



**Nonpublic Schools, Including Homeschools,
Unaccredited by a Minnesota-recognized Accrediting Agency**

FULL REPORT

The person or nonpublic school in charge of providing instruction to a child must submit a Full Report to the superintendent of the school district where the child resides. **Do NOT mail to the Minnesota Department of Education.** Complete the information using this form or a written or electronic format of your choice

Information in the Full Report must be submitted **by October 1 of the first school year the student, ages 7-17, receives instruction; within 15 days of when a parent withdraws a child from public school after age seven to provide instruction in a nonpublic school that is not accredited by a state-recognized accrediting agency; within 15 days of moving out of a district; and by October 1 after a new resident district is established.** Submit the *Letter of Intent to Continue to Provide Instruction* by October 1 in subsequent years.

Date Report Completed:

Primary Instructor

Full Legal Name Last	First	Middle
Street Address (Not P.O. Box)		
City	State	ZIP
Home Phone (with area code)	Other Phone (with area code)	Email

Secondary Instructor, if any

Full Legal Name Last	First	Middle
Street Address (Not P.O. Box)		
City	State	ZIP
Home Phone (with area code)	Other Phone (with area code)	Email

Accreditation

Is the nonpublic school accredited by an accrediting agency recognized by the Minnesota Nonpublic Education Council?

- Yes No

If yes, provide the name of the accrediting agency and dates for which accreditation is granted:

Evidence of Instructor Qualifications

How is the instructor(s) qualified to instruct under Minnesota Statutes, section 120A.22, Subdivision 10? Check all that apply and attach required documentation.

- The instructor holds a current Minnesota teaching license for the field and grade level taught. (Attach copy of license.)
- The instructor is directly supervised by a licensed teacher. (Attach name of supervisor and copy of license.)
- The instructor has successfully completed a teacher competency exam. (Minnesota does not have an exam that meets this requirement so this option is not applicable.)
- The instructor holds a baccalaureate degree. (Attach a copy of diploma/degree.)
- The instructor is the parent or legal guardian of the child. (This means that unless an individual—including a grandparent or step-parent—is a licensed teacher or holds a bachelor’s degree or is under the direct supervision of a Minnesota licensed teacher for each grade level and area, they may not instruct the student(s) in situations where the parent/legal guardian would be able to.)

Students

Attach immunization records or notarized statement of conscientious objection for each student. Update immunization information when each student reaches 7th grade (age 12).

Student’s full legal name	Date of Birth (mm/dd/yyyy)	Grade Level (optional)	Address	Immunization statement attached?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Signature

Instructor Signature

Date

Maintaining and Submitting Documentation and Scores

Minnesota state law requires instructors in unaccredited schools to maintain information on curriculum, instruction and all required testing, including annual and supplemental tests, proof of testing administration and scores. This information must be submitted to the public school when enrolling as a public school student. It also must be submitted to the county attorney if requested in cases of educational neglect or reporting violations.

Proposed Annual Nationally Normed Achievement Test Plan

Superintendent Must Mutually Agree

Iowa Basic Skills and Stanford Achievement tests are available from the Minnesota Statewide Testing Program at the University of Minnesota: 879 29th Avenue SE, Room 103, Minneapolis, Minnesota 55414; (612) 626-1803. High school students may also register for the ACT college entrance exam online.

Full Name and Level of Nationally Normed Achievement Test	To Be Administered to the Following Students in Indicated School Year (s): <i>Example: Andrea Whitefield, ITBS grade 6 for 2012-13; Morton Whitefield, ITBS grade 7 for 2011-12, grade 8 for 2013-14.</i>	Name of Test Administrator	Test Location	DISTRICT USE Superintendent agrees to this plan for the student(s) in the years specified.	DISTRICT USE Superintendent DOES NOT AGREE: contact instructor immediately
Iowa Test of Basic Skills, Grades K-2 (ITBS)				<input type="checkbox"/>	<input type="checkbox"/>
Iowa Tests of Basic Skills, Grades 3-8 (ITBS)				<input type="checkbox"/>	<input type="checkbox"/>
Iowa Tests of Educational Development, Grades 9-12 (ITED)				<input type="checkbox"/>	<input type="checkbox"/>
Stanford Achievement Test, Grades K-2 (SAT)				<input type="checkbox"/>	<input type="checkbox"/>
Stanford Achievement Test, Grades 3-8 (SAT)				<input type="checkbox"/>	<input type="checkbox"/>
Stanford Achievement Test, Grades 9-12 (SAT)				<input type="checkbox"/>	<input type="checkbox"/>
Other:				<input type="checkbox"/>	<input type="checkbox"/>
Other:				<input type="checkbox"/>	<input type="checkbox"/>
Other:				<input type="checkbox"/>	<input type="checkbox"/>

Student Immunization Form

Student Name _____

Birthdate _____ Student Number _____

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

FOR SCHOOL USE ONLY	
<input type="checkbox"/>	Complete; booster required in _____
<input type="checkbox"/>	In process; 8 mos. expires _____
<input type="checkbox"/>	Medical exemption for _____
<input type="checkbox"/>	Conscientious objection for _____
<input type="checkbox"/>	Parental/guardian consent _____

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

School Personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of Vaccine	DO NOT USE (✓) or (✗)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT) • for children age 6 years and younger • final dose on or after age 4 years						
Tetanus and Diphtheria (Td) • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above						
Tetanus, Diphtheria and Pertussis (Tdap) • for children in 7th - 12th grade						
Polio (IPV, OPV) • final dose on or after age 4 years						
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday						
Hepatitis B (hep B)						
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required						
Meningococcal (MCV, MPSV) • for children in 7th - 12th grade • booster given at age 16 years						
Recommended						
Human Papillomavirus (HPV)						
Hepatitis A (hep A)						
Influenza (annually for children 6 months and older)						

Additional exemptions:

- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- **Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- **Students 18 years of age or older:** Do not need polio vaccine.

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

<p>1. Certify Immunization Status. Complete A or B to indicate child's immunization status.</p>	
<p>A. Received all required immunizations: I certify that this student has received all immunizations required by law.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of Parent / Guardian OR Physician / Public Clinic</p> <p>_____ Date</p>	<p>B. Will complete required immunizations within the next 8 months: I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.</p> <p>The dates on which the remaining doses are to be given are:</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of Physician / Public Clinic</p> <p>_____ Date</p>

<p>2. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption.</p>	
<p>A. Medical exemption: No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement: I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of physician/nurse practitioner/physician assistant</p> <p>_____ Date</p> <p>*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of physician/nurse practitioner/physician assistant (If disease occurred before September 2010, a parent can sign.)</p>	<p>B. Conscientious exemption: No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized: I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of parent or legal guardian</p> <p>_____ Date</p> <p>Subscribed and sworn to before me this: _____ day of _____ 20____</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of notary</p>

<p>3. Parental/Guardian Consent to Share Immunization Information (optional): Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.</p> <p>I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system:</p>	
<hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of parent or legal guardian</p>	<hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Date</p>