

MNVS FT ENROLLMENT PACKET

The packet includes:

1. MNVS FT Enrollment Form - School history for the last 2 years if 6-9 or all schools since starting 9th grade
2. MNVS Progress Expectations and Attendance Policy
3. MNVS Chromebook Agreement Form
4. MTCS Self-Identification Homeless Form
5. MTCS Emergency Contact Form
6. MDE Digital Equity Form
7. Minnesota Language Survey
8. MTCS Records Release Form
9. MDE Ethnic and Racial Designation Form
10. MDE Educational Benefits form - **please fill out or write “declined”**
 - a. Educational Benefits are state funds given to the school for them to provide additional services for the families that qualify. Brick and mortar schools use it for free/reduced lunches. ACT fee waivers and Hot Spots for school chromebooks are two ways MNVS uses the funds. All families that qualify and complete the form may help other families even if they don't utilize the services.

Additionally

1. Email admissions a picture or PDF of student's birth certificate
2. Email admissions a picture or PDF of a recent (last 60 days) bill showing parent/guardian's name and current address
 - a. If in another's name, please have them write and sign a statement that the student lives with them at their address - take a picture of this signed statement.
3. Elective survey
 - a. MS Students: Email Counselor Gunner Johnson at gjohnson@emailmtcs.org with your top 3 choices for elective. Options are: Art History, Career Exploration, Creative Writing, Music Appreciation, MS Spanish, CComputer Science Discoveries, Reading Plus.
 - b. HS Students: Please take the electronic Google survey at: <https://forms.gle/fBKQfLJhbfU1CfuR8>
 - c. Course descriptions are at: <https://mtcs.org/virtual/courses/>

Questions? Issues?

MNVS Admissions: mnvsadmissions@emailmtcs.org | 763-260-4133



MN Virtual Schools
a program of Minnesota Transitions Charter School
ENROLLMENT FORM
2023-2024 School Year | Full-Time Student

Student's Legal Name: _____
Last Name First Name Middle Name Preferred Name

Birthdate: _____ **Grade (2023-2024):** _____ **Gender:** _____
Preferred Pronouns

Address: _____ **City, Zip:** _____ **County:** _____

Student Email: _____ **Student Phone:** _____ **Texting:** ☐ Yes ☐ No

Has student ever received special education services or been tested for special education services? ☐ Yes ☐ No

If yes – type of services, didn't qualify, or exit date:

Does student currently have a Special Education IEP? ☐ Yes ☐ No

Does student currently have a 504 Accommodation Plan? ☐ Yes ☐ No

Has the student previously received ESL/ELL services? ☐ Yes ☐ No

List any services that apply to student at any point in past: _____

Has student ever been expelled or suspended from school? ☐ Yes ☐ No

Has the expulsion or suspension been lifted? ☐ Yes ☐ No

Is the student currently truant? ☐ Yes ☐ No **County Worker:** _____

Guardian #1:

Last Name First Name

Relationship to student: _____

Language: _____

Does student reside with this person?

☐ Yes ☐ No

Address:

Active Military Duty?

☐ Yes ☐ No

Email: _____

Mobile: _____

Home: _____

☐ Text ☐ Email ☐ Text & Email

Guardian #2:

Last Name First Name

Relationship to student: _____

Language: _____

Does student reside with this person?

☐ Yes ☐ No

Address:

Active Military Duty?

☐ Yes ☐ No

Email: _____

Mobile: _____

Home: _____

☐ Text ☐ Email ☐ Text & Email

Guardian #3:

Last Name First Name

Relationship to student: _____

Language: _____

Does student reside with this person?

☐ Yes ☐ No

Address:

Active Military Duty?

