

ZUMBROTA - MAZEPPA PRIMARY SCHOOL

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

Ryan Barnick, Superintendent

Wendy Ahern, Primary Principal



Amy Hansen, Primary Secretary



February 1, 2024

Dear Parent/Guardian(s):

Excitement is always in the air at ZM Schools when we start thinking about our kindergarten students for the upcoming school year! This letter is to welcome you and your child to the 2024-2025 school year. We look forward to the opportunity to work with you and your child. If your plans have changed, please call the primary office at 507-732-7848.

Kindergarten Registration/Open House has been scheduled for April 10th from 4:30pm-6:00pm at the Zumbrota-Mazeppa Primary Building. You and your child will have the opportunity to meet the kindergarten teachers and be introduced to a kindergarten classroom experience. When you arrive you will receive your Safari Passport to Learning Card, which will be your informational guide to make sure you obtain all necessary information to make your child's kindergarten year a success. Bridge to Kindergarten is scheduled for August 12th-15th. More information has been included within this packet regarding this amazing learning experience.

If your child is currently not attending our ZM Community Preschool, you will need to schedule an academic assessment appt on April 10th. Assessments will be scheduled in fifteen-minute increments from 8:00am - 12:30pm on April 10th. **If your child currently attends our preschool program, you DO NOT have to set up an assessment time as it is completed within the preschool program.** Please call the primary office to schedule an assessment time if needed by **March 15th**. If assessments have not been scheduled by this time, a time will be scheduled for you. Confirmation letters of your assessment appointment will be mailed on March 27, 2024.

Enclosed within this packet is the necessary information we need for kindergarten enrollment. Included in this packet are as follows: ZM Family Information, ZM Student Registration, ZM Health Emergency Contact, ZM Health Office, McKinney-Vento, Demographic and Bridge to Kindergarten Registration. The State of MN also requires a copy of your child's birth certificate for their records, (photo copy would qualify- need not be an original). **All forms must be returned by February 23, 2024**

Please complete the registration forms and return to the Primary Office by Friday, February 23rd. It is imperative that we receive the enclosed information in a timely fashion to plan for the 2024-2025 school year. This registration paperwork is a requirement to ensure your child's enrollment.

Yours in Education,

Wendy Ahern
Zumbrota-Mazeppa Schools
Primary Principal/Sped Director

ZUMBROTA-MAZEPPA PUBLIC SCHOOLS FAMILY INFORMATION FORM

(Please complete ONE per family)

PRIMARY Household – (The primary residence of your students)

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

Street Address:

Apt #:

Mailing Address (if different than above):

City:

State:

Zip:

Household Phone:

☐ - Landline

☐ - Cellular

Primary Parent/Guardian Information – (Parent(s)/Guardian(s) living in primary household with students)

Full Legal Name A:
(Last, First, Middle)

Full Legal Name B:
(Last, First, Middle)

Birth date: / /

Gender:
☐ - Male
☐ - Female

Hispanic: Y or N
Migrant: Y or N

Birth date: / /

Gender:
☐ - Male
☐ - Female

Hispanic: Y or No
Migrant: Y or N

Cell () -

Work () -

Cell () -

Work () -

Employer:

Employer:

E-mail:

E-mail:

*****Please list ALL members of the primary household – (Adults, Parents & children)*****

Relationship= (Son, Daughter, Spouse, Self, Step-Son, Step-Daughter, Foster Child, etc...)

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

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

Full Legal Name C:
(Last, First, Middle)

Name(s) of student(s) pertaining to this
parent/guardian:

Relationship to
Parent/guardian C

Legal
Guardian

Street Address:

City:

State:

Zip:

Birth date: / /

Gender: ☐ - Male
☐ - female

Nickname:

Cell () -

Work () -

Employer:

E-mail:

Home Phone: () -

☐ - Landline
☐ - Cellular

☐ - Y
☐ - N

Parent Portal Acceptance

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

☐ Parent/Guardian A: (initials) ☐ Parent/Guardian B: (initials) ☐ Parent/Guardian C: (initials)

Emergency Contacts – (Emergency contacts are those people to whom we may release the students listed above in the event of an illness or injury if the Parent/Guardian cannot be reached. In the case of serious accident or illness at school, 911 will be called. DO NOT put the names of any previously listed Parent/Guardians in the following spaces.)

