

Summer 2023

Dear Students, Parents, and Members of Our Warrior Community,

Approaching the new school year always brings feelings of excitement and fresh ideas. The beginning of the 2023-24 school year is upon us, so I would like to share some updates with you.

This school year we welcome **Mr. Jeremy Shedlosky in the role of Assistant Director of Teaching and Learning in K-5**. He has an extensive background in education, seeing the school setting from a variety of roles as a kindergarten teacher, instructional coach, and principal. He will work alongside Krista Skoglund-Carlson, our K-5 Director of Teaching and Learning, and we are excited to have him on our team! In secondary education, Jenee Nordstrom will continue in the role of Director of Teaching and Learning in grades 6-12, and Jim Lee will continue in the role of Assistant Director of Teaching and Learning in 6-12. In addition, we are **expanding the number of instructional coaches** to elevate HCPA's teaching and curriculum practices even higher. We have an excellent instructional team to support our school community!

The effects of COVID-19 are still being felt in schools across the country, and HCPA is no exception. The pandemic impacted students' learning, mental health, and social-emotional development. As a result, **HCPA will be implementing RULER, a social and emotional learning curriculum** developed by the Yale Center for Emotional Intelligence. All students in K-12 will build skills of emotional intelligence. In **K-5, we will begin implementing a new English language arts curriculum called Wonders**. And in all grades and departments our **teacher teams have set academic goals** to support our students' academic progress.

I encourage families to reach out to teachers often and feel free to bring up any questions or concerns. Please check Seesaw (K-2) and Schoology (3-12) often for updates to grades and assignments.

Please note these important dates:

- Student Orientation - Wednesday, August 23, 2023
 - 1PM - 3PM New Students
 - 3PM - 6PM Returning Students
- First Day of School – Tuesday, September 5, 2023.

We have more and more students' whose parents graduated from HCPA. This says so much about the trust and faith you have placed with us and we will work hard to partner with you to make sure each child receives the best education possible. We will do this through our **5 Core Values**:

Warrior Way
Relationships and Connections
Commitment to Excellence
College and Career
Global Perspective

We really strive to be "All that a school should be" for each child, so please reach out with any questions or concerns that you have. My team and I are here to support you and your students. We thank you for your partnership.

Respectfully,

Danijela Duvnjak

Danijela Duvnjak

Chief Academic Officer

(w) 651/332-8586 (c) 651/274-3228

All that a school should be.

IMPORTANT CONTACT INFORMATION 2023-2024

Attendance Office attendance@hcpak12.org 651-332-8567	Transportation Office hcpa_transportation@hcpak12.org 651-289-1877	Health Office healthoffice@hcpak12.org 651-209-8004
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HMONG COLLEGE PREP ACADEMY | 2023-2024 CALENDAR

Student Days: 172 (S1=87; S2=85) +Indicates early release.

August 2023							* 14-15 <u>New teachers/staff workshops (2 days)</u>	* 9 + Early release at 11am/ <u>Teachers/staff workshops</u>	February 2024						
Su	M	T	W	Th	F	Sa	* 16-23 <u>All teachers/staff workshops (6 days)</u>	* 19 No School: President's Day	Su	M	T	W	Th	F	Sa
		1	2	3	4	5							1	2	3
6	7	8	9	10	11	12	* 23 Student orientation 1-3pm New families 3-6pm All families		4	5	6	7	8	9+	10
13	14	15	16	17	18	19			11	12	13	14	15	16	17
20	21	22	23	24	25	26	* 24-31 Open for teachers/staff meetings and classroom setup		18	19	20	21	22	23	24
27	28	29	30	31					25	26	27	28	29		
							* 24-31 MN State Fair								

September 2023							* 1-4 MN State Fair Open for teachers/staff meetings and classroom setup	* 7 Evening Parent/Teacher Conferences 5-8pm	March 2024						
Su	M	T	W	Th	F	Sa	* 4 No School: Labor Day	* 8 No School: Parent/Teacher Conferences 10-4pm	Su	M	T	W	Th	F	Sa
					1	2								1	2
3	4	5	6	7	8	9	* 5 First day of school for K-12/ S1 begins	* 29 + Early release at 11am/ Grading Mid-semester 2	3	4	5	6	7	8	9
10	11	12	13	14	15	16			10	11	12	13	14	15	16
17	18	19	20	21	22	23			17	18	19	20	21	22	23
24	25	26	27	28	29	30			24	25	26	27	28	29+	30
									31						

