



River Grove: A Marine Area Community School

Forms Checklist 2021-22

REQUIRED FOR ALL: HEALTH AND OFFICE FORMS

- ✓ **Enrollment Form and Emergency Contact Info** *(If your student is enrolled, this form has been completed.)*
- Birth Certificate** *(If you did not already submit it with your enrollment form.)*
- Immunization Records** *(Your clinic can fax the records to 651-538-1022; also sign and date side 2 of this form as appropriate. For students transferring from another school, immunization records will be forwarded from your former school.)*
- General Health Form** *(Must have a physician's signature. This form is required for all kindergartners. For grades 1-6, it is required only if your child has special medical needs or receives medication at school.)*
- Early Childhood Screening** *(Required prior to the start of school for all kindergartners.)*

Parents must schedule Early Childhood Screening and registration appointments within your own resident school district. Early Childhood Screening is a mandated program for all children entering kindergarten in Minnesota. The district census list of 3- to 4-year-olds is used to obtain names and send notices about screening dates.

If you are unsure as to whether your child is on the census, you may check with the Stillwater's Enrollment Office at 651-351-8412. Appointments for the screening typically last one hour and are held at the Early Childhood Family Center, 1111 Holcombe Street S., Stillwater MN 55082, and can be made by calling 651-351-4022. Please schedule your appointment prior to the end of this school year.

If you do not live in Stillwater District 834, check with your resident school district's enrollment office.
- Physical Activities and Assumption of Risk** *(needed annually)*
- Sunscreen/Lip Balm/Insect Repellent and Topical OTC Medication Form** *(needed annually)*
- Transportation Needs** *(on-line form; needed annually)*
- Directory Information Opt-Out** *(Complete this form at the start of the school year if you are opting out of, or do not want to be included in, "Directory Information" such as the Parent Directory or images on our website.)*

OPTIONAL HEALTH FORMS *(Please contact the school for any other health concerns)*

- Prescription Medications** *(needed annually)*
- Non-Prescription Pain Reliever** *(such as Advil or Tylenol; needed annually)*
- Asthma Health Plan** *(needed annually)*
- Authorization for Self-Administration of Asthma Medication at School** *(needed annually)*
- Serious Health Conditions** *(needed annually)*
- Seizures** *(needed annually)*
- Diabetes:** Injection Pump *(needed annually)*
- Allergies/anaphylaxis form** *(needed annually)*
- Special Diet Statement** *(needed annually)*

OPTIONAL OFFICE FORMS — COMPLETE AS NEEDED

- Application for Educational Benefits** *(1 per family; needed annually)*
- Volunteer Application and Background Check Form** *(Complete both to volunteer at River Grove. The McDowell Agency requires \$21.00 per person to process the background check. Please make your check to "MACS." Valid for 3 years.)*