

AITKIN PUBLIC SCHOOLS **ENROLLMENT FORM**

AITKIN HIGH SCHOOL (7-12) & DISTRICT OFFICE 306 2 ND STREET NW AITKIN MN 54631-1289 HS: TEL: 218-927-2115 FAX: 218-927-2630 DISTRICT FAX: 218-927-4234 Return Packet to: jince@isd1.org	Office Use only: (Rev 8625) Student # _____ Locker # _____ Canvas ID _____ School Email: (@isd1.org) _____	<input type="checkbox"/> MacBook/IPAD Permission/Pledge Form <input type="checkbox"/> Mac Insurance Form <input type="checkbox"/> FERPA Form <input type="checkbox"/> Schedule Create <input type="checkbox"/> Legal Docs <input type="checkbox"/> Transportation Form <input type="checkbox"/> Ethnic Demographic Designation Form <input type="checkbox"/> Benefit Application <input type="checkbox"/> Teacher's Contacted	<input type="checkbox"/> Healthy & Emer Contact Form <input type="checkbox"/> Transcripts <input type="checkbox"/> Legal Docs <input type="checkbox"/> Records Request <input type="checkbox"/> McKinney-Vento <input type="checkbox"/> Cumulative File made <input type="checkbox"/> Infinite Campus Portal Form <input type="checkbox"/> Language Form
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TODAY'S DATE _____

STUDENT INFORMATION

SCHOOL ENROLLING IN:	START DATE	GRADE	DATE OF BIRTH	GENDER
<input type="checkbox"/> AITKIN HIGH SCHOOL <input type="checkbox"/> RIPPLESIDE ELEMENTARY				
HAS STUDENT ATTENDED AITKIN PUBLIC SCHOOLS BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
LAST GRADE COMPLETED:	DATE LEFT THE DISTRICT:	
ADDRESS, CITY, STATE & ZIP		
PHONE	FAX	
Do any court orders apply (if yes, provide copy) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Student receiving special educations (has in IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Student have a Social Worker? (if yes, name and phone number) <input type="checkbox"/> Yes <input type="checkbox"/> 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 ADDITIONAL 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)

<input type="checkbox"/> In a shelter (family shelter, domestic violence, youth shelter or transitional housing)	<input type="checkbox"/> On the Street	<input type="checkbox"/> Camping
<input type="checkbox"/> In a motel, hotel or weekly rate housing	<input type="checkbox"/> Live with friends or relatives because you cannot find or afford housing	<input type="checkbox"/> In an abandoned building, a car park or public space
<input type="checkbox"/> 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? <input type="checkbox"/> Yes. <input type="checkbox"/> 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
CURRENT ADDRESS (Where Student is living)		CITY, STATE AND ZIP
If not in the District 0001 – An Open Enrollment form fill be needed from the District Office		
HOME PHONE <input type="checkbox"/> Unlisted?	CELL PHONE	WORK PHONE

FIRST NAME (Parent 2 in PRIMARY household)	MIDDLE NAME	LAST NAME (legal)
RELATIONSHIP TO STUDENT		EMAIL ADDRESS
HOME PHONE <input type="checkbox"/> Unlisted?	CELL PHONE	WORK PHONE
STUDENT LIVES WITH (check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Grand Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Alone <input type="checkbox"/> Spouse <input type="checkbox"/> Homeless <input type="checkbox"/> Other-See above McKinney-Vento		Custody <input type="checkbox"/> Joint Physical <input type="checkbox"/> Sole Physical <input type="checkbox"/> Joint Legal <input type="checkbox"/> Sole Legal <input type="checkbox"/> Foster Parent <input type="checkbox"/> 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
CURRENT ADDRESS		CITY, STATE AND ZIP
HOME PHONE <input type="checkbox"/> 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
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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 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:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> 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 forlegally 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 Independent School District No. 1
Family Educational Rights and Privacy Act (FERPA)
Annual Notice for Disclosure of School Directory Information

Dear Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a federal law that requires the school district, with certain exceptions, to obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. However, the school may disclose the student information below, "Directory Information", without written consent unless you have signed this form stating otherwise.

The school district has designated the following as Directory Information:

Student Name	Dates of attendance
Degrees, honors, and awards received	Photograph
Most recent education agency or institution attended	Date and place of birth
Participation in school-sponsored events or activities	Grade Level
Weight and height of members of athletic teams	

Directory information can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to:

- Other schools the student is seeking to attend (transcripts, etc.)
- Class ring manufacturers/graduation supplies companies (i.e. Jostens)
- Student picture company (i.e. LifeTouch, Inter-State)
- State or federal authorities auditing, evaluating programs or enforcing state or federal laws
- A court by order of a subpoena

In addition, federal law requires school districts that receive assistance under the No Child Left Behind Act of 2001 to provide military recruiters, upon request with three categories – name, address and telephone listing for students in grades 10-12, unless parents have notified the district that they do not want their child's information disclosed without their prior written consent.

ONLY complete and return this form IF you DO NOT give your consent for the release of School Directory Information as explained above. If you wish to sign this form but give permission for specific items, please fill out the "Permission to Release Directory Information" form on the back of this form.

Use a separate form for each child and return it to the child's school by September 13th.

This form will be in effect for the current school year and should be updated annually if necessary.