October 2023							* 12 Evening Parent/Teacher Conferences 5-8pm	* 1-5 No School: Spring Break	April 2024						
Su	M	T	W	Th	F	Sa	* 13 No School: Parent/Teacher Conferences 10-4pm	* 8 Classes resume	Su	M	T	W	Th	F	Sa
1	2	3	4	5	6	7	* 19 No School: Regular work day- <u>Teachers/staff workshops</u>	* 23-24 +Early release at 1pm/ State testing/ Digital Learning Day for 9th and 12th grades							
8	9	10	11	12	13	14				1	2	3	4	5	6
15	16	17	18	19	20	21	* 20 No school for students and staff		7	8	9	10	11	12	13
22	23	24	25	26	27	28			14	15	16	17	18	19	20
29	30	31							21	22	23+	24+	25	26	27
									28	29	30				

November 2023							* 10 +Early release at 11am/ Grading Mid-semester 1 * 22 HCPA World Culture Day +Early release at 1pm * 23-24 No School: Thanksgiving Break	* 17 No School: <u>Teachers/staff workshops</u> * 27 No School: Memorial Day	May 2024						
Su	M	T	W	Th	F	Sa			Su	M	T	W	Th	F	Sa
			1	2	3	4						1	2	3	4
5	6	7	8	9	10+	11			5	6	7	8	9	10	11
12	13	14	15	16	17	18			12	13	14	15	16	17	18
19	20	21	22+	23	24	25			19	20	21	22	23	24	25
26	27	28	29	30					26	27	28	29	30	31	

December 2023							* 8 + Early release at 11am/ <u>Teachers/staff workshops</u>	* 6 Last day of school/ +Early release at 11am/ Grading/ Semester 2 ends	June 2024						
Su	M	T	W	Th	F	Sa	* 25-29 No School: Winter Break	* 6 Senior Commencement 6pm	Su	M	T	W	Th	F	Sa
					1	2		* 17 Summer School begins							1
3	4	5	6	7	8+	9			2	3	4	5	6+	7	8
10	11	12	13	14	15	16		* 19 NO SUMMER SCHOOL: Juneteenth Holiday	9	10	11	12	13	14	15
17	18	19	20	21	22	23			16	17	18	19	20	21	22
24	25	26	27	28	29	30			23	24	25	26	27	28	29
31									30						

January 2024							* 1-5 No School: Winter Break	* 4 NO SUMMER SCHOOL: July 4th Holiday	July 2024						
Su	M	T	W	Th	F	Sa	* 8 Classes resume		Su	M	T	W	Th	F	Sa
	1	2	3	4	5	6	* 15 No School: MLK			1	2	3	4	5	6
7	8	9	10	11	12	13			7	8	9	10	11	12	13
14	15	16	17	18	19	20	* 26 No School: Semester 1 ends/ <u>Teachers/staff workshops/ Grading/ Semester 1 ends</u>		14	15	16	17	18	19	20
21	22	23	24	25	26	27			21	22	23	24	25	26	27
28	29	30	31				* 29 S2 begins		28	29	30	31			



**HMONG COLLEGE
PREP ACADEMY**



2023-2024 STUDENT ORIENTATION

BACK TO SCHOOL!

**WEDNESDAY
AUGUST 23, 2023**

New Students: 1:00 pm – 3:00 pm

Returning Students: 3:00 pm – 6:00 pm

DOCUMENTS TO BRING:

- General Permission Slip
- Demographics Form
- Health Form

FEES TO BE PAID:

- Technology Insurance for grades 6-12
- Uniform (if applicable)

Please note that only cash and credit cards are accepted.

ORIENTATION NOTES:

- Meet your teachers and prepare for the first day of school.
- Digital schedules for students in grades 6-12 are available on Schoology.
- Printed copies of 6-12 schedules will be available on the first day of school.



(651) 209-8002



1515 Brewster Street, Saint Paul, MN 55108

Free Back to School Supplies!



The 2023-2024 school year is coming up fast and it is time to start getting school supplies for students. There are many resources available to families in need of school supplies!

Here is a list of some of the resources out in the Greater Twin Cities area. Restrictions may apply, according to the city/township that families live in.

August 19th, 2023: Backpack Giveaway

Organization: Merrick Community Services

Location: 1669 Arcade Street N., Suite 4, Saint Paul, MN 55106

Time: By appointment

Requirement: You must register online at <https://merrickcs.org/2023backpack/>

Contact: 651-771-9339

August 23rd, 2023: Annual Back to School Event

Organization: Family Values for Life

Location: First Covenant Church

1280 Arcade Street, Saint Paul, MN 55106

Time: 4:30pm - 7:30pm

Requirement: Registration is completed at the event.