☐ Yes ☐ No

Email: _____

Mobile: _____

Home: _____

☐ Text ☐ Email ☐ Text & Email

Are there any restrictions legally placed upon non-custodial parent's right to information about, or dealings with, the student named on this form? ☐ Yes ☐ No If yes, please explain: _____

I, the legal guardian, give permission to MNVS staff to have open communication with the stepparent named regarding my student's education with MNVS. ☐ Yes ☐ No

Family Education Rights and Privacy Act of 1974 (FERPA): *Students over the age of 18 can elect to deny parental access to their educational records if student is no longer claimed as a dependent by parents for tax purposes. Students desiring to pursue this option should contact the Director of Student Services.*

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 4017. Certain information, known as "directory information", such as student's name, name of school attended, grade level, parent(s) name, address and telephone number is available to the public and military recruiters unless the district receives a written request from a parent to withhold this information.

As parents and guardians you have the right to know if your child's teachers are highly qualified. For more information you may contact the Superintendent at 612-722-9013.



MNVS FULL-TIME ENROLLMENT FORM

SCHOOL HISTORY INFORMATION

Has the student ever been enrolled with MTS or MNVS previously? ☐ Yes ☐ No

What year did the student start kindergarten? _____ State: _____

List ALL SCHOOLS, PROGRAMS and/or TREATMENT CENTERS. Please contact admissions with additional schools if necessary - **Please provide complete school names as incomplete information may cause delay in processing application.**

	SCHOOL NAME	City	State
C/MR			
K/5/9			
1/6/10			
2/7/11			
3/12			
4/8			
Other			

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 4017. Certain information, known as "directory information", such as student's name, name of school attended, grade level, parent(s) name, address and telephone number is available to the public and military recruiters unless the district receives a written request from a parent to withhold this information.

1. Once all required enrollment documents are obtained, an admissions representative will confirm a start date with you. I am aware that the student listed will be withdrawn from his/her current school the day before starting with MNVS. Please have your student continue attending the current school until start date.
2. As the parent or legal guardian, I am electing the curriculum provided by MNVS for the student listed above.
3. I give permission for my student to participate in groups offered by Minnesota Virtual Schools.
4. I give permission for my student's image obtained at any MNVS event to be used in advertising. I understand that no last name will be published.
5. I have received the link to the [student handbook](#).

ADDITIONAL STUDENT INFORMATION

Siblings applying/enrolled:

Additional information about yourself or your situation you feel may be important for MNVS to know in order for you to be successful in our program:

Why do you want to attend MNVS? Why do you think online learning is a good fit for you?

I CERTIFY ALL PROVIDED INFORMATION IS CORRECT.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

SCHOOL ATTENDANCE AGREEMENT

Student's Full Name: _____ Birth date: _____ Grade: _____

At Minnesota Virtual Schools we believe each and every student can be successful. We encourage students, parents, and staff members to work together to support attendance and progress, which will assist in earning credit.

This agreement outlines the expectations of students and parents, as well as the policies of MN Virtual Schools.

_____ **I understand the PROGRESS EXPECTATION which leads to successfully completing courses is about 4-6 assignments each day in the sum total of their classes.**

MNVS allows for flexibility and understands students may complete work at different times. Work with your support specialist to find the right balance.

_____ **I understand MIDDLE SCHOOL STUDENTS (grades 6-8) are required to virtually attend direct instruction (DI) with their core area teachers. There is DI four days of the week. ***

_____ **I understand the ATTENDANCE minimum for Middle Schoolers is submitting at least 2 assignments* per school day. ***

_____ **I understand the ATTENDANCE minimum for High Schoolers is submitting at least 1 assignment* per school day. ***

*An assignment is an item that is graded: daily assignment, quiz, text, paper, etc.

*If the student only does minimum attendance requirements each school day, they will NOT finish/pass their classes.

_____ **I understand Parent/Guardians or 18+ students must call, email, or text their student support specialist as soon as they know their student will be absent. Documentation may be required.**

Below are the **listed reasons for an absence to be excused**. An excused absence still requires that the student complete enough assignments in order to earn credit.

1. Illness or medical condition — a doctor's note is required for an absence longer than two school days.
2. Family emergency — Serious illness, injury or death of an immediate family member.
3. Pre-arranged family vacations — please notify your Student Support Specialist at least two weeks in advance.*
4. Court appearances or incarceration.
5. Religious observation.
6. Funeral — please provide an obituary or bulletin.

