



SOLEN PUBLIC SCHOOL DISTRICT #3
Student Registration Packet
New/Transfer Student
K – 12TH Grade

The following information should be provided to the school BEFORE new / transferring students will be allowed to attend:

- _____ Student Registration Packet
- _____ Certified Copy of Birth Certificate
- _____ Copy of Updated Immunization Records
- _____ Over-The-Counter/Non Prescription Medication Consent Form and Annual Health History Form (***Complete for all students***)

If applicable:

- _____ Custody Papers / CPS Placement
- _____ Athletic Physical Form
- _____ Certified Degree of Indian Blood (CDIB) Tribal Enrollment

TRANSFER STUDENTS ONLY:

Has the student been involved in a Special Education Program in the former school? _____

If yes, please sign a release form with our Special Education Department.

Solen Public School District #3 – Vision and Mission Statements

Vision Statement: “The Solen School District will provide opportunities for all students to develop their skills and talents to become productive citizens and lifelong learners.”

Mission Statement: “Solen School District commits to preparing our students to be or career ready by providing learners with opportunities to develop their skills and knowledge, along with an understanding of the Dakota culture.”

SOLEN PUBLIC SCHOOL DISTRICT #3

Transcript & Records Request

School Transferring from: _____

School Telephone: _____ Fax: _____

The following student has registered at the:(circle school) Solen JH / Solen HS / CBES

Name: _____ Gr.: _____ Start Date: _____

Please forward the below marked records to the following applicable school address or fax number or email.

Solen Public School
902 East Broadway
P.O. Box 128
Solen, ND 58570
Phone: (701) 445-3331
Fax: (701) 445-3323
Attn: Lacey Hatzenbuhler
Lacey.Hatzenbuhler@k12.nd.us

Cannon Ball Elementary
7080 8th Avenue
P.O. Box 218
Cannon Ball, ND 58528
Phone: (701) 854-3341
Fax: (701) 854-3342
Attn: Sherrie One Horn
Sherrie.OneHorn@k12.nd.us

- ☐ Transcripts
- ☐ Cumulative folder (Birth Certificate, Tribal Enrollment C.I.B, Names of Parent/Guardian and address, grades obtained, overall grade point average, activities participated)
- ☐ Grades at time of withdrawal
- ☐ Special Education records including current I.E.P and assessment reports
- ☐ Any standardized test scores
- ☐ All Referrals and Behavioral records
- ☐ Any other records you have on this student

Parent/Guardian Signature or School Official and Date

**It is not necessary for parents to sign a release when records are being passed from public school to public school. Note: Federal Register, June 17, 1976, Part II H.E.W. Privacy Rights of Parents & Students, final rule on educational records. Vol. 41, #118-24674, "99.31 prior consent for disclosure not required"*



Demographic Updating Form K – 12th Grade

Child's FULL Legal Name: _____

Physical Address: _____

Mailing Address: _____

Grade _____ School Last Year: _____

Age: _____ Date of Birth: _____ Gender: _____ SSN: _____

Ethnicity: _____ Tribal Enrollment#: _____ Tribe: _____

1st Parent/Guardian's Name: _____

Employer: _____

Home Phone: _____ Work: _____ Cell: _____

2nd Parent/Guardian's Name: _____

Employer: _____

Home Phone: _____ Work: _____ Cell: _____

Bus Pick Up Location *(If this changes, please inform your child's school as soon as possible)*

Physical Address:

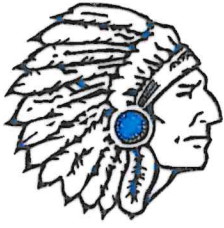
Person(s) and relationship to which we are authorized to release your child(ren) from the school buildings.

_____	_____
_____	_____
_____	_____

Person(s) and relationship to which we are NOT authorized to release your child(ren) from school buildings.

