AITKIN PUBLIC SCHOOLS ENROLLMENT FORM

AITKIN HIGH SCHOOL (7-12) & DISTRICT OFFICE
306 2ND STREET NW
AITKIN MN 54631-1289
HS: TEL: 218-927-2115 FAX: 218-927-2630
DISTRICT FAX: 218-927-4234
Return Packet to: High School

RIPPLESIDE ELEMENTARY (K-6)
225 2ND AVE SW
AITKIN MN 54631-1289
TEL: 218-927-2115 FAX: 218-927-4608
Return packet to: Rippleside Main Office

Office Use only: (Rev 8625)		
Student #	☐ MacBook/IPAD Permission/Pledge Form	☐ Healthy & Emer Contact Form
	☐ Mac Insurance Form	☐ Transcripts
Locker #	☐ FERPA Form	☐ Legal Docs
	☐ Schedule Create	☐ Records Request
Canvas ID	☐ Legal Docs	☐ McKinney-Vento
	☐ Transportation Form	☐ Cumulative File made
School Email: (@isd1.org)	☐ Ethnic Demographic Designation Form	☐ Infinite Campus Portal Form
	☐ Benefit Application	☐ Language Form
	☐ Teacher's Contacted	

TODAY'S DATE

STUDENT INFORMATION (please attach copy of birth certificate)

SCHOOL ENROLLING IN: ☐ AITKIN HIGH SCHOOL ☐ RIPPLESIDE ELEMENTARY	START DATE	GRADE	DATE OF BIRTH	GENDER

HAS STUDENT ATTENDED A MINNESOTA PUBLIC SCHOOL BEFORE? ☐ Yes ☐ No
HAS STUDENT ATTENDED AITKIN PUBLIC SCHOOLS BEFORE? ☐ Yes ☐ No

STUDENT FIRST NAME (legal)	MIDDLE NAME (legal)	LAST NAME (legal)

Student's Social Security Number	Student's Nickname	Student's Cell Phone

GENERAL INFORMATION

SCHOOL MOST RECENTLY ATTENDED BY STUDENT	DISTRICT NAME	Is this a MN public School? ☐ Yes ☐ No

LAST GRADE COMPLETED:	DATE LEFT THE DISTRICT:

ADDRESS, CITY, STATE & ZIP

PHONE	FAX			

Do any court orders apply (if yes, provide copy) ☐ Yes ☐ No	Is Student receiving special educations (has in IEP) ☐ Yes ☐ No
Does Student have a 504 Plan? ☐ Yes ☐ No	Does Student have a Social Worker? (if yes, name and phone number) ☐ Yes ☐ No

What is the Student's country of birth? (if not in the USA, when did student enter the USA? (mm/dd/yyyy)

OTHER INFORMATION

Is the student a member of a military family (parent or guarding is currently a Reservist, National Guard member, on Active Duty, or recently retired from the Armed Forces) ☐ Yes ☐ No

If yes, is the military member actively deployed or is expected to be deployed this school year? ☐ Yes ☐ No

Have you moved to this district for temporary seasonal agricultural or fishing work in the last 36 month? ☐ Yes ☐ No

CENSUS (LIST ADDITIONL CHILDREN RESIDING IN THE HOME

NAME (First, Middle & Last)	DATE OF BIRTH	GENDER	RELATIONSHIP	GRADE

The McKinney-Vento Homeless Assistance Act and the Aitkin Public Schools assures the educational rights for homes and highly mobile students. Please answer the question below that best describe your living situation. (Check all that Apply)		
☐ In a shelter (family shelter, domestic violence, youth shelter or transitional housing)	☐On the Street	☐ Camping
☐ In a motel, hotel or weekly rate housing	☐ Live with friends or relatives because you cannot find or afford housing	☐ In an abandoned building, a car park or public space
☐ Live with friends or relatives because you are an unaccompanied youth	As part of the McKinney-Vento Homeless Education Assistance Act, Minnesota public and charter schools must provide services that remove barriers to enrollment, attendance and educational success of students. Would you like someone to contact you regarding community supports? ☐ Yes. ☐ No	

FAMILY INFORMATION – PRIMARY HOUSEHOLD
The primary residence of your students.
Student information, mailings and parent portal access will be provided to custodial adults at this address

