

Return to: Kato Public Charter School
Attention: Business Office
110 North 6th Street
Mankato, MN 56001
Phone: 507/387-5524 – Fax: 507/387-5680
www.katopcs.org

STUDENT INFORMATION:

Student Last Name _____ Student First Name _____ Student Middle Name _____

Student Home Address _____ Student Home City/State/Zip _____

Student Home Phone _____ Student Cell Phone _____ Student E-mail Address _____

_____ Grade Applying For _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1:

☐ Biological ☐ Step-parent ☐ Other (please describe relationship) _____

Name _____ E-mail Address _____

Cell Phone _____ Work Phone _____

Parent/Guardian #2:

☐ Biological ☐ Step-parent ☐ Other (please describe relationship) _____

Name _____ E-mail Address _____

Cell Phone _____ Work Phone _____

Non-custodial parent (if applicable):

☐ Biological ☐ Step-parent ☐ Other (please describe relationship) _____

Name _____ E-mail Address _____

Cell Phone _____ Work Phone _____

****My signature certifies all information listed above is accurate.****

Parent or Guardian Signature/Student's Signature if 18 Years Old or Older

Date

☐ New Student ☐ Returning Student

Please Return To:

Kato Public Charter School, Attn: Business Office
110 North 6th Street, Mankato, MN 56001
Phone: 507-387-5524 Fax: 507-387-5680

Did someone refer you to KPCS? ☐ Yes ☐ No If yes, who: _____

How did you hear about KPCS? ☐ KPCS Student ☐ Radio ☐ Newspaper ☐ Other: _____

STUDENT INFORMATION:

Student Last Name _____ Student First Name _____ Student Middle Name _____

Male/Female _____ Student Date of Birth _____ Grade in Fall 2022 _____ Previous School and/or District # (Please include city) _____

Student Home Address _____ Student Home City/State/Zip _____

Student Home Phone _____ Student Cell Phone _____ Social Security # (Optional) _____ Student E-mail Address _____

IS THIS ADDRESS (check one):

- ☐ Permanent (you are receiving mail at this address)
☐ Temporary (you will physically be living at this address for 60 days or less)

RACE/ETHNICITY (please answer both Part A and Part B):

Part A: Is this student Hispanic/Latino (choose only one)

- ☐ No, not Hispanic/Latino
☐ Yes, Hispanic/Latino

Part B: What is the student's race? (choose one or more)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Please use additional piece(s) of paper for answers if needed.

Does the student have a current 504 Plan? _____ (yes or no)

Does the student have a current IEP? _____ (yes or no)

Does the student have English Language Learner Services? _____ (yes or no)

Has the student ever been expelled from school? If yes, please explain.

Has your student had truancy issues at previous school? _____ (yes or no)

Is there any other information about your child that the school needs to know to best meet his/her needs?

****My signature certifies all information listed above is accurate.****

Parent or Guardian Signature/Student's Signature if 18 Years Old or Older _____

Date _____

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 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"/>		
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Haemophilus influenzae type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Measles, Mumps, Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Chickenpox (varicella)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Meningococcal (MCV4)	<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 800-651-3970.
- 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.

ADDITIONAL STUDENT INFORMATION

At times there are situations in a family's or student's experience that could affect educational progress. In an effort to better serve your student, having additional information may help us to better understand and assist your child in the most beneficial manner. **Please note, any information you provide here is completely optional and will not affect your child's admission to Kato Public Charter School.**

Please complete the following, listing possible factors that may affect your child's educational experience. On the lines below, describe any situations which you would like applicable Kato Public Charter School staff to be aware of. These may include but are not limited to: medical, physical, emotional, or behavioral issues related to your student or a family member, family changes, sickness or death of a loved one, bullying and/or other issues.

Medical _____

Emotional _____

Behavioral _____

Attendance _____

Student changes _____

Bullying _____

Any additional information

Your child's advisor is the first point of contact in discussing the needs of your child. Additionally, Kato Public Charter School has in-school therapy through Counseling Services of Southern MN (CSSM)?

Are you interested in receiving information about counseling or therapy services for your student?
__ YES __ No

If you would like to discuss your student's specific situation, please contact the school at (507) 387-5524 to make an appointment to talk with your advisor, the director, or to connect you with the school's appointed CSSM therapist.

Dear Parents and Guardians: In order to help your child be most successful, your child's teachers need to know which language your child uses most often. Please complete the information below.