_____ **I understand Parent/Guardians must contact their student support specialist at least two weeks in advance for family vacations. If a student leaves Minnesota for longer than two weeks, it could affect their enrollment with MNVS.**

***Vacations:** Your student's Support Specialist must be notified of vacations at least two weeks in advance. Vacations may be up to one week. Students should work ahead or be able to continue to complete work while on vacation. Per state law and MDE, public school students cannot be on extended trips out of Minnesota and remain enrolled. (See "Residency"

<https://education.mn.gov/MDE/fam/oll/>)

Vacations may be up to one week. We recommend vacations be combined with school breaks.

_____ **I understand Parent/Guardians or 18+ students are responsible to access the school calendar and know when school is or is not in session. MNVS does not have snow days, as snow days are for outdoor/travel safety reasons.**

School calendar can be found at: <https://mtcs.org/virtual/calendar/>

_____ **I understand Computer problems or lack of internet access are NOT considered an excused absence.**

Students and parent/guardians are responsible for internet connection as well as computer availability to access coursework. This also applies if a school Chromebook has not yet been received or is not currently working.

Students and Parent/Guardians need to have backup plans if their school Chromebook is not yet received or is not currently working.

Back-Up Plans - internet & computer



MNVS FULL-TIME ENROLLMENT FORM

_____ **I understand students must take the state mandated Minnesota Comprehensive Assessments (MCA testing).**

This is the one time during the school year a student must be at a specific place at a specific time. Testing sites are located regionally throughout the state. The parent/guardian is responsible for the transportation to get to and from the assigned testing location for the specified date and time. More information will be sent out in March.

_____ **I understand students will be withdrawn if they have been absent (whether excused or unexcused) for 15 school days in a row.**

This is a state law (see Minn. Stat. § 126C.05, Subd. 8). Attendance is taken daily; unexcused absence email notifications are sent the next school day. In addition, letters are mailed at 5 and 10 consecutive absences. It may be possible that the withdrawn student could be reinstated within the school year.

_____ **I understand full time students must be given a full load of classes.**

At the beginning of the semester there are 6 semester courses. Midway through the semester, new students are only given 3 semester classes as a full load.

Students who participate in PSEO or OCHS will have a full load of classes between MNVS and their college of choice.

Students who have fewer than 6 classes left to meet graduation requirements will only be given those classes.

_____ **I understand Assignments/Quizzes/Tests that are not completed/submitted when the semester closes will earn 0 points. ***

Any assignments that are not completed by the end of the semester will earn 0 points and affect the final grade. Students who do not earn enough points to reach a 60% Final Grade - whether by poor grades on completed assignments or not completing assignments - will earn an F for the class. This grade will remain on the student's transcript. Once the student has retaken and passed the same course, both the F and the new grade will be on the transcript.

Read the full attendance policy in our [Student Handbook](#).

I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS ABOVE.

Parent/Guardian Signature:

Date:

Student Signature:

Date: _____



CHROMEBOOK LOAN PROGRAM AGREEMENT FORM 2023-2024

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Student Name _____ **Birth date** _____
(Last name) (First name)

Chromebook needed to start? ☐ Yes ☐ No

MISSION OF THE MINNESOTA VIRTUAL SCHOOLS (MNVS) CHROMEBOOK PROGRAM

All students deserve a high-quality education that both meets their individualized learning needs and prepares them to be life-long learners ready for the challenges of adulthood. Each student in our school also deserves a fully-functional and appropriate device to meet the demands of our courses, and their access to such technology should never be a barrier to their learning.

In an effort to provide for these needs our school provides every student with the appropriate technology tool to access their courses. A Chromebook with touchscreen capability is the most appropriate tool for ensuring that our students can interact in the best manner possible with their coursework and their teachers.

PLEASE NOTE: Students are responsible for completing school work once enrolled regardless of having a Chromebook from MNVS or not. This is while waiting for a Chromebook as well as if the Chromebook is not functioning properly.