FIRST NAME (Parent 1 in PRIMARY household)	**MIDDLE NAME**	**LAST NAME (legal)**
RELATIONSHIP TO STUDENT	**EMAIL ADDRESS**	**Date of Birth (optional)**
CURRENT ADDRESS (Where Student is living)	**CITY, STATE AND ZIP**	
If not in the Aitkin District 0001 – An Open Enrollment form fill be needed from the District Office		
HOME PHONE ☐ **Unlisted?**	**CELL PHONE**	**WORK PHONE**

FIRST NAME (Parent 2 in PRIMARY household)	**MIDDLE NAME**	**LAST NAME (legal)**
RELATIONSHIP TO STUDENT	**EMAIL ADDRESS**	**Date of Birth (optional)**
HOME PHONE ☐ **Unlisted?**	**CELL PHONE**	**WORK PHONE**
STUDENT LIVES WITH (check all that apply) ☐ Both Parents ☐ Mother ☐ Mother & Stepfather ☐ Guardian ☐ Father ☐ Father & Stepmother ☐ Grand Parent ☐ Other Relative ☐ Alone ☐ Spouse ☐ Homeless ☐ Other-See above McKinney-Vento	**Custody** ☐ **Joint Physical** ☐ **Sole Physical** ☐ **Joint Legal** ☐ **Sole Legal** ☐ **Foster Parent** ☐ **Ward of the State**	

The Aitkin Public School District Policy 515: Protection and Privacy of Pupil, required that you provide court documentation to the District for our records. If court documentation is not provided and the non-custodial parents request information regarding the child(ren), the information will be released to them upon their request.

Second Parent/Guardian Mailing: Parent/Guardian not living in the primary household with student

FIRST NAME	**MIDDLE NAME**	**LAST NAME (legal)**
RELATIONSHIP TO STUDENT	**EMAIL ADDRESS**	**Date of Birth (optional)**
CURRENT ADDRESS	**CITY, STATE AND ZIP**	
HOME PHONE ☐ **Unlisted?**	**CELL PHONE**	**WORK PHONE**

I hereby verify that the above information is true and accurate to the best of my knowledge and belief. I understand that completing this form enrolls my student in the Aitkin Public Schools and grants permission to obtain all student records pertaining to my child.

Parent/Guardian Signature	**Date**

DEPARTMENT OF EDUCATION

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions **(in bold)** for their children. If you choose not to answer the federal questions **(in bold)**, federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our *Frequently Asked Questions: Ethnic and Racial Designation Form.*

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.[1]

[You must select "yes" or "no" to this question.]

O **Yes** *[If yes, go to Question A.]* O **No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate	☐ Guatemalan	☐ Salvadoran	☐ Other Hispanic/Latino
☐ Colombian	☐ Mexican	☐ Spaniard/Spanish/ Spanish-American	☐ Unknown
☐ Ecuadorian	☐ Puerto Rican		

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

O **Yes** *[If yes, go to Question 1a.]* O **No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate	☐ Cherokee	☐ Other North American Indian Tribal Affiliation
☐ Anishinaabe/Ojibwe	☐ Dakota/Lakota	☐ Unknown

Go to Question 2.

[1]Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

O **Yes** *[Go to Question 3.]* O **No** *[Go to Question 3.]*

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.[1]

O **Yes** *[If yes, go to Question 3a.]* O **No** *[If no, go to Question 4.]*

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

□ Decline to indicate	□ Chinese	□ Karen	□ Other Asian
□ Asian Indian	□ Filipino	□ Korean	□ Unknown
□ Burmese	□ Hmong	□ Vietnamese	

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.[1]

O **Yes** *[If yes, go to Question 4a.]* O **No** *[If no, go to Question 5.]*

Optional Question 4a**.** If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

□ Decline to indicate	□ Ethiopian-Other	□ Somali
□ African-American	□ Liberian	□ Other black
□ Ethiopian-Oromo	□ Nigerian	□ Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.[1]

O **Yes** *[Go to Question 6.]* O **No** *[Go to Question 6.]*

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.[1]

O **Yes** O **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

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:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	
2. My student speaks:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	
3. My student understands:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	
4. My student has consistent interaction in:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ 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.