Contact: 651-774-6663

Month of August: Salvation Army Back-to-School Donations and Distributions

Location: Your Local Salvation Army

Time & Date: Please visit and/or ask your local Salvation Army to determine their date for distribution.

Requirement: Call your local Salvation Army to preregister. Most locations require a photo ID, a piece of mail that verifies your address, and some form of identification for each child (medical card, school ID, etc.)

You can also check with your local faith organizations to see if they will be hosting a Back to School Supplies event!

HELPFUL TIP:

When buying school supplies for your child(ren), **REMEMBER TO HOLD ON TO THOSE RECEIPTS!!!!**

With the receipts, you can claim the credit on your MN Income Taxes the next time you file.

All that a school should be.

<p>KINDERGARTEN</p> <ul style="list-style-type: none"> 1 - Pack of PRIMARY pencils (<i>"Fat" pencils</i>) 2 - Packs 24 Crayola color crayons 1 - Pack 8-count washable markers 1 - Pack of Expo dry-erase markers 1 - Scissors (<i>round-tip "kid" scissors</i>) 12 - Glue sticks 1 - Bottle Elmer's Liquid Glue 2 - 2-Pocket Folders (<i>solid color</i>) 1 - Wide ruled composition notebook 3 - Large boxes of Kleenex (<i>facial tissues</i>) 2 - Containers Clorox (<i>disinfecting</i>) wipes 1 - Box sandwich size Ziploc bags 1 - Box gallon size Ziploc bags <p><u>LABEL with Child's Name</u></p> <ul style="list-style-type: none"> 1 - Set of extra clothes (<i>to be left at school, does not have to be school uniform</i>) 	<p>GRADE 1</p> <ul style="list-style-type: none"> 2 - Packs of pencils (<i>24 total</i>) 3 - Large pink erasers 1 - Pack 24 Crayola color crayons 2 - Pack washable markers 1 - Pack of Expo dry-erase markers 1 - Pack watercolor paints 1 - Scissors (<i>round-tip "kid" scissors</i>) 8 - Glue sticks 1 - Bottle Elmer's Liquid Glue 1 - 2-Pocket Folder 1 - Wide ruled composition notebook 3 - Large boxes of Kleenex (<i>facial tissues</i>) 1 - Container Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Hard pencil box or case (<i>no zippered bag</i>) <p><u>Optional for Grade 1</u></p> <ul style="list-style-type: none"> 1 - Box Band-Aids 1 - Box Ziploc bags (<i>gallon size</i>) 1 - Pack of Expo dry-erase markers (<i>thin</i>) 	<p>GRADE 2</p> <ul style="list-style-type: none"> 3 - Packs of pencils (<i>36 total</i>) 2 - Large pink erasers 1 - Pack 24 Crayola color crayons 1 - Pack 12 colored pencils 2 - Pack 8-count washable markers 1 - Pack Expo dry-erase markers (<i>4 count</i>) 1 - Scissors (<i>round-tip "kid" scissors</i>) 12 - Glue sticks 3 - 2-Pocket folders (<i>1 red, 1 blue, 1 yellow</i>) 1 - Wide ruled notebook 1 - Wide ruled composition notebook 4 - Large boxes of Kleenex (<i>facial tissues</i>) 2 - Containers Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box Ziploc bags (<i>snack size, quart size, or gallon size</i>) 1 - Hard pencil box or case (<i>no zippered bag</i>) 	<p>GRADE 3</p> <ul style="list-style-type: none"> 4 - Packs of pencils (<i>48 total</i>) 1 - Large pink eraser 1 - Pack 24 Crayola color crayons 1 - Pack 12 colored pencils 1 - Pack washable markers 2 - Pack Expo dry-erase markers (<i>black preferred</i>) 1 - Scissors 3 - Glue sticks 4 - 2-Pocket folders (<i>1 red, 1 blue, 1 yellow, 2 choice color</i>) 3 - Wide ruled notebooks (<i>solid colors only</i>) 2 - Wide ruled composition notebook 4 - Large boxes of Kleenex (<i>facial tissues</i>) 3 - Containers Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box Ziploc bags (<i>snack size, quart size, or gallon size</i>) 1 - Pencil box or zippered pencil case
<p>GRADE 4</p> <ul style="list-style-type: none"> 4 - Packs of pencils (<i>48 total</i>) 3 - Large pink erasers 1 - Pack 24 Crayola color crayons 1 - Pack 24 colored pencils 1 - Pack washable markers 1 - Pack of Expo dry-erase markers 2 - Highlighter markers 1 - Scissors 8 - Glue sticks 4 - 2-Pocket Folders (<i>solid colors</i>) 4 - Wide ruled notebooks (<i>regular or composition - solid colors only</i>) 1 - College or wide ruled composition notebook 2 - Packs of wide ruled loose leaf lined paper 5 - Boxes of Kleenex (<i>facial tissues</i>) 1 - Container Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box Ziploc bags (<i>any size</i>) 1 - Pencil box or zippered pencil case 	<p>GRADE 5</p> <ul style="list-style-type: none"> 3 - Packs of pencils (<i>36 total</i>) 1 - Large pink eraser 1 - Pack of colored pencils 1 - Pack Crayola markers (<i>thick lined</i>) 2 - Packs of Expo dry-erase markers (<i>8 total</i>) 1 - Pack black Sharpie Permanent Markers 1 - Pack highlighters (<i>assorted colors</i>) 1 - Scissors 3 - Glue sticks 1 - Bottle Elmer's Liquid Glue 6 - 2-Pocket Folders (<i>variety of colors</i>) 6 - Wide ruled spiral notebooks (<i>variety of colors</i>) 2 - Wide ruled composition notebooks 1 - Pack of wide ruled loose leaf lined paper 1 - Pack of 3x5 index cards 4-6 - Boxes of Kleenex (<i>facial tissues</i>) 1 - Container Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box Ziploc bags (<i>any size</i>) 2-4 - Rolls paper towels 1 - pencil box or zippered pencil case 	<p>OTHER NOTES</p> <ul style="list-style-type: none"> • A backpack large enough to fit a standard-size folder or notebook is recommended for all students • Please no personal hand-held pencil sharpeners • Please no permanent markers (excluding 5th grade) • No novelty items (Hello Kitty, Transformers, etc.) <p>If you cannot find what is on the list, feel free to substitute for similar items.</p>	