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

Parent/Guardian Signatures

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

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

Protection and Privacy of Student Records

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

Photo Release

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

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

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

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

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

Parent/Guardian Signature

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

STUDENT INFORMATION

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

STUDENT'S HERITAGE

Racial/Ethnic Background: (REQUIRED)

Is the child Hispanic/Latino? (Check only one)

☐ NO, not Hispanic/Latino

☐ YES, Hispanic/Latino

More Detailed Hispanic/Latino Codes

☐ Colombian

☐ Ecuadorian

☐ Guatemalan

☐ Mexican

☐ Puerto Rican

☐ Salvadoran

☐ Spaniard/Spanish/Spanish-American

☐ Other Hispanic/Latino

☐ Unknown

☐ Decline to answer

RACE: (Circle all that apply) (REQUIRED)

1 - American Indian/Alaskan Native

2 - Asian

3 - Black/African American, not of Hispanic Origin

4 - Pacific Islander

5 - White

6 - Hispanic

More Detailed Race/Ethnicity _____

Race Ethnicity (Circle One) (REQUIRED)

00 - Not North American Indian/Alaskan Native or American Indian from South or Central America

01 - North American Indian or Alaska Native

02 - American Indian from South or Central America

03 - Both North American Indian or Alaska Native AND American Indian from South or Central America

Military Connect Youth: Yes No

Which language did your child learn first:

English _____

Other _____

Which language is most often spoken in your home:

English: Yes No

Other: _____

Which language does your child usually speak:

English Yes No

Other: _____

Birth Country: - USA - Other _____

If other, Date Entered United States: (mm/dd/yy) / /

STUDENT'S PREVIOUS EDUCATIONAL EXPERIENCE

Has student been enrolled in a MINNESOTA Public School? Yes No

*If YES, what is the name of the MN Public School and year(s) attended?

Name: _____ Date: _____

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

Last School Attended: District No. City/State/Zip Month/Year Last Attended: _____

ADDITIONAL INFORMATION

Is the student a resident of the ZM school district?

- Y - N

* If not a ZM resident, has an Open Enrollment form been completed for the student?

- Y - N

Is the student a ward of the State?

- Y - N

Has the student's family moved to this school district within the last 36 months for temporary or season agricultural or fishing work?

- Y - N

Has this student received ESL (English as a Second Language) services?

- Y - N

Has this student been identified as Gifted and Talented?

- Y - N

Has the student ever been assessed for or received Special Education Services (this includes speech & early childhood)?

- Y - N

* If YES, please provide details:

Are there legal custody, restraining orders or school disciplinary (expulsion) issues that we should be aware of? (Please provide documentation)

- Y - N

* If YES, please describe:

KINDERGARTEN ONLY - Early childhood Screening is a requirement for Kindergarten Enrollment: Has your child received a comprehensive health and developmental screening as a preschooler (3-5 years old)?

- Y - N

* If YES: Screening Date: (mm/dd/yy): / / Where: _____

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

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

Please describe any of the previously checked conditions and care.

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

TRANSPORTATION INFORMATION

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

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

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

a.m. _____ p.m. _____

VERIFICATION OF INFORMATION

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

Signature of Parent/Guardian:

Date:

ZM Heath Office Emergency Information

Student Name (First) _____ (Middle) _____ (Last) _____
Grade _____ D.O.B. _____ Home Phone _____
Student's Address _____ / _____ / _____
Street City State / Zip

Parent / Guardian Information

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

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

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

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

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

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

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

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

Family Doctor: _____ Phone: _____
Dentist/Orthodontist: : _____ Phone: _____
Hospital Choice: _____

