



Welcome to ACGC Elementary School!

We are excited for your child to attend ACGC Elementary School. As we start planning for the 2021/2022 School Year, please follow the steps below to complete your registration at ACGC Elementary School.

- Collect the following Information:
 - Immunization Record: Evidence of appropriate immunizations **will be required** when your child enters school
 - Birth Certificate
 - New Student Packet (available online at our school website: acgcfalcons.org > Elementary tab > Registration)
- Return the above information by one of the methods below:
 - Mail: ACGC Elementary School, 205 Wyoming Ave West, Atwater, MN 56209
 - Fax: 320-974-8410
 - Email thorpn@acgcfalcons.org
 - Drop off at ACGC Elementary Office (Enter on the north side of building)
- Call Nancy at 320-244-4693 to set up an JMC account. This account is very important as it allows us to send you notifications, emails and text messages.
 - When you call, please be ready to give a password to set up your online account.

We look forward to having your child at ACGC! Please feel free to call our Elementary Office at 320-244-4693 if you have any questions.

Sincerely,

Kodi Goracke, Elementary Principal

Elementary
205 Wyoming Avenue West
Atwater, MN 56209

5-12 Building
27250 MN Hwy 4
Grove City, Mn 56243

ACGC Elementary School 2021/2022 Student Information Sheet

Student's Legal Name: First _____ Middle _____ Last _____

Date of Birth: _____ Male/Female: _____ Grade _____ Date Enrolled: _____

Prior School(s) of Attendance: _____

CENSUS: List All Children in the Household from Birth to Age 18.

First Name, Middle Name, Last Name	Birthdate	Male/Female
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Is your child currently in: A Title I Program? Y or N A Special Education Program? Y or N An ESL Program? Y or N

Mother's Information (Circle: Biological/Step/Other: _____) **Father's Information** (Circle: Biological/Step/Other: _____)

Name:	Name:
Mailing Address:	Mailing Address:
Physical Address:	Physical Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Employer:	Employer:
Employer Phone Number:	Employer Phone Number:

Parents will always be contacted first in an emergency, however if you cannot be reached please provide emergency contact(s) below:

Emergency Contact	Relationship	Phone Number

TRANSPORTATION:

Will your child be riding the bus to or from school? Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____

Appendix A: Minnesota Language Survey

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.