



Lake Benton Public School  
101 S. Garfield St.  
PO Box 158  
Lake Benton, MN 56149  
Phone: (507) 368-4235  
Fax: (507) 368-4477

### REQUEST FOR SCHOOL RECORDS

I hereby give permission to: SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Please send all grades up to time of dismissal, along with test scores, health records, special education, MARSS State ID information, pre-school screening records and any other information concerning:

STUDENT	GRADE	DATE OF BIRTH
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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who was enrolled in your school until: \_\_\_\_\_

Please send this information to: Lake Benton Public School  
101 S. Garfield, PO Box 158  
Lake Benton, MN 56149

Signature \_\_\_\_\_ Relationship: \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_

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

Date of Registration \_\_\_\_\_ School \_\_\_\_\_

Verification of Birthdate  
Certificate Used \_\_\_\_\_ Birth  
Verification of Immunizations  
\_\_\_\_ Yes Date Verified \_\_\_\_\_

**NEW STUDENT PERSONAL DATA  
LAKE BENTON PUBLIC SCHOOL**

***TO BE FILLED OUT BY A PARENT OR GUARDIAN: Please print or type. This is a permanent record and must be signed by parent or legal guardian. Verification of birthdate must be presented to the school district at the time of enrollment.***

**STUDENT IDENTIFYING INFORMATION**

Legal Name \_\_\_\_\_ Sex (circle one) M F  
(Last) (First) (Middle)

Address \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Is student known by another last name? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
MM/DD/YYYY (City) (County) (State)

**PARENT AND/OR LEGAL GUARDIAN INFORMATION**

Name	Address	Occupation
Father		
Mother		
Stepfather		
Stepmother		
Foster Parent		
Guardian		

Student Lives With: Both Parents Father Mother Other

List brothers, sisters, and other children living in the household.

Name	Birthdate	Name	Birthdate

**PREVIOUS SCHOOL ENROLLMENT INFORMATION**

Grade	Name of School	City	State	Dates

*The Family and Privacy Act (FERPA) of 1974 (20 U.S.C. 1232g; 34 CFR Part 99) is intended to protect the accuracy and privacy of student educational records. Without prior consent of parents, only parents and authorized individuals having legitimate educational interests will have access to students' educational records.*

## REQUEST FOR STUDENT SOCIAL SECURITY NUMBER

All Minnesota school districts are part of a statewide computer reporting system, which uses the student social security number to record information about your child. This information is, in turn, provided to the Minnesota Department of Education. This Department is required by law to collect and store information about each pupil, each staff member, and each educational program. Therefore, we ask that you, the parent provide your child's social security number although you are not legally required to do so.

The Department of Education uses this information to determine how much money your school district receives from the state and federal government. This information is also used to judge the quality of the state's educational programs, to improve instruction, to follow trends in student enrollment, and to track student participation in various programs.

Your child's school district will share this information with the Department of Education. The Minnesota Department of Education will share the information with the Department of Human Services to allocate additional funding and improve instruction.

As a parent, you do have to provide your child's social security number. If you choose not to provide the number, the school district staff might need to submit another type of report to receive money distributed by the state or federal government.

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

Student's Birth Date: \_\_\_\_\_ Enrolling School: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

This information is required for state reporting purposes.

Both Sections **MUST** be completed

ETHNICITY (Check appropriate box)

American Indian	
Asian or Pacific Islander	
Hispanic	
Black, not of Hispanic Origin	
White, not of Hispanic Origin	

RACE (check AT LEAST ONE box, more than one may be circled if applicable)

Hispanic/Latino	
American Indian/Alaska Native	
Asian	
Black/African American	
Native Hawaiian/Pacific Islander	
White	

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## 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.<sup>1</sup>

**[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*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

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*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

Go to Question 2.

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

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**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.<sup>1</sup>

☐ **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.

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**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.<sup>1</sup>

☐ **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.