Dan Stifter, Superintendent
218-927-7100 dstifter@isd1.org

Name of Student: _____ **School:** _____

Name of Parent/Guardian _____ **Date:** _____

I understand, by signing this form, I do not give the district permission to list my student's name, picture, etc. in any publications, including, but not limited to the following:

- A playbill or program, showing your child's name, role in a drama or music production
- The annual yearbook
- Honor roll or other recognition lists published at school, in newspapers or on the school website
- Graduation programs
- Sports: student name, grade and statistics listed in programs, such as football which may include height and weight of team members
- Name or picture on school district website.

Signature of Parent/Guardian _____

Address: _____ City/State/Zip: _____

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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)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Physical handicap | <input type="checkbox"/> Dental Problems |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Stomach Aches | <input type="checkbox"/> Frequent Sore Throats |
| <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Anorexia/Bulimia |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Eczema | <input type="checkbox"/> Seizures/Epilepsy |
| <input type="checkbox"/> Speech Problems | <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Convulsions with Fever |
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Kidney/bladder problems | <input type="checkbox"/> AIDS/HIV |
| <input type="checkbox"/> Orthopedic Conditions | <input type="checkbox"/> Mental health diagnosis | <input type="checkbox"/> Emotional/Behavioral Concerns |
| <input type="checkbox"/> 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, please 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** _____

SCHOOL EMERGENCY INFORMATION AITKIN PUBLIC SCHOOLS

To: Parent/Guardian:

Your child's well-being is the top priority of school staff. In the event of an emergency, we will contact you immediately. Please ensure that proper arrangements are in place for your child's care in case of illness or injury while you are away from home.

THIS INCLUDES:

1. Identify a trusted neighbor or relative who can care for your child at their home until you are reached.
2. Make arrangements for someone to care for your child if you are regularly away due to work or other responsibilities, in case your child needs to be sent home due to illness.
3. Ensure transportation is available to take your child home or to a doctor, if needed.
4. Complete the SCHOOL EMERGENCY INFORMATION form below and return it to the school as soon as possible. Be sure to update the school promptly with any changes to your address or emergency contacts. This information will help school staff provide timely and appropriate care in an emergency, based on your instructions.

Student Name: _____ **Birthdate:** _____ **Grade:** _____

Parent/Guardian Information

Parent Name _____ Cell Phone: _____ Work Phone: _____

Parent Name _____ Cell Phone: _____ Work Phone: _____

Home Phone (if different from above)

Address: _____ City, State, Zip _____

If applicable, please explain unique living arrangements: _____

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

Emergency Contact Name	Relationship to Student	Phone Number	Check Here if this is a new contact.

***Please check your Infinite Campus portal to check for emergency contacts that need to be removed from the list. ***

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

I have read, and agree to the contents of this form: _____
Parent/Guardian Signature
Date

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RETURN TO AITKIN HIGH SCHOOL OR RIPPLESIDE ELEMENTARY BY SEPTEMBER 15



Student Digital Equity Survey

Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

Student Information

First name: _____

Last name: _____

Grade: _____

Student Primary Address: _____

Digital Device Access

1. Does the student use an electronic device like a computer, tablet or smart phone to complete homework?

No (skip to question 2)

Yes (continue to 1a)

a. If yes, what type of electronic device does the student usually use to complete homework?

(select ONLY one)

- Desktop or Laptop
- Tablet
- Chromebook
- Smart phone
- Other

b. Is the electronic device (from 1a) provided by the school?

- Yes
- No

c. Is the electronic device shared with anyone else in the home?

- Yes
- No

Internet Access

2. Can the student access the Internet on their electronic device at home?

- No – Internet is **not** available at home (skip to end of survey)
- No – Internet is **not** affordable at home (skip to end of survey)
- No – Other (skip to end of survey)
- Yes (continue to 2a)

a. If yes, what kind of Internet service do you have at home?

- Residential broadband (e.g. Cable, Fiber, DSL)
- Cellular network
- School-provided hotspot
- Satellite
- Dial-up
- Other
- I am not sure.

b. Can the student stream a video on their electronic device without pauses?

- Yes – with **no** pauses or buffering
- Yes – with **some** pauses or buffering
- No – streaming doesn't work

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.]

Yes *[If yes, go to Question A.]*

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*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> 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.]

Yes *[If yes, go to Question 1a.]*

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*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

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

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

Yes [Go to Question 3.]

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

Yes [If yes, go to Question 3a.]

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

Yes [If yes, go to Question 4a.]

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

Yes [Go to Question 6.]

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

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Print/Save

2025–26 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 (v)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

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
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
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.

Gross Earnings from Working at Jobs				
Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Are you Self-Employed or a Farmer?		
Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$

Any Other Gross Income				
Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

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 Program 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	<input type="checkbox"/> Verified? Attach Tracker	No change <input type="checkbox"/>	Free After Verified <input type="checkbox"/>	Reduced After Verified <input type="checkbox"/>	Denied After Verified <input type="checkbox"/>	
	All Total Income (Include child and adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annualize	Household Size:	Categorical Eligibility	Free	Reduced	Denied
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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
<ul style="list-style-type: none"> Earnings from work Social Security <ol style="list-style-type: none"> Disability payments Survivor’s benefits Income from person outside the household Income from any other source 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Salary, wages, cash bonuses (before deductions or taxes) Net income from self-employment (farm or business) If you are in the U.S. Military: <ol style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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, audiotope, 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.