(Must provide documentation)

_____	_____
_____	_____
_____	_____



SOLEN PUBLIC SCHOOL DISTRICT #3
EMERGENCY CONTACT INFORMATION
2025-2026

Student Name: _____ Grade: _____

Parent / Guardian Name: _____

Home Mailing Address/Physical: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Primary Emergency Contact Name: _____

Relationship to student: _____

Home Mailing Address/Physical: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Secondary Emergency Contact Name: _____

Relationship to student: _____

Home Mailing Address/Physical: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Third Emergency Contact Name (*if applicable*): _____

Relationship to student: _____

Home Mailing Address/Physical: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please note: It is very important that the school have a valid working phone number on file at all times in case of emergencies.



SOLEN PUBLIC SCHOOL DISTRICT #3

Student Contract for Internet Use

Student Name: (Please Print) _____

I understand and agree to adhere to the behaviors outlined in the Solen Public School District #3 – Acceptable Use Policy (AUP) as stated in the Student Handbook.

I understand that the use of the internet is designed strictly for educational purposes and that the Solen Public School District #3 is taking measures to ensure that students do not have access to any material deemed inappropriate.

I understand that any violation of this policy will result in the loss of internet privileges.

Student Signature: _____

(If student is 18 years of age or older)

If the student is under 18 years of age, the parent/guardian are required to complete the following section.

Parent / Guardian Name (Please Print) _____

I, the Parent/Guardian, have read and understand the Acceptable Use Policy for the Solen Public School District #3 Internet use.

I understand that the use of the internet is designed strictly for educational purposes and that the school is taking measures to ensure that my child does not have access to any material deemed inappropriate.

By signing below, I agree that I WILL NOT hold the Solen Public School District #3 responsible for any access by my child of any inappropriate materials acquired on the internet.

I hereby give my child permission to work on the internet for school use **only**. My signature below is verification that I have discussed this contract with my child who understands the rules and has signed above.

Parent / Guardian Signature: _____ Date: _____



Solen Public School District

Cannon Ball Elementary School

701-854-3341

7080 8th Ave

Cannon Ball, ND 58528

Solen Junior High/High School

701 – 445-3331

902 W Broadway

Solen, ND 58570

Superintendent

Cari Kramer

701-445-3331

High School Principal

Levi Kalsow

701-445-3331

Elementary Principal

Tyson Maxon

701-854-3341

July 22, 2025

Dear Solen Public School District Parents and Guardians,

During the 2025 North Dakota Legislative session, the state enacted House Bill 1160, which mandates new regulations on electronic devices for all North Dakota public school students. This includes the use of cell phones and all similar electronic devices during the instructional school day. This law applies to all public schools in North Dakota and is intended to prohibit the use of wireless communication devices during instructional time, promoting a safe and distraction-free educational environment.

North Dakota law defines “cellular telephone” very broadly and includes all cell phones, smart watches, gizmos, tablets, laptops, and gaming devices. Basically, any wireless communication tool capable of transmitting voice, text, or data.

Instructional time refers to any period when students are attending class or engaged in educational activities. This includes transition time between classes, study hall and lunch and breakfast periods. Use of personal devices is strictly prohibited during this time, regardless of location within the school building. Extra-curricular activities requiring school transportation will be under the discretion of the building principal and/or athletic director.

Elementary students – Grades PK-5

As per our already in place procedures, students are not allowed to bring personal devices into the building.

Secondary students – Grades 6-12

Any student devices that enter the building will be stored in student lockers secured with a pad lock. Students will only be allowed access to lockers upon entering the building at the beginning of the day to store the device and the end of the day to obtain the device. All lockers will be securely locked with a school issued padlock throughout the day. The designated student and the office will have the combination for the locker. In past years Solen Junior High/High School students have not utilized lockers. The purposed of the lockers this year is solely to assure compliance to the new law of having devices secure and inaccessible to students. This allows students to maintain possession of their device in a responsible manner while assuring compliance to the law.

