



**Rock Ridge Public Schools**  
**Three & Four-Year-Old School Readiness Programs**  
 506 North 9<sup>th</sup> Avenue, Virginia, MN 55792  
 Phone (218) 742-3805     [shanon.kush@rrps.org](mailto:shanon.kush@rrps.org)



Dear Parents and Guardians,

Rock Ridge Public Schools and AEOA Head Start are taking registrations for area three and four-year-old children to participate in our innovative School Readiness program for the 2025-2026 school year. Research shows that an investment in early childhood education dramatically increases a child’s ability to be successful.

**School Readiness Options:**

| CLASS                                  | DAYS                      | TIMES        | TRANSPORTATION | LOCATION              | FEES        |
|--|---------------------------|--------------|----------------|-----------------------|-------------|
| 3 Year Old Program<br>Oct. 7- April 28 | Mondays<br>& Tuesdays     | 8:00 - 12:00 | NO             | Laurentian Elementary | \$120/month |
| 3 Year Old Program<br>Oct. 9- April 30 | Wednesdays<br>& Thursdays | 8:00 - 12:00 | NO             | Laurentian Elementary | \$120/month |
| 4 Year Old Program<br>Sept. 2 - May 29 | Mon - Fri                 | Full Days    | YES            | Parkview Elementary   | \$200/month |

Payment options and information are on the back of this form. Tuition help is available to families whose household income meets requirements. Please see the sliding fee scale, also located on the back of this form.

Preschool registration dates/times at Laurentian and Parkview:

- Monday, March 3rd through Friday, March 14th
- 7:45 AM to 4:00 PM

During registration, please bring with you:

- A copy of your child’s birth certificate - required (we can make you a copy)
- All enclosed registration forms
- Fee reduction or waiver documentation verification, if applicable

If you are unable to register your student during this time, please call 218-742-3805 to set up a time. We will have someone in the Parkview or Laurentian office to assist you.

After we receive all your registration forms, a letter will be mailed to you by early June confirming your child’s acceptance into the Rock Ridge program. We look forward to meeting the needs of you and your child. If you have any questions or concerns, please feel free to stop by or call the Early Childhood Office (218) 742-3805.

Sincerely,  
 Shanon Kush-Jeffery, Early Childhood Coordinator  
 Chad Hazelton, Community Education Director

**Payment Information:**

- Tuition is due by the 1st of each month.
- Electronic payments will be made available through the community education office.

| <b>Sliding Tuition Scale</b>   |                         |                                |                                |
|--------------------------------|-------------------------|--------------------------------|--------------------------------|
| <b>Annual Household Income</b> | <b>Participant Fees</b> | <b>4 Year Old Monthly Fees</b> | <b>3 Year Old Monthly Fees</b> |
| Under \$25,000                 | 5% of listed tuition    | \$ 10.00                       | \$ 6.00                        |
| \$25,001- \$44,999             | 25% of listed tuition   | \$ 50.00                       | \$ 30.00                       |
| \$45,000- \$59,999             | 50% of listed tuition   | \$100.00                       | \$ 60.00                       |
| \$60,000-\$74,999              | 75% of listed tuition   | \$150.00                       | \$ 90.00                       |
| \$75,000 +                     | 100% of listed tuition  | \$200.00                       | \$120.00                       |

**Tuition assistance is available for families**

- Families that qualify for tuition assistance will be required to provide proof of income. The allowable documentation for these fee reductions or waivers is listed below.
  - Income tax form 1040
  - Unemployment
  - SSI Document
  - Foster Care reimbursement
  - W-2 Certificate of NO income
  - Pay stub
  - SNAP, TANF or MFIP
  - Child support
  - Written statement from employer

**Scholarship option:**

- Pathway II scholarship
  - Parents/Guardians must complete and be approved for the Pathway II scholarship before school begins. Forms are available upon request from the Rock Ridge Early Childhood Office.

**Head Start Options:** contact Jerry Crittenden (AEOA) at [jerry.crittenden@aeoa.org](mailto:jerry.crittenden@aeoa.org) or 218-748-7315 for class availability for three and four-year-old **Head Start** children and their families, which may include transportation to and from school. Eligibility is based on income guidelines to determine program participation.