Hmong College Prep Academy would like to extend a warm welcome from our family to yours!

We are excited to welcome back all students who will be joining us this year. Our teachers have been working hard to get their classrooms ready for the first day of school. Please find below a list of recommended school supplies. If you should have any questions, please do not hesitate to call us at 651-209-8002.

✓	QUANTITY	ITEM
	1	Black backpack (<i>hnab ev ntawv lxim-dub</i>)
	12	#2 Pencils (<i>xaum qhuav</i>)
	4	Black pens (<i>xaum npiv dub</i>)
	2	Highlighters
	6	Pocket folders
	6	College-ruled single subject notebooks (<i>phau ntawv sau</i>)
	1	TI-83 or TI-84 graphing calculator (for students taking Pre-Calculus or Calculus 1 only) (<i>lub laij lej</i>)

Please note:

• No personal pencil sharpeners	• All pencils should be #2
• No permanent markers	• Two-pocket folders only
• No novelty items-Hello Kitty, Disney, Transformers, etc.	

If you cannot find what is on the list, you may substitute a similar item.

STUDENT UNIFORM POLICY



Sweaters:

Solid black or red crewneck sweater with/without logo (embroidered HCPA logo sweaters available for purchase in the school store).



Shirts:

Solid short/long sleeve black, red or white collar polo shirt with/without logo (embroidered HCPA logo shirts available for purchase in the school store).



Pants:

Solid black dress pants, slacks or jeans with no physical alterations (rips, cargo, shorts).

What not to wear:

Crocs, hats, sandals, hoodies, shorts, leggings, and t-shirts are strictly not allowed. Students who fail to follow the uniform policy will be asked to change.

We encourage parents to support the school uniform policy. Students are expected to be dressed appropriately for school. Parents may be contacted if students do not dress accordingly.



NO CROCS



NO HATS



NO SANDALS



NO HOODIES



NO SHORTS



NO LEGGINGS



NO T-SHIRTS

What to Wear:



Athletic shoes preferred



Pants must always be worn at waist level. No sagging. Leggings are not acceptable.



Plain polo shirt in white, black or red with/without logo (embroidered HCPA logo shirts available for purchase in the school store).

BUS PASS

Bus passes are assessed on a case-by-case basis and are subjected to review. They are exclusively granted for emergency situations or school-related purposes. Passes may be declined due to limited bus space. Requests can be made by parents or guardians by note, email, or call before 1:00 PM.

PARENT PICK UP

When picking up your student(s) at the end of the day, **please call the main office before 1:00 PM**. This will provide us with enough time to properly notify the students and staff. Parents are not allowed to take students off the bus at school. For security reasons, they must check in at the main office.

BUS STATUS APP

Want to know if there is a delay on your child's bus or if the bus is canceled? Download the Bus Status app onto your mobile phone to track bus statuses and updates. The Bus Status app will also notify you of when your child's bus has cleared from school. You can also get the latest updates on a bus by visiting our website:

(Home > Departments > Transportation > My Current Bus Status).