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Aitkin Public Schools

INDEPENDENT DISTRICT NO. 1
AITKIN, MINNESOTA 56431

Michelle Alcox-Larson
Transportation Supervisor

Krystal Larson
Transportation Technician

Dear ISD #1 families,

Hello to you all. We are starting to prepare for the 2026-2027 school year. We will **not** be mailing **Transportation Request forms** or **busing information** home to families again this year. You will be able to access a **New Electronic Google Form** which will be sent out at the end of the 25-26 School Year & on the school website or a Paper form will be available at your child/children's school and on the school website. The Stopfinder app has been a very useful tool. It has allowed parents/guardians to check busing information whenever they like. It has allowed parents to message the garage directly. It has also allowed the bus garage to send messages to individual families, to all families on a specific route, or to everyone in the district. If you have not received, an invite to sign up for the app please reach out to Michelle @ the bus garage. Parents/Guardians will receive a notification in Mid-August when your busing information is ready and available for you to view.

Please remember we need a new form filled out at the beginning of each school year, each time your address changes, and if you need to make changes to your current bus plans throughout the school year. Please fill out the attached form (**1 form per student**) or the **New Electronic Google Form** and send it back to the bus garage in one of three ways:

1. Email paper forms to malcox@isd1.org. You can do this by scanning or taking a picture of the physical form.
2. Drop off at any of our various buildings
3. Transmit Electronically if you choose to do the **New Electronic Google Form**

We will begin accepting bus forms for the 26-27 school year starting **May 26th, 2026**. Please have them returned to us **no later** than **July 17th, 2026**. If you have any questions feel free to call Michelle at 218-429-0242 or 218-831-0824. You can also email Michelle at malcox@isd1.org.

Thank you so much for your time,

Michelle Alcox-Larson
Transportation Supervisor

Krystal Larson

Trans. Technician

WE ARE ISD 1!

Aitkin Public Schools- Transportation Request (2026-2027)

Aitkin Public Schools

To help ensure the safety of our students we require all families to complete a transportation request form for each student. This is to inform the office and bus garage of the regular plan for student transportation. We recommend a consistent plan as this is especially important for our young students. If any permanent changes need to be made during the school year, please contact the office or bus garage to complete a new form. The form needs to be on file for any permanent changes to take place.

Please complete this form in its entirety:

- At the beginning of each new school year
- If your child is a new student
- For changes regarding Primary/Secondary location

*Each student who qualifies will be allowed transportation to a primary and, on occasion, a secondary location. Parents/Guardians are responsible for their own temporary arrangements.

- Please allow up to (3-5) school days for any changes to go into effect.
- All highlighted fields are required (They will not be accepted if info is missing)

STUDENT INFORMATION (1 student per form)

Student's name (Please Print):_____

Primary address:_____

Is this the Address the school has on file? YES. NO (If not, please contact the office to have it updated)

Grade:_____ Teacher's name (if known):_____

Parent/Guardian name:_____ Parent/Guardian phone number:_____

Will your student require busing to the primary address? YES NO

REASON FOR REQUEST (please check at least one option):

New student: ☐

New school year: ☐

Change to primary location: ☐

Change to secondary location: ☐

Change to both locations: ☐

Date for change to be effective:_____

***Please note: if you are changing your primary address you must provide that to the school office as well in order for change to go into effect-you will not be allowed to change busing plans if we have conflicting addresses on file.**

Does a bus currently go by your house? ☐ YES ☐ NO If so what bus?_____

Will you be requesting transportation to a secondary location? ☐ YES ☐ NO (if **YES**, please complete remainder of form)

Secondary Location Address:_____

Secondary phone number:_____ Bus number (if known):_____

Reason for the secondary location request (e.g. daycare, dual household, etc.):_____

_____

_____

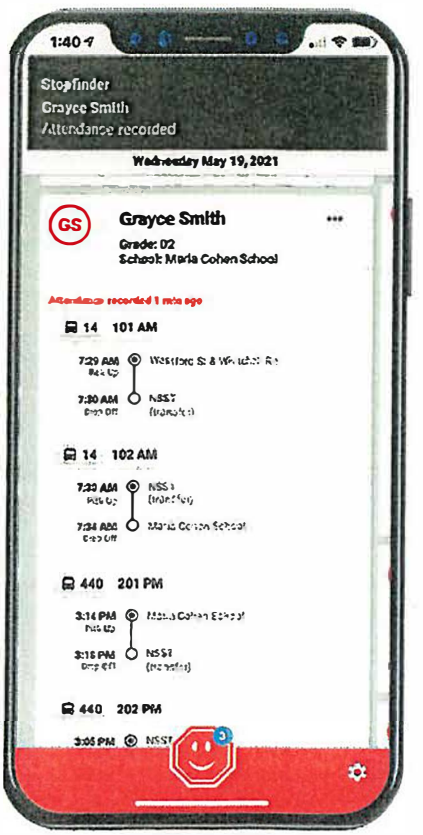
Parent/Guardian Signature:_____ Date:_____