**ROCK RIDGE PUBLIC SCHOOLS STUDENT ENROLLMENT FORM**

1405 PROGRESS PARKWAY, VIRGINIA, MN 55792

**ENROLLMENT CHOICE**

- PARKVIEW (PK-2, VIRGINIA CAMPUS)
- NORTH STAR (3-6, VIRGINIA CAMPUS)
- LAURENTIAN (PK-6, EVELETH CAMPUS)
- ROCK RIDGE HIGH SCHOOL

**SCHOOL ENROLLMENT INFORMATION**

LEGAL NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
 LAST FIRST FULL MIDDLE  
 BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER  MALE  FEMALE  
 BORN IN THE USA  YES  NO IF NO, WHICH COUNTRY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP  
 MAILING \_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP  
 STUDENT CELL PHONE NUMBER \_\_\_\_\_  
 CURRENTLY LIVES WITH  BOTH PARENTS  MOTHER  FATHER  OTHER  
 WILL STUDENT UTILIZE DISTRICT TRANSPORTATION TO/FROM THEIR RESIDENT ADDRESS?  
 AM:  YES PM:  YES  
 AM:  NO PM:  NO

**SCHOOL ENROLLMENT INFORMATION**

PREVIOUSLY ATTENDED ROCK RIDGE, VIRGINIA, OR EVELETH-GILBERT  YES  NO  
 MN PUBLIC SCHOOL  YES  NO  
 LAST SCHOOL ATTENDED \_\_\_\_\_  
 NAME OF SCHOOL ADDRESS CITY STATE ZIP  
 PHONE NUMBER FAX NUMBER

DOES STUDENT RECEIVE SPECIAL EDUCATION SERVICES?  YES  NO  
 DOES STUDENT RECEIVE 504 SERVICES?  YES  NO  
 HAS STUDENT RECEIVED AN EARLY CHILDHOOD SCREENING? (PRE-K AND KINDERGARTEN ONLY)  YES  NO

**GUARDIAN/FAMILY INFORMATION**

MILITARY FAMILY  YES  NO ACTIVELY DEPLOYED  YES  NO  
 MIGRANT FAMILY  YES  NO  
 PRIMARY HOME LANGUAGE  ENGLISH  OTHER (PLEASE SPECIFY) \_\_\_\_\_  
 STUDENT'S LEGAL GUARDIAN  BOTH PARENTS  MOTHER  FATHER  
 OTHER \_\_\_\_\_  
 PARENT/LEGAL GUARDIAN #1 NAME \_\_\_\_\_  
 RELATIONSHIP TO STUDENT \_\_\_\_\_ PARENT EMAIL \_\_\_\_\_  
 PARENT/LEGAL GUARDIAN ADDRESS \_\_\_\_\_  
 STREET ADDRESS CITY/STATE/ZIP  
 EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 PARENT/LEGAL GUARDIAN #2 NAME \_\_\_\_\_  
 RELATIONSHIP TO STUDENT \_\_\_\_\_ PARENT EMAIL \_\_\_\_\_  
 PARENT/LEGAL GUARDIAN ADDRESS \_\_\_\_\_  
 STREET ADDRESS CITY/STATE/ZIP  
 EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**OTHER FAMILY MEMBERS K-12 LIVING AT HOME**

FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_  
 FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_  
 FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_  
 FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_

**EMERGENCY CONTACTS (IF PARENTS/GUARDIANS CANNOT BE REACHED)**

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

## LANGUAGE SURVEY

|   |   |   |                                       |
|---|---|---|---------------------------------------|
| MY STUDENT FIRST LEARNED:                 | <input type="checkbox"/> LANGUAGE(S) OTHER THAN ENGLISH<br>(PLEASE LIST): | <input type="checkbox"/> ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH<br>(PLEASE LIST): | <input type="checkbox"/> ONLY ENGLISH |
| MY STUDENT SPEAKS:                        | <input type="checkbox"/> LANGUAGE(S) OTHER THAN ENGLISH<br>(PLEASE LIST): | <input type="checkbox"/> ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH<br>(PLEASE LIST): | <input type="checkbox"/> ONLY ENGLISH |
| MY STUDENT UNDERSTANDS:                   | <input type="checkbox"/> LANGUAGE(S) OTHER THAN ENGLISH<br>(PLEASE LIST): | <input type="checkbox"/> ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH<br>(PLEASE LIST): | <input type="checkbox"/> ONLY ENGLISH |
| MY STUDENT HAS CONSISTENT INTERACTION IN: | <input type="checkbox"/> LANGUAGE(S) OTHER THAN ENGLISH<br>(PLEASE LIST): | <input type="checkbox"/> ENGLISH & LANGUAGE(S) OTHER THAN ENGLISH<br>(PLEASE LIST): | <input type="checkbox"/> ONLY ENGLISH |

