLEASE FILL OUT COMPLETELY IN INK:

Student's Legal Name_____Birthdate_____Age_____Sex: Male/Female
(First) (Middle) (Last)

Student lives with:

_____Both parents _____Mother _____Father _____Other (specify)_____

Father/Guardian_____

Address_____

Home Phone_____ Cell Phone_____

E-mail address_____

Employer_____ Work Phone_____

Mother/Guardian_____

Address_____

Home Phone_____ Cell Phone_____

E-mail address_____

Employer_____ Work Phone_____

Non-Custodial Parent Name_____

Address_____

Phone Number_____ Mail report cards and progress reports to non-custodial parent _____(Y or N)

Names and birthdates of brother(s) and sister(s) living at home:

_____

PLEASE CONTINUE COMPLETING FORM ON BACK

Additional Student Information
Does your child receive any services in the following areas: *Check all that apply:*

- ☐ Homeless
- ☐ Ward of State
- ☐ Immigrant
- ☐ Military-Connected Youth
- ☐ Special Education – Individual Education Plan (IEP)
- ☐ Section 504 Plan
- ☐ Title 1
- ☐ English Learner (ESL)
- ☐ Gifted/Talented
- ☐ Other _____

Names of persons who will assume temporary care of my child if I cannot be reached:

Name_____Phone_____ Name_____Phone_____

HEALTH INFORMATION/MEDICATIONS
Does your child have any physical disabilities or limitations for physical education? Any special health concerns (allergies, asthma, etc.)? Any concerns requiring special attention of the school? Any medication administration during school hours?

_____

_____

EMERGENCY EARLY DISMISSAL (EED) PLAN

(i.e. severe weather, equipment malfunction, energy shut down declared by Xcel Energy, bomb threat, etc.)

Please select your "EED Plan" (for the release of your child) from one of the following options:

A ____ Transport my child to his/her usual after school destination.

B ____ Transport my child with/to _____ the following address:
(name)

_____ on route # _____.
(address) (route # to be filled in by school staff)

C ____ Send my child to Cannon Kids (must be registered in a Cannon Kids program).

Parents/Guardians must notify the elementary school if any changes are to be made to this plan.

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Signature _____Date _____

DEPARTMENT OF EDUCATION

2021-22 Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions **(in bold)** for their children. If you choose not to answer the federal questions **(in bold)**, federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our *Frequently Asked Questions: Ethnic and Racial Designation Form.*

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.[1]

[You must select "yes" or "no" to this question.]

○ **Yes** *[If yes, go to Question A.]* ○ **No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate
- ☐ Colombian
- ☐ Ecuadorian
- ☐ Guatemalan
- ☐ Mexican
- ☐ Puerto Rican
- ☐ Salvadoran
- ☐ Spaniard/Spanish/ Spanish-American
- ☐ Other Hispanic/Latino
- ☐ Unknown

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

○ **Yes** *[If yes, go to Question 1a.]* ○ **No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate
- ☐ Anishinaabe/Ojibwe
- ☐ Cherokee
- ☐ Dakota/Lakota
- ☐ Other North American Indian Tribal Affiliation
- ☐ Unknown

Go to Question 2.

[1]Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

○ **Yes** *[Go to Question 3.]* ○ **No** *[Go to Question 3.]*

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.[1]

○ **Yes** *[If yes, go to Question 3a.]* ○ **No** *[If no, go to Question 4.]*

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate
- ☐ Asian Indian
- ☐ Burmese
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Karen
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Unknown

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.[1]

○ **Yes** *[If yes, go to Question 4a.]* ○ **No** *[If no, go to Question 5.]*

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate
- ☐ African-American
- ☐ Ethiopian-Oromo
- ☐ Ethiopian-Other
- ☐ Liberian
- ☐ Nigerian
- ☐ Somali
- ☐ Other black
- ☐ Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.[1]

○ **Yes** *[Go to Question 6.]* ○ **No** *[Go to Question 6.]*

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.[1]

○ **Yes** ○ **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

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:	◯ language(s) other than English. ◯ English and language(s) other than English. ◯ only English.	
2. My student speaks:	◯ language(s) other than English. ◯ English and language(s) other than English. ◯ only English.	
3. My student understands:	◯ language(s) other than English. ◯ English and language(s) other than English. ◯ only English.	
4. My student has consistent interaction in:	◯ language(s) other than English. ◯ English and language(s) other than English. ◯ 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.