CHANGE OF ADDRESS / TRANSPORTATION REQUEST FORM

CHANGE OF ADDRESS: In order to ensure accurate address information and arrange transportation services, students who have recently moved to a new address are required to complete the Transportation Form. This form must be signed by the student's parents or guardians and serves as the initial step to update the student's address(es) and request transportation accordingly.

TRANSPORTATION REQUEST: For parents or guardians who wish to modify the pick-up and/or drop-off location without any changes to the student's physical address, it is also necessary to complete and sign a Transportation Form. This form allows them to specify the desired alterations to the transportation arrangements.

To request for a Transportation Form, you can contact us by phone or by going to our website:

(Home > Departments > Transportation > Overview).

REMINDER

We ask that all students (including house stops) arrive at the designated bus stop **five minutes** early each day. It is common for bus routes to run a few minutes late due to normal traffic. Please use the Bus Status for current route updates. **Transportation is a privilege, not a right.** A student's eligibility to ride a school bus may be revoked if in violation of school bus safety, conduct policies or violation of any other law governing student's conduct on a school bus. Revoking a student's bus riding privilege is not an exclusion, expulsion, or suspension under the Pupil Fair Dismissal Act. More information can be found in the student handbook. Occasionally, due to a shortage of drivers, we may ask you to transport your students to and from school.



**HCPA
#**

School bus will have a HCPA number sign on the window like the one shown on the left.

Contact Us:

Transportation Hotline: 651-289-1877

Main Office: 651-209-8002

www.hcpak12.org

HMONG COLLEGE PREP ACADEMY

1515 Brewster Street Saint Paul, MN 55108

Transportation Common Questions

Basic information:

- For any transportation related questions, please use our Transportation Hotline number 651-289-1877 or email us at hcpa_transportation@hcpak12.org
- If you have recently moved or are planning to move, please fill out the "Transportation Form."
- If you are seeking an alternative transportation address for your student, please note this on the Transportation Form.
- We will only allow one address change per year.
- Use our "Bus Status" Application to be notified of late, current, or canceled routes. This app is free to download and will update as we do.

Common Questions:

- ***Can I get a bus pass for my student(s) to be transported to another location?***
 - Bus passes are assessed on a case-by-case basis and are subjected to review. They are exclusively granted for emergency situations or school-related purposes. Passes may be declined due to limited bus space. Requests can be made by parents or guardians by note, email, or call before 1:00 PM.
- ***Can I have my student(s) go to two different locations on a weekly basis?***

Example: Monday-Tuesday at location 1, and the rest of the week at location 2?

 - No, we do not allow dual stops due to the volume of students and space on our buses.
- ***Can I request a house stop?***
 - Your safety is our number one priority. **We cannot guarantee house stops** for everyone, however we will place your student in the safest location. House stops are subject to change due to grade level and will depend on if there is a shared stop. We do not allow our buses to enter apartment parking lots, dead ends, cul-de-sacs, and etc. We are not responsible for events that occur within your neighborhood (crimes/safety). We recommend adult supervision until our bus arrives.
- ***How do I identify if the bus is an HCPA Bus?***
 - All HCPA bus routes will have an identification bus/van tag located on the passenger window with our name and route information. Example: "HCPA1"
 - During the first week of school, bus/van drivers will verbally verify with the student(s) if they will be going to HCPA.
 - We will only be working with a few transportation companies such as Hmong American Partnership (HAP), Rice Street Transportation, Ride Safe Transportation, Midwest Transportation, and EZY Ride Transportation.
- ***Where can I obtain my student's route information?***
 - Route information will be mailed out by letter after Student Orientation on August 23rd. We will also follow up by sending out a phone call with the same information. If you have not received your route information letter by September 1st, please call our transportation hotline number for help.
- ***My student is being bullied on the bus. Who do I contact?***
 - We take this matter seriously. At HCPA, we maintain a strict **No Bully Policy**. If you have any concerns or require assistance, please reach out to our main office at 651-209-8002, where our staff will gladly connect you with one of our dedicated student support specialists.

Attendance

Minnesota State Statute 120A.22 requires children between ages 7 and 17 to attend school every day, on time, unless the student has a lawful excuse for being absent. Therefore, it is the responsibility of the parent/guardian to call the Attendance Office (651-332-8567) and inform the school if their student will be absent. All efforts should be made by families to ensure that their student(s) are in school each and every day.