## MCKINNEY-VENTO REPORTING REQUIREMENTS

CHECK THE BOX THAT MOST ACCURATELY DESCRIBES THE STUDENT/FAMILY LIVING ARRANGEMENT

- |   |   |
|---|---|
| <input type="checkbox"/> STAYING IN A SHELTER   | <input type="checkbox"/> MIGRANT WORKER   |
| <input type="checkbox"/> MOTEL/HOTEL DUE TO LOSS OF HOUSING   | <input type="checkbox"/> TRANSITIONAL HOUSING UNIT  |
| <input type="checkbox"/> UNACCOMPANIED YOUTH; NOT IN PHYSICAL CUSTODY OF A PARENT OR LEGAL GUARDIAN | <input type="checkbox"/> SHARING HOUSING OF OTHERS DUE TO LOSS OF HOUSING, ECONOMIC HARDSHIP/SIMILAR REASON |
| <input type="checkbox"/> UNSHELTERED (LIVING IN A CAR, ABANDONED BUILDING, ETC.)                    | <input type="checkbox"/> OTHER (PLEASE EXPLAIN):  |
| <input type="checkbox"/> NONE OF THESE APPLY; THE STUDENT IS NOT HOMELESS                           |   |

## STATE REPORTING REQUIREMENTS – CHECK ONE

- AMERICAN INDIAN (PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA AND MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY RECOGNITION)
- NOT NORTH AMERICAN INDIAN (STUDENT IS CENTRAL OR SOUTH AMERICAN INDIAN, WHITE, ASIAN, ETC.)

## STATE/FEDERAL REPORTING REQUIREMENTS – CHECK ALL THAT APPLY

|  |  |   |
|--|--|---|
| <b>HISPANIC/LATINO</b>                               | <input type="checkbox"/> YES                               | <input type="checkbox"/> NO   |
| IF YES, CHOOSE ALL THAT APPLY                        | <input type="checkbox"/> DECLINE TO INDICATE               | <input type="checkbox"/> GUATEMALAN                                     |
|  | <input type="checkbox"/> COLOMBIAN                         | <input type="checkbox"/> SALVADORAN                                     |
|  | <input type="checkbox"/> ECUADORIAN                        | <input type="checkbox"/> MEXICAN  |
|  | <input type="checkbox"/> SPANIARD/SPANISH/SPANISH-AMERICAN | <input type="checkbox"/> PUERTO RICAN                                   |
|  |  | <input type="checkbox"/> OTHER HISPANIC/LATINO                          |
|  |  | <input type="checkbox"/> UNKNOWN  |
| <b>AMERICAN INDIAN OR ALASKA NATIVE</b>              | <input type="checkbox"/> YES                               | <input type="checkbox"/> NO   |
| IF YES, CHOOSE ALL THAT APPLY                        | <input type="checkbox"/> DECLINE TO INDICATE               | <input type="checkbox"/> CHEROKEE                                       |
|  | <input type="checkbox"/> ANISHINAABE/OJIBWE                | <input type="checkbox"/> OTHER NORTH AMERICAN INDIAN TRIBAL AFFILIATION |
|  | <input type="checkbox"/> DAKOTA/LAKOTA                     | <input type="checkbox"/> UNKNOWN  |
| <b>AMERICAN INDIAN FROM SOUTH OR CENTRAL AMERICA</b> | <input type="checkbox"/> YES                               | <input type="checkbox"/> NO   |
| <b>ASIAN</b>   | <input type="checkbox"/> YES                               | <input type="checkbox"/> NO   |
| IF YES, CHOOSE ALL THAT APPLY                        | <input type="checkbox"/> DECLINE TO INDICATE               | <input type="checkbox"/> ASIAN INDIAN                                   |
|  | <input type="checkbox"/> CHINESE                           | <input type="checkbox"/> BURMESE  |
|  | <input type="checkbox"/> KAREN                             | <input type="checkbox"/> FILIPINO                                       |
|  | <input type="checkbox"/> KOREAN                            | <input type="checkbox"/> VIETNAMESE                                     |
|  |  | <input type="checkbox"/> HMONG  |
|  |  | <input type="checkbox"/> OTHER ASIAN                                    |
|  |  | <input type="checkbox"/> UNKNOWN  |
| <b>BLACK OR AFRICAN AMERICAN</b>                     | <input type="checkbox"/> YES                               | <input type="checkbox"/> NO   |
| IF YES, CHOOSE ALL THAT APPLY                        | <input type="checkbox"/> DECLINE TO INDICATE               | <input type="checkbox"/> AFRICAN-AMERICAN                               |
|  | <input type="checkbox"/> ETHIOPIAN-OTHER                   | <input type="checkbox"/> ETHIOPIAN-OROMO                                |
|  | <input type="checkbox"/> SOMALI                            | <input type="checkbox"/> LIBERIAN                                       |
|  | <input type="checkbox"/> OTHER BLACK                       | <input type="checkbox"/> NIGERIAN                                       |
|  |  | <input type="checkbox"/> UNKNOWN  |
| <b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</b>     | <input type="checkbox"/> YES                               | <input type="checkbox"/> NO   |
| <b>WHITE</b>   | <input type="checkbox"/> YES                               | <input type="checkbox"/> NO   |