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**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.<sup>1</sup>

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

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**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.<sup>1</sup>

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

**Print/Save**

## Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

### Student Information

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Primary Address: \_\_\_\_\_  
\_\_\_\_\_

### Digital Device Access

1. ***Does the student use an electronic device like a computer, tablet or smart phone to complete homework?***

**No** (skip to question 2)

Yes (continue to 1a)

- a. *If yes, what type of electronic device does the student usually use to complete homework?***

(select ONLY one)

- ☐ Desktop or Laptop
- ☐ Tablet
- ☐ Chromebook
- ☐ Smart phone
- ☐ Other

- b. *Is the electronic device (from 1a) provided by the school?***

- ☐ Yes
- ☐ No

- c. *Is the electronic device shared with anyone else in the home?***

- ☐ Yes
- ☐ No

## **Internet Access**

### **2. Can the student access the Internet on their electronic device at home?**

- ☐ No – Internet is **not** available at home (skip to end of survey)
- ☐ No – Internet is **not** affordable at home (skip to end of survey)
- ☐ No – Other (skip to end of survey)
- ☐ Yes (continue to 2a)

#### **a. If yes, what kind of Internet service do you have at home?**

- ☐ Residential broadband (e.g. Cable, Fiber, DSL)
- ☐ Cellular network
- ☐ School-provided hotspot
- ☐ Satellite
- ☐ Dial-up
- ☐ Other
- ☐ I am not sure.

#### **b. Can the student stream a video on their electronic device without pauses?**

- ☐ Yes – with **no** pauses or buffering
- ☐ Yes – with **some** pauses or buffering
- ☐ No – streaming doesn't work

## **Instructions to District**

You may include additional questions that would become part of your local data. These are not included in the digital equity Ed-Fi data elements and are not reported to MDE but may be useful to your local digital inclusion efforts. Examples: Include the results from [MN Broadband Speedtest](#) if known: \_\_\_\_\_Mbps Upload, \_\_\_\_\_Mbps Download; What else would you like us to know about Internet or device access at this or another place?



# 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.



**LAKE BENTON ELEMENTARY (2025-2026)**  
**EMERGENCY FORM**

Student Name: _____	Date of Birth: _____	Grade: _____
Student Name: _____	Date of Birth: _____	Grade: _____
Student Name: _____	Date of Birth: _____	Grade: _____
Student Name: _____	Date of Birth: _____	Grade: _____

Parents Name _____	Parents Name _____
Address: _____	Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____

**EMERGENCY CONTACT INFORMATION – in case of Emergency, every effort will be made to contact parents or the listed persons.**

Name: _____	Address: _____	Phone: _____	Relationship _____
Name: _____	Address: _____	Phone: _____	Relationship _____
Name: _____	Address: _____	Phone: _____	Relationship _____

# LAKE BENTON ELEMENTARY (2025-2026) HEALTH FORM

**\*\* Vaccinations must be up to date and forms provided before your child starts school, or when they first enroll in our district.**

Student Name: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

## *Other Information:*

List any present medical conditions. Be specific.

Does your child have any physical conditions?

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Does your child wear glasses?    ☐ yes    ☐ no    \*

Does your child wear hearing aids?    ☐ yes    ☐ no

**MEDICATION POLICY:** If prescription medication must be administered at school, it must be brought to the school by an adult, in the pharmacy container and with a signed note from the parent and your doctor stating *When and Why* this medication is to be given. Please, if you **MUST** send over-the-counter medications to school, send them in the original container and accompanied by a note signed by the parent and physician.

## PAST MEDICAL HISTORY:

Chicken Pox: \_\_\_\_\_ Measles: \_\_\_\_\_ German Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_ Heart Condition: \_\_\_\_\_ Kidney Condition or Disease: \_\_\_\_\_

Epilepsy: \_\_\_\_\_ Seizures: \_\_\_\_\_ Monoclis: \_\_\_\_\_ Tonsillitis: \_\_\_\_\_ Strep Throat: \_\_\_\_\_ Ear Infections: \_\_\_\_\_ Asthma (be Specific): \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have Diabetes, Injuries or Surgery conditions? \_\_\_\_\_

Did your child receive a Tetanus Booster during the past year? \_\_\_\_\_



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.

# Immunization Form

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

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

Vaccine	Birth to 6 months		12 -24 months		At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)	<input type="text"/>	<input type="text"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)	<input type="text"/>	<input type="text"/>	<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.

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		

**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\*)

**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.

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.

**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)

Notary Stamp

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

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

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

**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)