

Aitkin High School

306 SECOND STREET NW
AITKIN, MINNESOTA 56431-1289

ENROLLMENT FORM

Tel: 218-927-2115 Fax: 218-927-2630

Today's Date: _____

For School Use:		
Student #	<input type="checkbox"/> MacBook Permission/Pledge form	<input type="checkbox"/> Food forms
Locker #	<input type="checkbox"/> Mac Insurance form	<input type="checkbox"/> Teachers contacted
	<input type="checkbox"/> FERPA form	<input type="checkbox"/> Health & Emergency Contact form
	<input type="checkbox"/> Schedule created	<input type="checkbox"/> Transcript
	<input type="checkbox"/> Legal documents	<input type="checkbox"/> Records requested
	<input type="checkbox"/> Transportation form	<input type="checkbox"/> McKinney-Vento
	<input type="checkbox"/> Ethnic Demographic Designation form	<input type="checkbox"/> Cumulative file made
		<input type="checkbox"/> Infinite Campus Portal form
		<input type="checkbox"/> Language form

Student Information:

School Enrolling in: _____ Start Date: _____

Has student attended school in Aitkin before? Yes No (if yes, when and grade) _____

Student: First Name (legal)	Middle Name (legal)	Last Name (legal)	DOB	Gender
Student's Social Security Number		Student's Nickname		Grade
Student's Cell Phone				

General Information:

School most recently attended by student

School _____ District _____ Date Left _____ Last Grade Completed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Is this a MN public school? Yes No

1. Do any court orders apply? Yes No (if yes provide copy)
2. Is student receiving special education services (has an IEP?) Yes No
3. Does student have a 504 Plan? Yes No
4. Does your student have a Social Worker? Yes No

If yes, name and phone number _____

5. What is student's country of birth? _____

If not in the United States, when did student first enter the USA? (mm/dd/yyyy) _____

Other Information:

6. Is the student a member of a military family (parent or guardian is currently a Reservist, National Guard member, on Active Duty, or has recently retired from the armed forces)? Yes No

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

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

Census - list additional children residing in the home		
First, Middle, Last Name & Birthdate (MM/DD/YYYY)	Gender	Pre K - 12 Grade

The McKinney-Vento Homeless Education Assistance Act and the Aitkin Public Schools assures the educational rights for homeless and highly mobile students. Please answer the questions 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 the household)	M.I.	Last Name	Relationship to Student
Home Phone (is this an unlisted #)	Cell Phone	Work Phone	Email Address

First Name (Parent 2 in the household)	M.I.	Last Name	Relationship to Student
Home Phone <input type="checkbox"/> unlisted?	Cell Phone	Work Phone	Email Address

Student lives with: (Check all that apply)	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Mother and Stepfather	Custody:
	<input type="checkbox"/> Guardian	<input type="checkbox"/> Father	<input type="checkbox"/> Father and Stepmother	
	<input type="checkbox"/> Grandparent	<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	
	<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		

➔ **Current Address Student's Primary Household (where student is living)**

House Number	Street Name	Apt. #	City	State	Zip
Do you use a PO Box? PO Box #	City	State	Zip		

➔ **If not in District 001– An open enrollment form will be needed from the District Office**

The Aitkin Public School District Policy 515: Protection and Privacy of Pupil, requires that you provide court documentation to the District for our records. **If court documentation is not provided and the non-custodial parent requests 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	M.I.	Last Name	Relationship to Student		
Home Phone <input type="checkbox"/> unlisted?	Cell Phone	Work Phone	Email Address		
House Number	Street Name	Apt. #	City	State	Zip
Do you use a PO Box? PO Box #	City	State	Zip	Custody:	
				<input type="checkbox"/> Joint Physical	
				<input type="checkbox"/> Joint Legal	

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: _____

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 _____

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 AND 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 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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2024-2025 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

Student Digital Equity Survey

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

Instructions to District

You may include additional questions that would become part of your local data. These are not included in the digital equity Ed-Fi data elements and are not reported to MDE but may be useful to your local digital inclusion efforts. Examples: Include the results from [MN Broadband Speedtest](#) if known: _____ Mbps Upload, _____ Mbps Download; What else would you like us to know about Internet or device access at this or another place?

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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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 _____

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 0.1%/-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.



Aitkin High School

2024-25

MacBook Air & iPad Insurance Policy

(Fill out 1 form per family, per school)

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*.