## PERMISSIONS

|   |                              |                             |
|---|------------------------------|-----------------------------|
| I GIVE THE DISTRICT PERMISSION TO PHOTOGRAPH/VIDEOTAPE MY CHILD   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I UNDERSTAND THAT IF MY CHILD HAS OVERDUE LIBRARY BOOKS, HE/SHE MAY NOT BORROW MORE BOOKS UNTIL THE OVERDUE BOOKS ARE RETURNED. I ALSO UNDERSTAND THAT IF THE BOOKS ARE LOST, I MAY HAVE TO REPLACE THEM. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I GIVE PERMISSION FOR MY CHILD TO ATTEND ANY SCHOOL-SPONSORED FIELD TRIPS THAT OCCUR DURING SCHOOL HOURS  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I HAVE READ AND UNDERSTAND THE STUDENT INFORMATION TECHNOLOGY USE AGREEMENT (FOUND ON THE DISTRICT WEBSITE)   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I HAVE READ AND UNDERSTAND MY STUDENT'S SCHOOL HANDBOOK (FOUND ON THE DISTRICT WEBSITE)   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_



2025-2026 ROCK RIDGE REGISTRATION FORM
506 9TH AVE NORTH, VIRGINIA, MN 55792
Phone: 218-742-3805 Email: shanon.kush@rrps.org

Child's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last First Middle
Gender: [ ] Female [ ] Male

FOURS AND FIVES (MUST BE FOUR YEARS OLD BY 09-01-2025):

[ ] FIVE FULL SCHOOL READINESS DAYS (M-F) Parkview Elementary
\$200 PER MONTH

THREES (MUST BE THREE YEARS OLD BY 09-01-2025):

[ ] TWO HALF DAYS (M, T) 8:00am-12:00pm Laurentian Elementary
\$120 PER MONTH

[ ] TWO HALF DAYS (W, TH) 8:00am-12:00pm Laurentian Elementary
\$120 PER MONTH

SLIDING FEE SCALE AND PATHWAY SCHOLARSHIPS ARE AVAILABLE TO FAMILIES WHO MEET INCOME ELIGIBILITY GUIDELINES. A CHILD WILL NOT BE DENIED ACCESS DUE TO INABILITY TO PAY FEE. I WOULD LIKE TO RECEIVE INFORMATION ON AVAILABLE SCHOLARSHIPS.

[ ] YES [ ] NO

I give Rock Ridge Public Schools permission to perform a Child Health and Development Screening with my child.

[ ] YES [ ] NO Initial: \_\_\_\_

If my income meets the guidelines for Head Start, I would like to be considered for this and am willing to talk with a Head Start representative further about qualifications. I agree information can be shared between the school and Head Start.

[ ] YES [ ] NO Initial: \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## Early Childhood Family Education and School Readiness Parent Questionnaire

Help us learn about your child and family. Neither you nor your child will be identified in any published report. If you wish not to take part in this questionnaire, it will not prevent you or your child from taking part in any program or service. All data is protected by state and federal data privacy standards.

If you choose to answer the questions, your information will be used by your local school district and the Minnesota Department of Education for program planning. None of your personal information will be published.

Thank you for helping improve public services.

### 1. Relationship to child

- |   |   |
|---|---|
| <input type="checkbox"/> Mother                     | <input type="checkbox"/> Father                     |
| <input type="checkbox"/> Mother's significant other | <input type="checkbox"/> Father's significant other |
| <input type="checkbox"/> Grandmother                | <input type="checkbox"/> Grandfather                |
| <input type="checkbox"/> Court Appointed Guardian   |   |

### 2. Your highest level of school completed. Mark only one.

- |   |   |
|---|---|
| <input type="checkbox"/> No school completed        | <input type="checkbox"/> Career & Technical Education Certificate |
| <input type="checkbox"/> Preschool                  | <input type="checkbox"/> Associate's Degree                       |
| <input type="checkbox"/> Kindergarten               | <input type="checkbox"/> Bachelor's Degree                        |
| <input type="checkbox"/> Grade: _____               | <input type="checkbox"/> Master's degree                          |
| <input type="checkbox"/> High School Diploma/GED    | <input type="checkbox"/> Ph. D.                                   |
| <input type="checkbox"/> Some college but no degree |   |
| <input type="checkbox"/> Other                      |   |

### 3. Your Date of Birth (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

### 4. What is your household's\* total yearly income (including farm income, child support/alimony, pension/retirement, disability, and unemployment and veterans benefits) before taxes, rounding to the nearest thousand? \$ \_\_\_\_\_

\*Members of your household are anyone living with you and shares income and expenses, even if not related.

### 5. How many people lived in your home last year? Choose one.

2      3      4      5      6      7      8

For school use only: \_\_\_\_\_