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

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

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

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

Signature of Parent/Guardian: _____ Date: _____

ZUMBROTA-MAZEPPA SCHOOL HEALTH INFORMATION FORM

PART 1 Parent or guardian to complete. Parent or guardian is encouraged to participate in the development of an Individual Health Care Plan, if needed.				
Student Name Last First Middle			Sex <input type="radio"/> M <input type="radio"/> F	Date of Birth
School		Grade	Parent/Guardian Name	
Home Phone		Mother Cell	Father Cell	
My child has a medical condition that may affect his or her school day <input type="radio"/> No <input type="radio"/> Yes (please complete Part 2)				
Parent or Guardian Name (Print or Type)			Email Address	
Parent or Guardian Signature			Date	
PART 2 Complete ALL boxes that apply to your child. Parent/guardian is responsible for providing the school with any medication, special food, or equipment that the student will require during the school day. Check with the school office to obtain correct medication forms. If an individual school health care plan is indicated, parent/guardian is responsible for providing the school nurse with necessary medical information and forms. Please see link to locate your building's school nurse and forms: http://www.zmschools.us/departments/welcome-health-services				
<input type="checkbox"/> ALLERGIES				
Allergy Type <input type="checkbox"/> Food List food(s) _____ <input type="checkbox"/> Bee/Insect Sting <input type="checkbox"/> Other (List) _____ Reactions <input type="checkbox"/> Type <input type="checkbox"/> Mild <input type="checkbox"/> Severe Date of last severe reaction: _____ Describe your child's allergic reaction symptoms: _____				
<ul style="list-style-type: none"> ▪ Does your child require classroom designation (i.e. peanut, nut, dairy, or seafood "free" etc.)? <input type="radio"/> No <input type="radio"/> Yes ▪ Does your child need to sit at a specified allergy free area in the cafeteria? <input type="radio"/> No <input type="radio"/> Yes ▪ Will your child be riding the bus to school? <input type="radio"/> No <input type="radio"/> Yes 				
Currently prescribed medications and treatment: <input type="checkbox"/> Oral antihistamine (Benadryl, etc.) <input type="checkbox"/> Epinephrine <input type="checkbox"/> Other _____				
(A Medication Authorization Form is required for all medications at school. See next page)				
<input type="checkbox"/> FOOD INTOLERANCE				
<input type="checkbox"/> Due to gastrointestinal (digestive) distress List foods: _____ <input type="checkbox"/> Due to religious preferences List foods: _____				
<input type="checkbox"/> ASTHMA				
Triggers <input type="checkbox"/> Exercise <input type="checkbox"/> Environmental <input type="checkbox"/> Other (list) _____				
Symptoms <input type="checkbox"/> Chest tightness, discomfort, or pain <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Throat itch, tightness, or soreness <input type="checkbox"/> Coughing <input type="checkbox"/> Hoarseness <input type="checkbox"/> Wheezing <input type="checkbox"/> Other _____ Date of last hospitalization for asthma _____				
Currently prescribed medications and treatment <input type="checkbox"/> Inhalers <input type="checkbox"/> Oral antihistamines <input type="checkbox"/> Oral steroids <input type="checkbox"/> Nebulizer <input type="checkbox"/> Oral Bronchodilator <input type="checkbox"/> Peak flow monitoring				
Will your child require medication at school? <input type="radio"/> No <input type="radio"/> Yes				

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

RETURN COMPLETED FORM TO SCHOOL OFFICE

ISD 2805 McKinney-Vento Questionnaire

Your child may be eligible for additional education services through Title I Part A, Title I part C-Migrant, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire.

1. Presently, are you and/or your family in any of the following situations? *Check one box.*
 - ☐ Staying in shelter, trailer, or waiting for foster care placement.
 - ☐ Sharing the housing or other due to loss of housing, economic hardship, similar reason, doubled-up.
 - ☐ Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
 - ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
 - ☐ Unknown nighttime residence.
2. Unaccompanied youth: not in the physical custody of a parent or guardian. *Check one box.*
 - ☐ Y Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult.
 - ☐ N Student does not meet the definition of "Unaccompanied youth".
3. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (dairy, chicken, vegetable, citrus, or other) or fishing: *Check one* ____ Y ____ N
 - ☐ 1, 2, or 3 do not apply. STOP: If you checked this box, you do not need to complete the remainder of this form. Submit this form to school personnel.