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 **2024-25**
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	
<input type="checkbox"/> CASH	
<input type="checkbox"/> CHECK	CHECK NUMBER: _____
<input type="checkbox"/> ONLINE (Infinite Campus Mobile Payments)	
<input type="checkbox"/> FEE ASSIGNED	
Received by: _____	Date: _____



Aitkin School District

2024-25

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.

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 2024-25
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 Public Schools

MacBook Air/iPad Insurance Declaration

Introduction:

Independent School District #1 is proud to offer an affordable insurance/technology policy to our families participating in our MacBook Air/iPad 1:1 program. Your policy protects your district-issued MacBook Air/iPad (hereafter referred to as "device") against a variety of losses. This document explains the insurance coverage offered by the school district, what is covered/not covered, and an explanation of what to do if you have a loss. This coverage applies ONLY to a loss occurring during the policy period, which begins the day the insurance is paid for, and ends on the student's last day of enrollment in the school year in which the insurance fee was paid.

Replacement Cost Policy:

After the deductible is met, ISD #1 will pay the current cost of repair or replacement, up to the present value of the device. When the identical device/item is no longer manufactured or is not available, the district will pay the cost of a new device/item similar to that damaged or destroyed and which is of comparable quality and usefulness. The amount of coverage should represent the value of insurable goods.

Cost of Insurance/Repairs/Replacement:

Insurance will be \$50 per computer/\$20 per iPad. Discounted cost for MacBook insurance for families eligible for educational benefits (free/reduced meals) is \$25 (MacBook) or \$10 (iPad) per student.

Cost with insurance:

- First Incident: \$50.00 Deductible
- Second Incident: \$100.00 Deductible
- Third incident: 50% cost of repair
- Fourth incident: 100% cost of repair
- MacBook Air replacement: approximately \$979
- iPad replacement: approximately \$294, iPad Touch Case replacement: \$120

Cost without insurance:

- All incidents: 100% of the cost of repair
- MacBook Air replacement: approximately \$979
- iPad replacement: approximately \$294, iPad Touch Case replacement: \$120

What is Covered:

- The Insurance fee covers only the device assigned to a student or a loaner device if one is issued to the student during the repair of their MacBook Air/iPad
- All accidental damage, including but not limited to:
 - Spills
 - Liquid submersion
 - Drops
- Theft: Stolen items will be covered 100% with an accompanying police report.
- Act of nature damage: Must have accompanying validation of event (Police or Insurance Reports)
 - Flood
 - Fire
 - Power Surge due to lightning
 - Natural Disasters
 - Vandalism
- Manufacturer defects will be covered 100%

What is NOT Covered:

- Chargers, cables, computer bag, case
- Missing items: ISD #1 will not cover loss caused by your inability to locate an item of property unless circumstances support the theory that the property was stolen. If your property was stolen, you are required to notify the local police department immediately upon discovery. This policy does not provide coverage if you fail to notify the police.
- Intentional damage to a device: ISD #1 will not cover a loss caused by intentional damages or destruction of property covered under this policy.
- Damage done to the device by another student. If a report of another student damaging the computer/iPad is filed immediately with the principal, the other student will be responsible for 100% of the repair/replacement cost. If the damage is not reported, the student who was issued the computer/iPad will be responsible for 100% of the repair/replacement cost.
- Accidental damage caused by negligence: ISD #1 will not cover a loss caused by an individual's negligent or intentional damage or destruction of property covered under this policy.
- Corrosion or rust: ISD #1 will not cover any loss caused by corrosion or rust to the property.
- Dishonest acts: ISD #1 will not cover any loss caused by your dishonesty, or any loss caused by another party acting for you. Nor will the district cover any loss arising from any illegal acts.
- Power surge: ISD #1 will not cover any loss due to an electrical power surge unless caused by lightning (Act of Nature).
- Additional items if lost/stolen: ISD #1 will only cover district-owned devices. Any additional device or other property damaged or lost due to theft along with the insured district device WILL NOT BE COVERED. (Example: cell phone left in a laptop case, etc.)
- Theft from an unattended device: ISD #1 will not cover any loss due to a device being placed in an unsecured location. Property in a personally owned automobile is covered, provided that the vehicle was locked at the time of the theft and there was visible evidence of forced entry into the vehicle.
- Misidentification: ISD #1 will not cover a loss of a device if there is any removal of any serial numbers.
- Cosmetic dents or scratches
- Loss and damage that is covered by another insurance plan or funding mechanism.