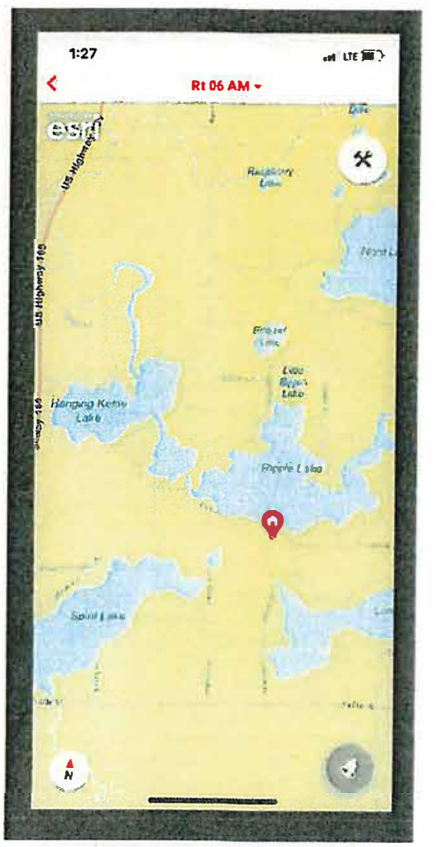
Dear Parent or Guardian,

The **Aitkin Public Schools Transportation Department** is currently using and will continue using a Bus Stop app called Stopfinder, for the 2026-2027 School Year. Stopfinder is the easy to use, all-in-one app that allows you to have the most accurate information about your child's bus schedule at anytime from anywhere. In addition to displaying your child's transportation information, Stopfinder features push notifications and a private messaging feature that will allow you to communicate directly with the **Aitkin Schools** Transportation Department. Please make sure the school has up to date information including a valid email address. If you have not received an invitation to join Stopfinder or have questions, feel free to call Michelle Alcox-Larson @ 218-429-0241 (Bus Garage) or 218-831-0824 (Cell Phone). If you are unsure if your information is up to date please feel free to reach out to the office staff and they can verify for you. We are looking forward to another great year.

Stopfinder, can be downloaded free from the App Store or Google Play. Stopfinder will require an invite and registration through the district prior to accessing your child's transportation schedule.

Thank you,
Aitkin Schools Transportation Department





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Aitkin Public Schools
Annual Health Update
(Please print off and complete both pages of the form)

Complete one form per child in your household. Please be thorough. This information is important for providing a safe and healthy environment for your child, pertinent health information will be shared with school staff that works directly with your child.

Student Name_____ **DOB**_____ **M/F** **Grade**_____

Health Care Provider and Clinic_____ **Phone**_____ **Last Exam**_____
Specialist and Clinic_____ **Phone**_____ **Last Exam**_____
Dentist and Clinic_____ **Phone**_____ **Last Exam**_____
Eye Care Provider and Clinic_____ **Phone**_____ **Last Exam**_____

Medical History (check all that apply)

___Asthma	___Physical handicap	___Dental Problems
___Hay Fever	___Menstrual Problems	___Frequent Headaches
___Diabetes	___Frequent StomachAches	___Frequent Sore Throats
___Frequent Nose Bleeds	___Bleeding Disorder	___Anorexia/Bulimia
___Heart Condition	___Eczema	___Seizures/Epilepsy
___Speech Problems	___Sickle Cell	___Convulsions with Fever
___Vision Problems	___Color Blindness	___Hearing Problems
___ Fainting Spells	___Kidney/bladder problems	___AIDS/HIV
___Orthopedic Conditions	___Mental health diagnosis	___Emotional/Behavioral Concerns

___Other (Please use back if needed) _____

If you marked any of the above, please explain_____

Allergies (check all that apply) ___Plant ___Food ___Drugs ___Animals ___Bee/insects ___Other
Please describe the specific trigger, reaction and interventions that you have found to be helpful;_____
_____

Medication
Is medication needed for any condition: **At home?** ___Yes__No **At School?**____ Yes__No

Please list name, amount and time of day (use back if needed)_____
_____

If medication is to be disbursed at school, pleases complete the "Parent Request for School Personnel to Dispense Medication for Minors" form. This can be found on the school website at http://www.aitkin.k12.mn.us/ Click on *District – School Nurse – Medication Policy* or you may contact the office for a form.