Students Name (Last, First, Middle) _____
Last First Middle

Date of Birth _____

Age _____

Please check the appropriate box.

Which Language did your child learn first?

- ☐ English
- ☐ Other (Specify) _____

Which Language is most often spoken in your home?

- ☐ English
- ☐ Other (Specify) _____

Which Language does your child usually speak?

- ☐ English
- ☐ Other (Specify) _____

Signature - Parent/Guardian _____ Date _____

STUDENT VEHICLE REGISTRATION 2023-2024

Driver's Name _____ Today's Date _____

Driver's License # _____

Primary Vehicle

Vehicle Make _____

Vehicle Model _____

Vehicle Color _____

License Plate # _____

Vehicle Owner _____

Phone # _____

Secondary Vehicle

Vehicle Make _____

Vehicle Model _____

Vehicle Color _____

License Plate # _____

Vehicle Owner _____

Phone # _____

**** Student driven vehicles MUST park in the school parking lot behind the building. ****
**If parked on the street in front of school the vehicle could possibly be
towed at owner's expense.**



TRANSPORTATION REGISTRATION FORM SCHOOL YEAR 2023-2024

THIS FORM MUST BE FILLED OUT FOR EACH STUDENT

Student Last Name Student First Name SEX: M F / /
Date of Birth

Student Home Street Address (Do Not Use PO Box) City State Zip Code

Parent/Guardian Last Name First Name Parent Phone Number

School Currently Attending Grade During 2023-24 School Will Attend During 2023-24 School Year

Will your residence change before next year? Yes ___ No ___ If Yes, students who move need to visit the Central Registration Office to change their address and register for a pass to their new address.

What means of transportation will your student use most often to get to/from school? (Mark only one answer)

____ Walking/Biking ____ Parent/Private Vehicle ____ Parent pays the Bus Company for transportation

____ District Paid Bus (must be eligible per District Guidelines – see below) one way or round trip

Date of First Bus Ride _____ **How often will student be riding the bus?** _____

____ Special Education Mini Bus per IEP (no bus pass needed – **must** be set up by Special Education casemanager)

Other (please list) _____

Will your student (**K-5 only**) use a District bus to be transported to/from a Daycare Facility? Yes _____ No _____

REMINDER: The Daycare Transportation Form must be completed before a pass will be issued. Forms are available at all elementary school offices, in the Central Registration Office or on the District website at www.isd77.org; under District, click Transportation. Please contact 207-4006 with questions regarding completion of the Daycare Transportation Form.

Since the 2006-07 school year, Mankato Area Public Schools has been using the VersaTrans Solutions computer system to collect & record the school bus transportation data for all public & non-public students being transported on a regular bus. Each year all students entering grades K-12 **MUST** pre-register in the spring for their busing needs the following school year. Obtaining an accurate count of students who will actually ride a school bus is VERY important to the design of efficient low cost routes that will keep our transportation costs at a minimum.

To be eligible for transportation students in grades K-5 must reside at least 1 mile from their school of attendance and students in grades 6-12 must reside at least 2 miles from their school of attendance, and must live within the attendance boundary of the school they attend. Students not eligible for transportation who are interested in paying for busing would need to contact the bus contractor who serves their area to find out if a private contract is an option. **Students who move need to visit the Central Registration Office to change their address and register for a new pass.** Students eligible for transportation who decline bus service at this time may re-establish the service any time during the school year by completing a new Transportation Registration Form at the Central Registration Office or at the school the student attends. **Late and new student registrations need to allow at least 5 business days for processing before accessing bus services.** If you have questions, please contact Tricia Ries in the District Transportation Office at tries2@isd77.org or at 507-207-4006.

Passes - All students must be registered at either a public or a non-public school before a bus pass can be issued. Passes will be sent to each school in August and can be picked up at their entrance conference or orientation. **If a student loses his/her pass they must report it to either their bus driver or bus company and replacement passes will be issued by the bus company for a fee of \$5.00 each.**

ALL INFORMATION SUBJECT TO CHANGE DUE TO BUDGET

PERMISSION TO GIVE MEDICATION AT SCHOOL 2023-2024

Please note: Whenever possible medication(s) should be given at home.