4. Student's Name(s)

First

Middle

Last

The undersigned certifies that according to the information provided above, the students listed meet the definition of "homeless" as stated in McKinney-Vento Act (subtitle B, Sect. 725) of July 1, 2002.

 Print Parent/Guardian Name

 Signature

 Date

District Use Only

District Homeless Contact: Based on the above information and a brief interview or inquiry with and/or of this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act.

 Print District Homeless Contact (required)

 Title (required)

 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.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*):

- | | | | |
|--|---------------------------------------|--|--|
| <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/ | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | Spanish-American | |

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.

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 _____

Zumbrota-Mazeppa Public Schools

ZUMBROTA - MAZEPPA PRIMARY SCHOOL

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

Bridge to Kindergarten 2024-2025 School Year

February 1, 2024

We are excited to announce that Zumbrota-Mazeppa will offer a week-long summer program for all students who are enrolled in kindergarten for the 2024-2024 School Year! Zumbrota-Mazeppa Bridge to Kindergarten is a free program offered through Zumbrota-Mazeppa School District. Bridge to Kindergarten is designed to assist children and families in making a smooth transition to kindergarten. **This program is not mandated, but is strongly encouraged.**

During Bridge to Kindergarten, children will participate in a kindergarten-like classroom and school experience at the ZM Primary Building with the support of Kindergarten Staff. The program will be held at the ZM Primary Building **Monday, August 12th - Thursday, August 15, 2024 from 8:30am to 11:30am.** Breakfast will be provided free of charge to all students in attendance. If transportation is the reason for your child not attending, please reach out to us regarding potential options.

Enclosed you will find the Bridge to Kindergarten form. Please submit this form with your Kindergarten Enrollment Paperwork. Your child's registration for Bridge to Kindergarten is not reserved until the enclosed paperwork is completed and submitted.

More specific information about Bridge to Kindergarten will be available during Kindergarten Registration/Open House and will be mailed to registered children's families in July.

We are looking forward to having your child attend Bridge to Kindergarten! If you have any questions, please feel free to contact me at your convenience.

Wendy Ahern
Zumbrota-Mazeppa District
Primary Principal/Sped Director

Bridge to Kindergarten Registration Information

Child's Name:	Date of Birth:	M / F
Parent(s):	Primary Phone:	
Address:	Secondary Phone:	
City/State/Zip:	Primary Email Address:	
Emergency Contact:	Relationship to Student:	Phone Number

1. Is this your first child attending Kindergarten at ZM? ☐ Yes ☐ No

Older sibling's name(s):

2. What is your child's primary home language? ☐ English ☐ Spanish ☐ Other:

3. Do you give permission for your child to be included in photographs and/or other media during Bridge to Kindergarten (Such media may be included on the school district website, in the newspaper, on district social media accounts, or in other outlets)?

☐ Yes ☐ No

4. Has your child completed early childhood screening? ☐ Yes ☐ No

5. Has your child attended preschool? ☐ Yes ☐ No

Where? _____ For how long? _____

If **yes**, may we contact your child's preschool teacher? ☐ Yes ☐ No

6. Are your child's immunizations up-to-date? ☐ Yes ☐ No

If not, when is your child scheduled to receive their immunizations?

Please list any concerns you have regarding your child, including any concerns about his/her readiness for kindergarten:

I understand that if my child registers for the Bridge to Kindergarten Program, they are expected to attend each class day for the full amount of time. Additional information about the program will be mailed out to registered families during July.

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____

Please return this form with your Kindergarten Enrollment Paperwork.

Zumbrota-Mazeppa Primary School

Attention: Bridge to Kindergarten

799 Mill Street

Zumbrota, MN 55992

Phone: (507) 732-7848