Other Medical Information

List any operations, injuries, hospitalizations, or prolonged illnesses with dates_____
_____

Please describe any restrictions or modifications needed (Gym, sports, diet, etc.)_____
_____

Does your child wear glasses? __Yes__No **Contact Lenses?** __Yes__No

Please list any other information that you feel will help the school staff to better understand and work with your child (use the back if needed)_____

Parent/Guardian Release of Information and Consent
The information on the front and back of this form may be released to school personnel as needed to provide a safe and healthy learning environment for my child. My child has permission to be administered minor first aid on school grounds during the school day by school personnel. The school may share vaccination information back and forth with area clinics and public health.

Parent/Gaurdian Signature_____ **Date**_____

Aitkin Public Schools
Annual Health Update
(Please complete front and back of form)

Use this side of the page to go into greater detail about any of the questions on the other side of the page: _____

Basic first aid will be provided for your child. Medical referrals may be made. 911 will be called in the case of an emergency. The following products may be used while providing First Aid. Please check any product that your child *cannot* come in contact with:

___Sterile saline-eye and wound irrigation
___Clinical Care Wound Cleanser – Benzethonium chloride 0.1%
___Caldyphen lotion – Promoxine HCL 1% /Zinc Acetate o.1%/-skin itching and irritation
___Rubbing alcohol
___Hydrogen Peroxide
___Triple Antibiotic Ointment – Polymyxin B Sulfate/Bacitracin Zinc/Neomycin Sulfate
___Jergens lotion – dry skin
___Starburst mints may be offered to help soothe a sore throat or stomachache. All other over the counter medications including cough drops and pain relievers must be provided by the parent/guardian along with necessary consent.

SCHOOL EMERGENCY INFORMATION
AITKIN PUBLIC SCHOOLS

To Parent or Guardian:

The welfare of your child is the **FIRST** consideration of school authorities. In case of an emergency the school will contact you at once. It is your responsibility to make arrangements for proper care in case your child should meet with an accident or become too ill to remain in school at a time when you are away from home.

THIS INCLUDES:

1. Designating a neighbor or relative to care for your child in their home until you can be reached.
2. Arranging for a person to care for your child when parents or guardians work or are routinely away from home when it is necessary for the school to send the child home because of illness.
3. Provide transportation home or to the doctor's office if necessary.
4. Please complete the SCHOOL EMERGENCY INFORMATION below and return to the school promptly. If you have a change of address during the school year, notify the school. This information will help the school authorities speed emergency care to your child according to your wishes.

Pupil's Name _____ Birthdate _____ Grade _____

Parent's Name _____ Phone _____ Dad's Work _____

Address _____ Mom's Work _____

City _____ State _____ Zip _____

Please explain unique living arrangements _____

_____

Home E-mail Address: (if available) _____

If parent/guardian cannot be reached in case of illness, please call: (If necessary, use back of form for additional contacts.)

_____

Emergency Contact Name | Relationship to Student | Phone

_____

Emergency Contact Name | Relationship to Student | Phone

☐ **Check if these are new emergency contacts and you would like current contacts removed.**

In case of serious accident or illness, and parent/guardian cannot be reached, I authorize the school to obtain necessary treatment.

I have read the rules and regulations on this paper. _____ _____

Signature of Parent or Guardian | Date

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Dear Parent/Guardian:

Aitkin Public Schools offers healthy meals each day. All students can get one breakfast and one lunch free of charge each day at school. Although no application is required to receive this free meal benefit, filling out the Application for Educational Benefits is still important! Your application may help the school qualify for education funds.

To apply, complete the enclosed Application for Educational Benefits and return it to:

Aitkin Public Schools, Attn: District Office-Food Service, 306 2nd Street NW, Aitkin, MN 56431

Or complete on-line at: https://home.isd1.org/food-service.html.
Click on the Free and Reduced Meal Application.