TO BE COMPLETED BY PARENT OR GUARDIAN:

I request that my child _____ receive the medication(s) listed below. ***I will furnish the medication in the original prescription bottle properly labeled by a pharmacist. Non-prescription medication must be in the original bottle (such as Tylenol, Advil, etc.).*** I understand that the school district is providing a service and does not assume any responsibility for this service. I also understand that although the school health aide will supervise the administration of the medication, the school health aide will not necessarily administer the medication. We ask that the medication accompany this form or be delivered by the parent to the office.

Non-prescription medication(s) authorized and provided by parent: _____

Parent or guardian signature: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN OR INCLUDE A COPY OF THE PRESCRIPTION:

I request that my patient receive the following medication (prescription and/or over the counter):

Name of Student: _____ Date of Birth: _____

Diagnosis: _____

Name of medication and prescribed dosage: _____

Means of administration: _____

Time to be administered during school hours (8:00 – 3:05): _____

Expected duration of treatment: _____

Possible side effects and adverse reactions: _____

Other recommendations: _____

Date: _____ Signature of Physician: _____

We need your help! We need parent volunteers to help with many activities and events throughout the year here at Kato Public Charter School. We are looking for creative and willing parents to join STPC and help KPCS students have a positive and educational experience. If you are interested in helping please fill out the information below. Please watch our web page for upcoming STPC meetings and other activities that you will be needed to help support. Please come join us in making this a great year at KPCS. All are welcome at any time!

Please Print Legibly

Parent(s)/Guardians Name: _____

Student Name: _____

Address: _____

City: _____, MN Zip Code _____

Phone # _____ Alternate Phone: _____ E-mail Address: _____

Please put a check mark by the activities you would be interested in helping with:

- ☐ Prom
- ☐ School Activities and Programs
- ☐ Robotics
- ☐ Graduation
- ☐ Field Trips/Chaperones
- ☐ Fundraising and Donations
- ☐ Student Teacher Parent Committee (STPC/PTO)
- ☐ Other: _____



District Parent Letter

Dear Parent or Guardian:

In an effort to assist Minnesota districts in providing targeted programs and services to help all students succeed, districts are required by law to request more detailed student ancestry or ethnic origin information based on Minnesota's largest groups, beyond what has been collected on enrollment forms under federal law since 2008. Parents or guardians are not required to answer the federal questions (in bold) on the Ethnic and Racial Demographic Designation Form for their children. However, if you choose not to answer the federal questions (in bold), federal law requires schools to choose for you. State questions are labeled as "Optional" and schools will not fill in this information for you. Refusal to respond will not impact enrollment in the school.

As a result of the new law, you are asked to report your child's information. Starting with the 2019-20 school year, all schools in Minnesota will collect this information using these updated categories. The Minnesota Department of Education will continue to incorporate feedback from the public into this form.

To report your child's information, please complete the enclosed form and return it to Kato Public Charter School before the first day of school. Note: You may choose to not indicate any of the more detailed selections by marking the "decline to indicate" option(s). You may also choose to mark an "other" option if you do not see your group represented. School staff are not required to assign students to these detailed groups.

Please complete and return the enclosed form. For more information about the reporting categories, please contact Tammy Prewitt at 507-387-5524 ext. 401.

Sincerely,

Dr. Mymique Baxter

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/
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.

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



SCHOOL SUPPLY LIST 2023-2024

Please purchase the following items before school begins on - September 5, 2023

- ❖ Earbuds/headphones ****Required****
- ❖ Water Bottle
- ❖ (2 min.) Masks (optional)
- ❖ (1 large) Clorox Wipes
- ❖ Hand Sanitizer (personal)
- ❖ Backpack
- ❖ #2 pencils (students need to have a pencil every day!)
- ❖ Pens – blue or black
- ❖ (8-10) Solid colored folders with inside pockets on both sides
- ❖ (1) Scientific calculator
- ❖ Pencil erasers
- ❖ Glue sticks
- ❖ Highlighters – specifically 1 – 2 yellow highlighters
- ❖ (6 - 10) 1 Subject notebooks or (1 – 2) multiple subject notebooks
- ❖ (1 – 2) 3 ring binders
- ❖ 1-2 Ream of white copy paper for school use
- ❖ Loose leaf paper for the 3 ring binders
- ❖ Scissors
- ❖ Personal planner/organizer/calendar
- ❖ **2 boxes of Kleenex to share with the classrooms**
- ❖ Container to hold pens, pencils and markers
- ❖ Colored Pencils
- ❖ Colored Markers

Please note that your student may need additional supplies throughout the school year. Kato Public Charter School cannot supply materials for student projects. All materials need to be furnished by the family.