Excused Tardy/Absence

- Illness (doctor's notes are required for illness beyond three days)
- Medical/Dental Appointments
- Religious Holiday/Observance (must inform Attendance Office in advance)
- Family Emergency (documentation is required for funerals if a prior notice is not given)
- Family Vacation (must inform Attendance Office one week in advance)

Unexcused Tardy/Absence

- Oversleeping/Alarm Failure
- Personal Grooming Appointments (nail, hair, tanning appts., etc.)
- Employment Job Interviews
- Needed at Home/Babysitting
- Car Trouble
- Missing Bus Due to Personal Circumstance (No Fault of HCPA)
- Failure to Provide an Excused Absence Note to the School
- Out-of-Uniform
- Voluntary Non-Participation in School Events (field trips, warrior day, etc.)

Truancy

Students are considered truant when they have missed three days of school without a valid excuse, or have missed three or more class periods in a day, for a total of three days. Once students have reached certain numbers of unexcused absences, the actions in following chart will be taken and such notifications will be sent to parent(s)/guardian(s). Deans will follow up and engage with students and parents as necessary. Excessive absenteeism will result in the student being reported to their local county truancy office.

Contacts

Song Yang-Lor

Attendance Coordinator
Office: 651-209-8002 | Ext: 8658
Direct: (651) 332-8567

Kerry Huset

Lead Dean of Students
Office: 651-209-8002 | Ext: 4217
Cell: (651) 703-8332

Dr. Dao Lor

Director of Family Engagement
Office: (651) 209-8002 | Ext: 8281
Cell: (612) 297-2158

Attendance Office

Direct: (651) 332-8567
Email: attendance@hcpak12.org

Process and Procedure for Truancy

UNEXCUSED ABSENCES	DEPARTMENT IN CHARGE	PROCESS
3 DAYS	Attendance	<ul style="list-style-type: none"> • Weekly report on attendance ran • Letter/email sent home • Robocall placed to family
5 DAYS	Attendance	<ul style="list-style-type: none"> • Weekly report on attendance ran • Letter/email sent home • Meeting with parent(s)/guardian(s), IF NECESSARY
7+ DAYS	Dean of Students	<ul style="list-style-type: none"> • Weekly report on attendance ran • Deans will cross reference any truancy over 7+ days • Letter/email sent home • Phone call home to set up a parent meeting • Referral made to the county for informational meeting • Parents will be required to meet with the county attorney

A copy of the student's attendance will be included with all attendance letters that are sent home. When parents receive this letter, they should immediately contact the Attendance Office at 651-332-8567.

Attendance FAQ's

- ***How can parent(s)/guardian(s) report a student's absence?***

- Phone call to the attendance office: Calls **MUST** be made by parents and/or guardians.
- Written note: A note written by parents/guardians including the date and reason of absence(s), as well as a signature.
- Email: Emails must include the date and reason for each absence.

Attendance Office Phone Number: **651-332-8567**

Attendance Email Address: attendance@hcpak12.org

- ***What happens if a student arrives late (tardy) to school in the morning?***

- All students who arrive after 8 AM are considered tardy and **MUST** check in at the Main Office (Office C).
 - The front desk staff will provide students with a tardy pass.
 - The attendance coordinator will go into PowerSchool and change each student's attendance from UA (unexcused absent) to either tardy excused (TE) or tardy unexcused (TU) **see procedure manual for more information.**

- ***How many days of school can a student miss in a school year?***

- In a school year, students can be excused by parents/guardians for a **MAXIMUM** of 10 days.
- If students are absent After 10 days, a physician's note will be required to excuse any additional absent days for illness.
- Excessive excused absences can be reported as truant if absences continue to accumulate.

- ***How can parents make arrangements for planned absences?***

- Parents can call and notify the attendance coordinator of the upcoming planned absence.
- A **MINIMUM** of one-week prior notice is **REQUIRED**.
- Parents and students are responsible for ensuring that students do not fall behind on coursework while away from school. Students will need to work with their teacher(s) to create a plan for completion of any assignments or tests that will be missed.
- If students are to be absent for 15 or more consecutive days, it is required by Minnesota State Law 126C.05 that the student is dropped from school. In the event that parents/guardians decide to re-enroll their student(s), they will be placed on a waiting list for re-enrollment into the school.