Who should complete this application? Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children qualify without reporting household income. Alternatively, children can qualify if their household income is within the maximum income shown for their household size on the instructions.

COMMON QUESTIONS:

I get WIC or Medical Assistance. Can my children qualify? Children in households participating in WIC or Medical Assistance do not automatically qualify. Children may be eligible depending on other household financial information. Please fill out an application.

Who should I include as household members? Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

May I apply if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens for you to complete an application.

What if my income is not always the same? List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes. For seasonal work, write in the total annual income.

Will the income information or case number I give be checked? It may be. We may also ask you to send written proof.

How will the information be kept? Information you provide on the form, and your child's approval, will be protected as private data. For more information, see the back page of the Application for Educational Benefits.

If I don't qualify now, may I apply later? Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

If you have other questions or need help, call (218) 927-7180.

Sincerely,

Jeanne Ince
Food Service Tech

jince@isd1.org

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2026-27 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions**, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2026, through June 30, 2027.

Maximum Total Income

Household size	$ Per Year	$ Per Month	$ Twice Per Month	$ Per 2 Weeks	$ Per Week
1	29,526	2,461	1,231	1,136	568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
Add for each additional person	10,508	876	438	405	203

Step 1: Children

List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box if a child is in foster care (a welfare agency or court has legal responsibility for the child).

Step 2: Case Number

If any household member currently participates in SNAP, MFIP or FDPIR, write in the case number and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue to Step 3.

Step 3: Adult and Child Incomes / Last 4 Digits of Social Security Number

- **Social Security Number/Total Household Members.** An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- **Child Income**. If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- **Adult income.** Report the names of adult household members and income in this section.
    - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
    - **Gross Earnings from Work**. This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.
    - List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. For seasonal work, write in the total annual income.
    - **Are you Self-Employed or a Farmer?** List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
    - **Any Other Gross Income**. List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

Step 4: Signature and Contact Information An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

Optional: Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect eligibility. The information helps to ensure we are meeting civil rights requirements and fully serving our community.

2026-27 Application for Educational Benefits

Mail or return completed form to: AITKIN PUBLIC SCHOOLS

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If children in the household attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (√)
						☐
						☐
						☐
						☐
						☐

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance **does not** qualify. **If NO** > Go to STEP 3.
If YES >Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) ___ ___ ___ ___ ___ ___ ___ ___ ___ then go to STEP 4 (Do not complete STEP 3)

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: **XXX-XX-** ☐ ☐ ☐ ☐ Or Check if Adult has **No SSN**: ☐ **Total Number of All Household Members** (Children + Adults) ☐

B. Child Income.

Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
$	☐	☐	☐	☐

C. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			Any Other Gross Income				
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	Weekly	Bi-weekly	2x Month	Monthly	Report income **before deductions or taxes** in whole dollars (no cents).	Monthly	Yearly	**Net income** from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$

STEP 4: Contact information and adult signature. "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information I may be prosecuted under applicable State and Federal laws."

☐ I have checked this box if I *do not* want my information shared with Minnesota Health Care Programs as allowed by state law.

Printed name of adult signing form Daytime Phone

Address (if available) Apt# City Zip

SIGN HERE: Signature of Household Adult Date

Do Not Fill Out: For School Office Use Conversions to Annualize All Income:	X52	X26	X24	X12	X1	☐ **Verified? Attach Tracker**	No change ☐	Free After Verified ☐	Reduced After Verified ☐	Denied After Verified ☐
All Total Income (Include child and adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annualize	**Household Size:**	Categorical Eligibility	Free	Reduced	Denied
$	☐	☐	☐	☐	☐		☐	☐	☐	☐
Determining Official Signature:								**Date:**		
Confirming Official Signature:								**Date:**		

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Step Two: Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
• Earnings from work • Social Security a. Disability payments b. Survivor's benefits • Income from person outside the household • Income from any other source	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security • A parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
• Salary, wages, cash bonuses (before deductions or taxes) • Net income from self-employment (farm or business) • If you are in the U.S. Military: a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) b. Allowances for off-base housing, food and clothing	• Cash Assistance from State or local government • Supplemental Security Income • Unemployment benefits • Worker's compensation • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security • Disability benefits • Regular income from trusts or estates • Annuities • Investment income • Rental income • Regular cash payments from outside household

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced-price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

At public school districts and charter schools, each student's eligibility status also is recorded on a statewide computer system used to report student data to MDE as required by state law.