Solen Public School Disciplinary Procedure

To assure compliance with this law, and with the goal of preserving a focused learning environment, the Solen Public School Board has approved the following consequences on July 15, 2025, for students who violate this policy. The consequences are part of Solen Public School District Policy **FREQ 32 Personal Electronic Communication Devices Prohibition During Instructional Time.**

1. 1st offense
 - a. Device is confiscated and returned to student at the end of the day, parent/guardian contacted.
2. 2nd offense
 - a. Device is confiscated, parent/guardian must come to the school and collect device from principal.
3. 3rd offense
 - a. Device is confiscated, parent/guardian must come to the school and collect device from principal, ISS
4. 4th offense
 - a. Device is confiscated and one (1) day OSS
5. 5th offense
 - a. Device is confiscated and two-three (2-3) days OSS
6. 6th offense
 - a. Device is confiscated and three-five (3-5) days OSS
7. Further offenses
 - a. May result in expulsion

These measures apply to all student owned devices, including cell phones, smart watches, gizmos, ear buds or similar technology. The policy will be enforced starting on the first day of the upcoming school year.

How our families can support us

We ask that you talk with your child about this policy and help reinforce the importance of keeping our schools focused on learning. The intent of this law and the district's corresponding procedures is to avoid unnecessary distractions and ensure a safe, respectful academic environment for all students.

Should you need to contact your child during the day, please contact the school directly.

Respectfully,

Superintendent Cari Kramer



ANNUAL HEALTH HISTORY MANDATORY TO FILL OUT

Requires renewal at the beginning of each school year

School Year: _____ Grade: _____ Teacher: _____ Birth Date: _____ M or F _____
Student Name: _____ Rides Bus: _____ Walks: _____ Brought by Car: _____
Address: _____ Home Phone: _____ Cell: _____

Allergic to (foods, insects, medicines, etc.):

Type of Reaction (rash, difficulty breathing, etc.):

Current Medical Diagnosis or Disability- (please circle if applicable):

ADD/ADHD	Asthma	Cancer/Leukemia	Cardiac	Cystic Fibrosis	Cerebral Palsy
Diabetes	Genetic	High Blood Pressure	Migraine	Muscular Dystrophy	Neurological
Seizures	Urological	Hearing Problems	Psychiatric Issues	Vision Problems	Other

Please Explain:

Medication	Dosage	Times Given	Reason for Medication

Is there anything else we need to know about your child? Yes or No (If yes please explain)

Physician: _____ Phone Number: _____

I give permission for my child to be seen by the school nurse and give permission for the school nurse and or school administrator to communicate with the above-named physician and release information to the appropriate school personnel regarding my child's medical condition.

Parent/Guardian: _____ Date: _____ Insurance or Medicaid Number (if applicable) _____



Over The Counter Medication

Listed below are the OTC Medications we carry at the school, beside the medication shows which school carries that medication. Please put a check mark by all the medications that you give us permission to administer to your child if needed. If you have multiple students enrolled, please fill out a form for each individual student you have attending.

- Students Name: _____
- Students Grade: _____
- Students Age: _____

	Ibuprofen 200 mg (Elementary/High School)
	Tylenol 500 mg (Elementary/High School)
	Benadryl (High School)
	Tums (High School)
	Nauzene (High School)
	Peptobismol (High School)
	Midol (High School)
	Cough Drops (Elementary/High School)

Parent/Guardian Signature: _____ Date: _____



Solen Public School District #3

McKinney-Vento Act Survey/Residency Questionnaire

Your answers on this form will help the district determine what services you or your child may be eligible to receive under the McKinney-Vento act, including free transportation, meals, and other services. Students protected under the McKinney-Vento Act are entitled to immediate enrollment even without documents normally required.

Student Legal Name _____

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ Grade: ____

Student's Address _____

Physical Address

City

State

Zip Code

Adult(s) Caring for the Student _____

Relationship: ☐ Parent ☐ CPS/Court Placement ☐ Other, please describe _____

Do you have legal custody of the student?: ☐ Yes ☐ No: If no-Who does? _____

1) Is the student's address a **temporary** living arrangement (changing within 6 months)? ☐ Yes ☐ No

***IF THIS IS A PERMANENT LIVING ARRANGEMENT, SKIP THE NEXT QUESTIONS AND SIGN THE BOTTOM OF THE FORM.**

2) Is the student's **temporary** living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

3) Where is the student currently living? (Please check **all that apply**.)