General Permission Slip

HCPA requires all parents/guardians to complete the permission slip form to allow your child to be picked up by someone other than parents. In order to ensure the safety of your child, we will only release your child to their parents or the designated person(s) listed below:

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

Mother/Guardian: _____ Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

Father/Guardian: _____ Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

CHILD PICK UP/ EMERGENCY INFORMATION CONTACT RECORD

Please note: The adult that picks up your child MUST show a PHOTO ID or they will NOT be permitted to pick up your child. Name of a person to call in emergency other than a person the student lives with:

	<u>Adults Full Name</u>	<u>Relationship to Child</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I give permission for the above person(s) to pick up my child from HCPA in case of an emergency or in my absence. In case of an accident or serious illness, I ask that the school contact me. If the school is unable to reach me, I authorize the school to contact the individuals listed above and follow his/her instructions. If no one can be reached, the school may arrange for care as needed. If I decide to change or add additional person(s), it will be my responsibility to notify the school in writing five school days prior to changes take effect.

Parent Signature: _____ **Date:** _____

- Do you give permission for your child to attend and be transported, by licensed bonded services, to all field trips and school wide events during the school year and to participate in walking field trips around the school, neighborhood and local neighborhood parks? **(Circle one) Yes or No**
- I understand if I do not want my student's photos or names included in HCPA publications I may request, sign and submit the "opt out" form from the main office annually by October 15.
- Military Opt Out Instructions (FOR HIGH SCHOOL STUDENTS ONLY)**
I understand if I do not want my student's name and contact information given to military recruitment officers, I may request, sign and submit the "opt out" form from the main office annually by October 15.

You may refer to the school website hcpak12.org for more information.

Parent Signature: _____ **Date:** _____

HCPA STUDENT HANDBOOK

I understand I may refer to the handbook and can view it at any time on the school's website at hcpak12.org.

Parent Signature: _____ **Date:** _____

All that a school should be.

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

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

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ Vietnamese

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

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ 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 _____



Annual Student Health Form

Student Name: _____ Birth Date: _____ ☐ Male ☐ Female Grade: _____ School Year: _____

Parent/Guardian: _____ Phone: _____ Work: _____ Cell: _____

Please answer ALL questions on this form and return it to school as soon as possible.

HEALTH CONCERNS: * *Submit action plan for starred conditions.*

(Please check and explain if your child has any of the following)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit Hyper-Activity Disorder/ Attention Deficit Disorder (ADHD/ADD) € other social / emotional / behavioral / mental health concerns Describe _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies * to _____ Reaction _____
<input type="checkbox"/>	<input type="checkbox"/>	Food Intolerance to _____ Reaction _____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma * or breathing problem: Has the asthma been diagnosed by a physician Yes No
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes*: Type 1 € Type 2 Managed by: € Diet/Activity Oral medications € Insulin injections Pump
<input type="checkbox"/>	<input type="checkbox"/>	Seizures *: Type _____ Frequency _____ Description _____ Last Seizure _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition Describe _____
<input type="checkbox"/>	<input type="checkbox"/>	Is the student pregnant? Due date _____ Does the student have children? Age of child(ren) _____
<input type="checkbox"/>	<input type="checkbox"/>	Concussion/ Traumatic Brain Injury Describe _____ Date _____
<input type="checkbox"/>	<input type="checkbox"/>	Recent surgeries, hospitalizations, injuries Describe _____
<input type="checkbox"/>	<input type="checkbox"/>	Implanted Devices What kind _____
<input type="checkbox"/>	<input type="checkbox"/>	Special Education/504 Plan
<input type="checkbox"/>	<input type="checkbox"/>	Bowel / Bladder Concerns Describe _____
<input type="checkbox"/>	<input type="checkbox"/>	Most Recent Physical Examination Date _____
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have a health problem that could result in an emergency? * Describe _____
<input type="checkbox"/>	<input type="checkbox"/>	Other Health Concerns or Activity Restrictions* Describe _____

HEALTH CARE PROVIDERS AND INSURANCE INFORMATION (Note: section below MUST be completed):

Health Care Provider's Clinic

Name: _____ Name of doctor/provider: _____

Address: _____ Phone: _____ Hospital Preference: _____

Dental Clinic

Name: _____ Name of doctor/provider: _____

Address: _____ Phone: _____

Health Insurance

Is the student cover by Health Insurance? € Yes € No Insurance Name: _____



Vision

- ☐ Glasses/contacts prescribed
- ☐ Wears glasses/contacts all the time
- ☐ Wears glasses in classroom only
- ☐ Request assistance obtaining glasses
- ☐ No vision problem

Hearing

- ☐ Frequent ear infections (3 or more per year in past year)
- ☐ Has ear tube(s)
- ☐ Hearing loss (Circle): right ear / left ear
- ☐ Hearing aid(s) (Circle): right ear / left ear
- ☐ No hearing problem

MEDICATIONS:

List **ALL** medications that your child takes daily or when needed. Consent is **REQUIRED** for **ALL** medication taken at school, including over the counter medications. **BOTH HEALTH CARE PROVIDER AND PARENT MUST SIGN THE CONSENT.** A new consent is needed each school year. Forms are available in the health office.