Nondiscrimination statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or (2) **fax:** (833) 256-1665 or (202) 690-7442; or (3) **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

AITKIN PUBLIC SHOOLS INFINITE CAMPUS PARENT PORTAL ACTIVATION KEY REQUEST FORM

PLEASEREAD & CHECK THESTATEMENTSBELOW

- ☐ I have read and understand the "Campus Portal Acceptable Use and Safety Policy" (Policy #728). Available at www.isd1.org
- ☐ I understand that although data is in "real time" that student attendance and grades may not be updated daily.
- ☐ I understand that the school cannot support technical computer questions not related to the Infinite Campus program.

Please print or type Parent/Guardian Information below:

First Name | **Last Name** | **Middle Name**

Address

City | **State** | **Zip**

Home Phone | **Work/Cell Phone** | **Email Address (Required to e-mail authorization code)**

Please list the names of the students you expect to have access to (only children you are the legal guardian of):

First Name	Last Name	Grade	Relationship	School

***Parent Signature** _____ **Date** _____

OFFICE USE ONLY

Approval Signature _____ Date email confirmation sent:

Activation Key Issued? Y N Date:

Print form and fax to 218-927-7110 OR Scan and e-mail to: tfoss@isd1.org

Note: A confirmation e-mail requesting the name(s)/grade(s) of your child (ren) will be sent. When you reply to that e-mail, your activation key and instructions will be e-mailed to you.

Revised 8-2024

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Aitkin School District
1:1 Technology Parent Permission
Student Acknowledgment Form

Fill out one (1) form PER STUDENT. This form must be signed by the parent and student.

FOR SCHOOL YEAR 20____ - _____

Student's Name (please print) _____ **Grade** _____

Section 1 Parent/Guardian: Please check **Box A, Box B** or **BOX C**.
*If you selected **BOX C**, please skip to **Section 2** on the back of this form.*

A

I AM PROVIDING PERMISSION FOR MY CHILD TO PARTICIPATE IN THE AITKIN SCHOOL DISTRICT'S 1-to-1 PROGRAM.
I am aware that the provided device is owned or leased by the Aitkin Public School District. I am aware that the care and responsibility of the device as outlined in the "MacBook Air & Apple iPad Acceptable Use, Guidelines and Procedures Handbook", both in and out of school lies with my child.

B

I AM PROVIDING PERMISSION FOR MY CHILD TO PARTICIPATE IN THE AITKIN SCHOOL DISTRICT'S 1-to-1 PROGRAM *DURING THE SCHOOL DAY ONLY, AND I AM NOT PROVIDING PERMISSION FOR MY CHILD TO BRING THIS DEVICE HOME.*
I am aware that the provided device is owned or leased by the Aitkin Public School District. I am aware that the care and responsibility of the device as outlined in the "MacBook Air & Apple iPad Acceptable Use, Guidelines and Procedures Handbook" while in school lies with my child. I understand that my child is responsible for the completion of all assignments, which may include homework, using the MacBook Air computer or iPad device.

C

I AM NOT PROVIDING PERMISSION FOR MY CHILD TO PARTICIPATE IN THE AITKIN SCHOOL DISTRICT'S 1-to-1 PROGRAM.
I understand that my child is responsible for the completion of all assignments, which may include homework using the MacBook Air computer or iPad device.

Continue on back

Aitkin School District
1:1 Technology Parent Permission Student Acknowledgment Form

Parent/Guardian: Please INITIAL EACH of the following lines to acknowledge acceptance.

_____ I have received the **MacBook Air / Apple iPad Acceptable Use, Guidelines and Procedures Handbook** and understand the information contained therein. I understand that if I choose to purchase insurance for the computer or device, the form and payment will be due to the school **BEFORE the MacBook Air or iPad will be distributed**. The insurance fee will cover repairs needed for damage to the MacBook Air / iPad as outlined in the **MacBook Air / iPad Insurance Declaration**.

_____ I understand that the insurance fee will NOT cover repair costs associated to damage caused intentionally or accidentally by my child to another student's MacBook Air or iPad and I will be held financially responsible for the repair costs.

_____ In the event the assigned MacBook Air or iPad is lost, I understand that the current market replacement cost of the device (approx. $979 for a MacBook Air and $294 for an iPad and $120 for the iPad typing case) will be due immediately to the Aitkin Public School District.