Tri-Valley Opportunity Council
Claudia Mladek
200 E. Bowler St.
Le Center, MN 56057
E-mail: Claudia.Mladek@tvoc.org
Office: 1-800-890-4853
Website: https://www.tvoc.org

Family Survey

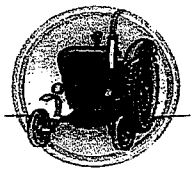
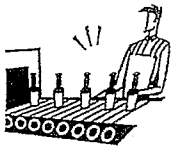
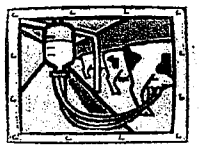
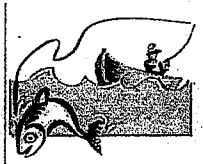
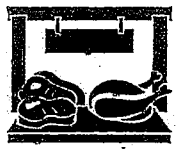
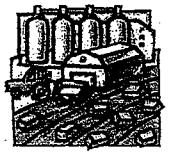
Parent/Guardian _____ Address _____ City _____ Phone _____

Student Name _____ Grade _____ ID # _____ Birthdate _____ Teacher _____

In the past 3 years have you or anyone in your family ***moved*** (city, state or school district) so that you or a family member could ***engage*** or ***actively seek*** */seasonal or temporary, agricultural or fishing work*?

YES_____ NO_____ Not Sure_____

If your answer is YES, please place a check in the appropriate box that best describes the work that was done (or sought) in

								Write Type Of Work:
Fruit, vegetable, soybeans, sunflower, cotton, wheat, grain, sugar beets, agricultural farms, ranches, fields, and vineyards.	Food warehouse, processing plant or canneries, packing sheds, elevator and fertilizer plant, alfalfa, mill.	Dairies	Poultry Farms	Fisheries	Slaughter Houses, Beef, Pork, Poultry	Forestry industry. Plant Nurseries and Orchards.	Hauling from field to silo/ elevator, agricultural products (corn)	_____ _____ _____ _____
☐	☐	☐	☐	☐	☐	☐	☐	☐

Please fill out form and return to school

1/09/19

Tri-Valley Opportunity Council
Claudia Mladek
200 E. Bowler St.
Le Center, MN 56057
E-mail: Claudia.Mladek@tvoc.org
Office: 1-800-890-4853
Website: https://www.tvoc.org

Encuesta para Familias

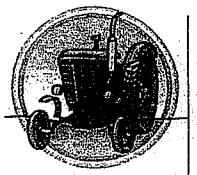
Padre/Guardián _____ Fecha _____ Domicilio _____ Teléfono _____

Estudiante _____ Grado _____ ID # _____ Fecha de Nacimiento _____ Profesor _____

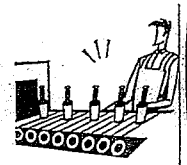
¿Se ha ***cambiado de domicilio*** (cuidad, estado o distrito escolar) usted o alguien de su familia durante los últimos tres años para ***trabajar*** o ***activamente buscar*** *trabajos temporarios de agricultura*?

Sí_____ No_____ No Se_____

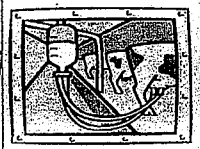
Si su respuesta es Sí por favor de indicar abajo marcando el cuadrito que mejor describa el trabajo que se hizo o se busco en



Fruta, verdura, sojas, girasol, algodón, trigo, grano, betabel, granjas agrícolas, ranchos, campos, y viñedos. ☐

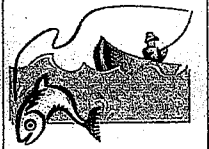


Depósito de alimentos, procesando planta, fábricas de conservas, embalando cobertizos, elevador y planta de fertilizante, alfalfa, molino. ☐

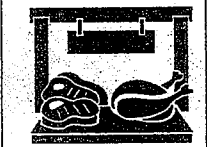


Lecherías ☐

Pollerías ☐



Industria pescadera o en el recojo de camarones. ☐



Casas de Matanza, Carne de pollo, pavo, puerco (cerdo), res (vaca), ave. ☐

La industria forestal. Invernaderos de plantas o árboles. ☐

Otro tipo de empleo:

_____
_____
_____
_____

☐

Por favor llene esta forma y regrésela a la escuela

TRANSPORTATION NEEDS

☐ MY CHILD WILL NOT NEED TO BE TRANSPORTED BY THE DISTRICT

STUDENT NAME: _____

STUDENT'S GRADE LEVEL ___Kindergarten_____

PARENT'S NAMES: _____

HOME PHONE #: _____ WORK PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: MN ZIP-CODE: _____

DIRECTIONS TO YOUR HOME: _____

MEDICAL ALERT (TO BE GIVEN TO BUS DRIVER):

_____

DAYCARE INFORMATION:

DAYCARE PROVIDER: _____

DAYCARE ADDRESS: _____

DAYCARE PHONE #: _____ DAYS ATTENDS (CIRCLE): M T W Th F
TIME ATTENDS (CIRCLE): AM PM

Parent Signature: _____

Cannon Falls Elementary School
1020 East Minnesota Street
Cannon Falls, MN 55009
www.cannonfallsschools.com

Keep It
Respect
Effort
Attitude
Learning

By keeping it REAL we will respect ourselves, others, and our community and we will be responsible for learning.