Medication Name	Purpose	Dose	Needed during school? How often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I attest to the information provided. I acknowledge that it is my responsibility to inform the school of any changes to the health status of this student including health conditions, needs, medications, and/or allergies. I understand and agree that this student may receive a routine screening for any vision and hearing deficiencies. I will comply with all school illness and medication policies. Furthermore, I give permission for school health staff to confidentially exchange health information - both within the school as well as with outside health care providers - for use in meeting this student's health and educational needs in school.

This health information may be shared with HCPA staff members as needed. If you do not want this health information shared, please contact Health Coordinator at 651-209-8004.

Parent/Guardian signature _____ Date _____



AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Student's First Name Last Name Date of Birth ____/____/____

Parent/Guardian Name Date Telephone

I authorize Hmong Academy, Health Staff

1515 Brewster St, St. Paul, MN 55108
Street, City, Zip

651-209-8004
Telephone

651-289-1802
Fax Number

To exchange information with:

Clinic/Health Care Provider

Address City, State, Zip

Telephone Fax

The following information is requested:

- | | |
|--|---|
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> ENT/Audiogram/Hearing Aid | <input type="checkbox"/> Medication Records |
| <input type="checkbox"/> Office/Clinic Visit Notes | <input type="checkbox"/> Admission/discharge summary |
| <input type="checkbox"/> Emergency Care Plan | <input type="checkbox"/> Pertinent information for IEP/504 plan |
| <input type="checkbox"/> Other _____ | |

The purpose for this request is:

- ☐ To provide school personnel with a better understanding of your child's needs
☐ To collaborate services

State of Authorization:

- I understand that the authorization takes effect the day that I sign it and expires one year from the date of signature
- I understand that I may revoke this authorization at any time by giving written notification
- It is the practice of HCPA to not disclose records without consent
- A photocopy/fax of this authorization which has not been altered will be treated in the same manner as the original
- Services are not conditioned upon this release of information

Date

Signature of Parent/Guardian

Relationship to Student

All that a school should be.

School Medication Administration Form

ONE (1) MEDICATION PER FORM – REQUIRED FOR ALL (PRESCRIPTION & OVER THE COUNTER) MEDICATIONS

Student Name: _____ Birth Date: _____

Prescriber Portion

Medication Name: _____ Concentration: _____

Dose: _____ Route: _____ Frequency: _____

Indication or instructions for “as needed” med: _____

Possible Side Effects: _____

For Emergency Medication- The student is capable, has been instructed of the proper use of this medication, and may self-carry / self-administer this medication: Yes No (Check one)

Date: _____ Prescriber Name: _____

Prescriber Signature: _____ Phone/Fax: _____

Parent/Guardian Portion

I request this medication be given as prescribed (above) including on field trips. I release school personnel from any liability in the administration of this medication and understand that I am responsible for communication with the healthcare provider who is ordering this medication. I understand that this medication will not be administered by a school nurse. I understand that this authorization will be effective and need to be renewed each school year. I agree to provide medication in the unopened original container (for over the counter med) / with a printed label from the pharmacy (prescription med) and pick the medication up at the end of the school year. I will provide all necessary devices required to administer this medication, if needed (ie: nebulizer mask/tubing, syringes, pill crusher, med cup, etc). Information may be exchanged with staff working with my child, medical providers, and emergency personnel, if needed, to ensure the student's safety.

For Emergency Medication- The student is capable, has been instructed of the proper use of this medication, and may self-carry / self-administer this medication: Yes No (Check one)

Date: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Phone: _____

All that a school should be.

Medication Receipt*To be completed by school personnel*

Student Name: _____

Birth date: _____

Medication: _____ Count: _____ Parent Initials: _____ Date: _____

Staff accepting medication: _____

AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20	20	20	20
21	21	21	21	21	21	21	21	21	21	21
22	22	22	22	22	22	22	22	22	22	22
23	23	23	23	23	23	23	23	23	23	23
24	24	24	24	24	24	24	24	24	24	24
25	25	25	25	25	25	25	25	25	25	25
26	26	26	26	26	26	26	26	26	26	26
27	27	27	27	27	27	27	27	27	27	27
28	28	28	28	28	28	28	28	28	28	28
29	29	29	29	29	29	29	29	29	29	29
30	30	30	30	30	30		30	30	30	30
31		31		31	31		31		31	

School staff administering medication will record time and initial as medication is give. Authorized Staff please print name and initial

1. _____ 2. _____

3. _____ 4. _____

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

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 _____

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)