What to do if you have a loss:

If you have a loss to property covered by this policy, you must:

1. Notify the local police immediately upon discovery of the theft or loss.
2. Report the loss to ISD #1 as soon as possible. Report all claims to one of the following: ISD #1 Technology Department or the Principal's Office at Rippleside Elementary or Aitkin High School.
3. Do everything possible to protect your property from further loss.
4. Separate the damaged property from the undamaged property.
5. Respond in an honest and forthcoming manner to the district's questions about your claim. You must also be willing to sign a copy of your answers.
6. Be honest: This policy will not provide coverage if you mislead, attempt to defraud, or lie about any matter concerning the insurance, either before or after a loss. Unintentional errors or oversights will not affect your coverage.
7. Subrogation: In the event of a loss, you may be able to recover part or all of your loss from someone other than ISD #1. Because of this, you must do all that is possible after the loss to preserve any rights you may have to such recovery. If we make a payment under the policy, your right of recovery then belongs to ISD # 1. You must help us as much as you can to enforce these rights.

Aitkin Independent School District

Access to Student Information By Military or College Recruiters

FOR STUDENTS CURRENTLY IN GRADES 10-12

**PARENT/GUARDIAN: If you return this form, you must check one of the boxes.
Forms do not need to be returned if none of the options apply to your student.**

School: Aitkin High School

Dear Parent/Guardian and Secondary Students:

Our district receives funds from the federal government under the *No Child Left Behind Act of 2001*. These funds are used in a variety of ways to provide additional help to students in greatest academic need. The law also requires that districts receiving funds must, upon request, provide to military recruiters, colleges and universities, access to the names, addresses and telephone listings of secondary students.

It is important for you to know that a secondary school student or his/her parent or guardian may request that the student's name, address, and telephone number not be released by the district *without prior written parental consent*. If you would like to make such a request, please complete the following and return it to your child's school.

*Parent or Guardian: Please complete this section and return the entire form to your child's school.
Use a separate form for each child.*

I am aware the district must provide access to military recruiters and colleges or universities of student names, addresses and telephone listings. I am aware the district will provide this information upon request, unless I require that such information not be given to the following groups *without prior written parental consent*:

Military Recruiters (please check one):

- Do not release my secondary student's information to military recruiters at any time.
- Do not release my secondary student's information to military recruiters until you have first obtained my *prior written parental consent* before doing so.

Colleges, Universities, or Institutions of Higher Learning (please check one):

- Do not release my secondary student's information to colleges, universities, or other institutions of higher learning at any time.
- Do not release my secondary student's information to colleges, universities, or other institutions of higher learning until you have first obtained my *prior written parental consent* before doing so.

Name of Student: _____ Name or Parent/Guardian: _____

Parent Signature: _____ Date: _____

Adult Student Signature: _____ Date: _____

Return this form to the high school office no later than October 1st

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**AITKIN HIGH SCHOOL
PERMISSION TO PUBLISH DIRECTORY INFORMATION
for Specific School Purposes**



(See the Family Educational Rights and Privacy Act (FERPA))

Student/Parent Information

Today's Date

Student Full Name

Name of Parent filling out this form

Home Phone

Permission to Publish Directory Information

This form

is a new permission form

will replace a previous form

I have signed a FERPA form stating that the school may not use my student's directory information without my prior written consent. This form will be considered prior written consent for the items checked below. I give permission for the school to release directory information for the above named student for the following purposes: (Check all that apply)

Grade in School/Graduation Year

Sports Rosters

Height/Weight for Sports Rosters

Playbills or Programs

i.e. One Act Play, Musical, Honor Society, Graduation Program

Yearbook (name & photos)

Honor Roll, Honors/Awards Received

Other:

This form will be in effect beginning on the above date until the above named student graduates, or until a new form is filled out changing this information. PLEASE PRINT THIS FORM, SIGN IT AND RETURN IT TO THE HIGH SCHOOL OFFICE.

Parent Signature: _____

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AITKIN PUBLIC SCHOOLS INFINITE CAMPUS PARENT PORTAL ACTIVATION KEY REQUEST FORM

PLEASE READ & INITIAL THE STATEMENTS BELOW

	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 _____

Approval Signature	e-mail confirmation sent: _____
	Activation Key Issued? Y N
	Date: _____

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

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