Welcome to Kindergarten!

Kindergarten students are required to have their shots before the first day of school according to Minnesota State guidelines, or have given the school notice of medical or conscientious objection.

You may use the enclosed Pupil Immunization Record or provide us with a print out from your clinic that contains all of your child's immunization history. Turn this information into the nurse at Kindergarten Round Up, or it can also be faxed to 507-263-4888, attention health office. **This information must be provided to us before the first day of school.**

Kindergarten Immunizations:

5 DPT, or 4 if 4th shot was after their 4th birthday
4 Polio, or 3 if 3rd was after their 4th birthday
2 MMR
3 Hepatitis B
2 Varicella or documentation from a physician of chicken pox disease

Your child may have gotten other immunizations other than those listed above. We will record that information if you provide it to us.

If you have any questions, please contact the health office at 263-6800 (x1262).

Pam Wulf, RN, LSN
Sheila Lawless, LPN
Sharie Baszuro, LPN

Immunization Form

Name_____ Birthdate_____

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

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

Vaccine	Birth to 6 months			12 -24 months		At Kindergarten	At 7th grade	At 12th grade
Hepatitis B								
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)								
Haemophilus influenzae type b (Hib)								
Pneumococcal (PCV)								
Polio								
Measles, Mumps, Rubella (MMR)								
Chickenpox (varicella)								
Hepatitis A								
Tetanus, Diphtheria, Pertussis (Tdap)								
Meningococcal (MCV4)								

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:

1. 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.
2. 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.

DEPARTMENT OF HEALTH
Immunization Program (2019)
www.health.state.mn.us/immunize

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.

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

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

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.

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 am aware 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)
by _____
(name of parent or guardian)

Notary Signature:
_____

Notary Stamp

STATE OF MINNESOTA, COUNTY OF
_____

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 choose 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)

Health Information Update

Student Name_____ Grade_____

Does your student have any of the following health conditions?

Allergies to food Yes No Epipen? Yes No

List foods:_____

Allergies to medication Yes No List medication:_____

Allergies to bees/insects Yes No Epi Pen? Yes No

Allergies - seasonal Yes No Medication:_____

Other allergies Yes No List allergens:_____

ADHD/ADD Yes No List medication: _____

Asthma Yes No List medications:_____

Diabetes Yes No Diabetes medications_____

Difficulty hearing Yes No (tubes/hearing loss) list:_____

Difficulty seeing Yes No (glasses or contacts)_____

Epilepsy/seizures Yes No Type of seizures_____

Date of last seizure_____ Seizure medication_____

Heart Condition Yes No Please explain_____

Kidney Disorder Yes No Please explain_____

Mental/ Emotional Yes No Please explain_____

Migraines Yes No Please explain_____

Orthopedic Problems Yes No Please explain_____

Any other medical conditions that your child's doctor has diagnosed:

_____

Recently has your child had any serious illness, accidents, surgeries or hospitalizations? Yes No Explain_____

_____

List any medications that your child takes on a regular basis:_____

_____

(Any medication to be given at school must be kept in the health office and requires a completed medication authorization form signed by a parent. Prescription medications require a physician signature as well. This form can be obtained from the nurse's office or may be found on the school website.

Parent signature_____ Date_____

Cannon Falls Elementary School

Jennifer Chappuis
Principal

PARENT INPUT FORM FOR 2021-2022 STUDENT PLACEMENT
DUE April 30, 2021
(COMPLETING & RETURNING THIS FORM IS OPTIONAL)

Student's Name _____

Grade THIS **(20-21)** Year _____ Grade NEXT **(21-22)** Year _____

COMPLETE A SEPARATE FORM FOR EACH CHILD

Describe your child's personality traits:

Provide information about your child's learning style:

List your child's areas of talent, abilities and interests:

Is there any information about your child's relationships with peers that would be helpful for us to take into account?

Other Considerations:

Does your child receive any special services? _____

According to district procedure, the final authority for classroom placement resides with the building principal. Final decisions will be based upon information that includes: educational data, recommendations from licensed staff, the creation of balanced classroom rosters, and the consideration of finding the best "fit" for students based upon professional judgment. **This process is NOT mandatory and is NOT intended to allow parents to request a specific teacher.**

The following timeline is established for the 2021-22 school year:

- Deadline for accepting Parent Input Forms: **April 30, 2021**
- Work on classroom assignments: **May - July 2021**
- Final classroom assignments will be available: **August 20, 2021**

Parent/Guardian Signature: _____ Date: _____

Return to: The School Office – *No later than April 30, 2021*

1020 E Minnesota St.
Cannon Falls, MN 55009

ph. (507) 263-6800
fax. (507) 263-4888