_____ In cases of theft, vandalism, criminal acts or acts of nature (i.e., fire, flood), a police report MUST BE FILED IMMEDIATELY by the student or parent. A copy of the police / fire report must be provided to the principal's office before the district will replace the MacBook Air or iPad. Lack of proper documentation will result in my being billed for the FULL COST of the MacBook Air or iPad.

_____ I have read and understand the information in the "MacBook Air & Apple iPad Acceptable Use, Guidelines and Procedures Handbook", and have discussed the material with my child.

Section 2 Parent and Student Signatures

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ **Date** _____

I have read the "**Student Pledge for MacBook / iPad Use**" and I agree to the stipulations set forth in the documents including the "**MacBook Air & Apple iPad Acceptable Use, Guidelines and Procedures Handbook**".

Student's Name (please print) _____ **Grade** _____

Student's Signature _____ **Date** _____

Aitkin High School
MacBook Air & iPad Insurance Policy

(Fill out 1 form per family, per school)

FOR SCHOOL YEAR: 20___ - ____

Parent/Guardian Name (please print) _____

Address (City, State, Zip Code) _____

The cost of the policies are **$50 for MacBook Air Insurance** and **$20 for iPad insurance** *PER STUDENT*.
Discounted insurance rates are available for families who apply for and are eligible for educational benefits (i.e. Free/Reduced Meals)
Discounted rates: **$25 for MacBook Air Insurance** and **$10 for iPad insurance** *PER STUDENT*.

NOTE: if insurance is not paid within 30 days, it will be automatically declined.
If paid later, the device must be inspected by the Tech Department before the policy will be approved.

Section 1 Check either **Box A** or **Box B** and initial on the line to indicate your selection.

A

I AM PURCHASING INSURANCE

Please initial here _____ indicating that you have read and understand the statements below.
Fill out **Section II**, sign form and return it to the office at your child's school **with payment**.

- I have read the "MacBook Air / iPad Acceptable Use, Guidelines and Procedures" Document.
- I understand that this insurance policy is optional.
- I understand that this insurance policy does not cover damage done by my child to another student's MacBook Air or iPad.
- I understand that this policy is not refundable. During the school year, if my children are no longer enrolled, I will not receive a full or partial refund of this premium.
- I understand that if the MacBook Air / iPad has to be fully replaced due to damage, loss or theft, this policy will no longer be in force. I can obtain coverage on the replacement computer or device by purchasing a new policy.
- I understand that revisions to this policy may be made. If revisions are made, I will be notified and given a copy of any revisions.

B

I AM NOT PURCHASING INSURANCE

Please initial here _____ indicating that you have read and understand the "MacBook Air & Apple iPad Acceptable Use, Guidelines and Procedures" document.
Fill out **Section II**, sign form and return it to the office at your child's school.

Parent information and signature required on back

Aitkin Public Schools

MacBook Air & iPad Insurance Policy

Section 2 Enter student's information

Student Name (please print) _____ **Grade** _____

Student Name (please print) _____ **Grade** _____

Student Name (please print) _____ **Grade** _____

Student Name (please print) _____ **Grade** _____

Student Name (please print) _____ **Grade** _____

Student Name (please print) _____ **Grade** _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ **Date** _____

- An "**Application for Educational Benefits**" must have been turned in and approved, or families direct certified, *before* reduced insurance premiums can be accepted. (NOTE: All students will be receiving free meals this year, but in order to qualify for the reduced insurance, the form must be turned in and the family eligible based on income requirements.)
- **If you have turned in an application and your eligibility status has not been determined, you will need to pay the full amount and a refund will be sent to you if you qualify for Free/Reduced Meals.**

COST PER CHILD

	Number of Children		
MacBook Air Insurance	_____	@ $50.00 =	$ _____
Reduced MacBook Air Insurance	_____	@ $25.00 =	$ _____
iPad Insurance	_____	@ $20.00 =	$ _____
Reduced iPad Insurance	_____	@ $10.00 =	$ _____
		TOTAL DUE	$ _____

FOR OFFICE USE ONLY

Payment Method

- ☐ CASH
- ☐ CHECK CHECK NUMBER: _____
- ☐ ONLINE (Infinite Campus Mobile Payments)
- ☐ FEE ASSIGNED

Received by: _____ Date: _____