☐ With an adult that is not a parent or legal guardian, or alone without an adult

☐ With another family or other person because of loss of housing or we cannot find affordable housing (sometimes referred to as "doubled up")

☐ In an emergency or transition shelter

☐ In a hotel/motel

☐ In a vehicle of any kind, public space, trailer park or campground without water/electricity, abandoned building, or substandard housing

☐ Emergency housing or FEMA housing

☐ In another temporary living situation (please describe): _____

PRINT NAME (parent, guardian)

SIGNATURE (parent, guardian)

Date

Phone # _____ (type: home/cell) Other Phone # _____ (type: home/cell)

First Name	Last Name	Date of Birth	School	Grade

Please list all children living with you from Pre-K through high school. If needed, use additional sheets.



Solen Public School District #3

Home Language Survey

Student Name: _____ Student's Grade: _____

Student's School: _____ Today's Date: _____

The U.S. Office of Civil Rights requires schools to identify possible English Learner (EL) students during enrollment to ensure appropriate high-quality instruction. The district may be eligible for additional funding for English learners and/or immigrant children and youth. If a language other than English is used by you or your child and your child meets the English Learner (EL) definition, the school may give your child an English Language Proficiency Assessment. The school will share the results of the assessment with you.

What language(s) did your child learn when he/she first began to talk? _____

What language(s) does your child speak/use? _____

What language does your child use most often? _____

What language do you use most often to speak to your child? _____

Has your child ever been in an English Learner or Bilingual Program? Yes No Unsure

Circle the grades your child has attended <u>in</u> the United States.	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12
Circle the grades your child has <u>outside of</u> the United States.	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12

If outside of the United States, in which country did your child attend school? _____

What language(s) did your child learn in school? _____

If practicable, in what language or format should the school communicate with your family? _____



Solen Public School District #3

Immigrant Student:

1. Would your child be considered an immigrant student? Yes No

An immigrant student was born outside of the U.S. and has attended school in the U.S. for three (3) years or less.

If yes, please list: Country of origin _____ (For refugee students, this is the country you originally fled, not the country you lived in most recently.)

U.S. entry date (mm/dd/yyyy) _____ Heritage language _____

Native American or Alaska Native student:

2. Would your child be considered a Native American or an Alaska Native student? Yes No

Native American and Alaska Native students are mentioned specifically in the EL definition and may qualify for EL services.

Do you believe a tribal language has significantly influenced your child's education in English? Yes No

If yes, what is the tribal language? _____

Migrant Student:

3. Would your child be considered a migrant student? Yes No

A migrant student has moved in the past 36 months with or to join a parent/guardian who is a migratory agricultural worker.

If yes, what is the date you moved to this area? (mm/dd/yyyy) _____

Refugee Student: *(This information is not a state requirement but may be collected at the discretion of the district.)*

4. Would your child be considered a newly arrived refugee student? Yes No

Schools in North Dakota apply for a Refugee School Impact Grant to provide services for newly arrived refugee students. A refugee student left their home country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion and has fled to another country to be resettled. Newly arrived is defined as within the last three years.

I declare, under penalty of perjury under North Dakota law, that the information provided here is true and correct.

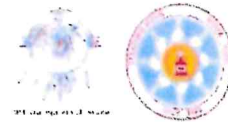
Print Name of Parent/Guardian

Student (for unaccompanied homeless youth)

Signature of Parent/Guardian

Student (for unaccompanied homeless youth)

Date:



JOM Student Descendancy Verification

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for Johnson O'Malley (JOM) funding. If you choose to submit a form, your child could be counted for funding under the program. State funded schools receive JOM funds based on the number of eligible students counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the JOM student count based on descendancy. This form should be kept on file with the grant applicant and will not need to be completed every year.

Student Information

Name of the Child _____ Date of Birth _____

Grade level _____

Name of School _____

Tribal Membership

The individual with Tribal membership is the (select only one):

☐ child ☐ child's parent ☐ child's grandparent

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Please identify the Tribe or Band that maintains updated and accurate membership data for the individual listed above

Name of Tribe/Band _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

☐ Federally Recognized Tribe ☐ State Recognized Tribe ☐ Terminated Tribe Alaska Native

☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)
- Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach).

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____