MTS MNVS INTERNET USE POLICY

Staff and Students are responsible for good behavior on school computer networks just as they are in a classroom. Communications on the network are often public in nature. General school rules for behavior and communications apply. Internet access is required for all MNVS students. MNVS assumes no responsibility for any phone charges, line costs or usage fees for connectivity to the Internet.

Access is provided for staff and students to communicate and conduct research with others in relation to school activities in compliance with 1998, SB230, an Act relating to technology use, KAR 701.5:120 and the Children's Internet Protection Act (CIPA) signed into law on December 21, 2000. Access to network services is given to staff and students who agree to act in a considerate and responsible manner. Access is a privilege, not a right. Therefore, based upon the acceptable use guidelines outlined in this document, the directors will deem what are appropriate: email uses, internet resources, and use of school/district resources. Their decisions are final. The director will instruct the systems engineer to deny, revoke, or suspend specific student user accounts, and reconfigure proxy-server and filtering settings. Further disciplinary actions will fall within the discretion of the directors.

The user is expected to abide by the following network and communication rules:

- Do not use the network in such a way that would disrupt the use of the network by other users.
- Do not exchange passwords or access other's network accounts. The user is responsible for the security of his/her own password.
- Do not attempt unauthorized access, including so-called "Hacking" and other unlawful activities onto network or computer system configurations or bypass security programs to change settings or access. Violations of this rule will be considered vandalism.
- "Cyber Bullying" will not be tolerated.
- Do not use for commercial activities by for-profit organizations, product promotions, political lobbying, or illegal activities.
- Do not use public property for personal gain (this is considered a felony and is subject to prosecution).
- Do not violate copyright policies on software sharing or authorship of electronic information.
- Do not access, download, transmit, send or attach documents containing inappropriate matter on the internet and World Wide Web harmful to minors (pornographic, obscene, or sexually explicit, threatening, harassing materials).
- Do not access, copy or transmit another's messages without permission.
- The school is not responsible for loss or damage to a file due to unauthorized access or usage.

Violation of any of the rules and responsibilities will result in a loss of access and may result in other disciplinary or legal actions.



CHROMEBOOK LOAN PROGRAM AGREEMENT FORM 2023-2024

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- Once distributed, students should use the provided MNVS Chromebook for completing school work instead of a personal computer.
- Students must continue to complete work and be in attendance regardless of the functionality of their MNVS Chromebook. Back-up plans must be in place and utilized. Students will not be excused from attendance more than one day in a semester for any computer/internet issues.
- The Chromebook and all components are the property of MNVS.
- I will use the Chromebook for appropriate educational purposes ONLY.
- The Chromebook will be monitored and data usage recorded to ensure compliance with MNVS policies and procedures.
- I will return the Chromebook in good, working condition if I am no longer enrolled at MNVS.
- I may be removed at any time from the Chromebook Loan Program as deemed by MNVS Administration for failure to comply with any standard or policy presented in this document.
- All students who request a Chromebook will be supplied with the best available inventory at the time. If a Chromebook is damaged, depending on the nature of the damage and time of year, replacements sent out may be delayed and/or of lesser quality. If a pattern of misuse emerges, then MNVS reserves the right to not send any more replacements.

If the Chromebook malfunctions, please contact Technology Coordinator Ian Decker at idecker@emailmtcs.org or call/text 612-293-5092.

Do you agree to the terms and conditions as outlined above including the policy laid out in the [MNVS Student Handbook](#)?

Student Electronic Signature: _____

Dated: _____

Guardian Electronic Signature: _____

Dated: _____

Shipment of Chromebook

Student Address: _____

Do you wish to have the chromebook shipped to the address shown above? _____

If no, Address to send Chromebook to: _____



MN TRANSITIONS CHARTER SCHOOL FT ENROLLMENT PACKET

Self Identification Form for Homeless and Highly Mobile Students Title 1 – McKinney Vento

Student Name

Date of Birth

Grade

Phone Number

Email Address

Please answer the questions below to best describe your living situation. The purpose of this information is to ensure the rights of you and your children under the McKinney Vento Act and the information you provide is confidential.

Do you or your family currently live in any of these situations? (Check all that apply)

- ☐ I stay in either a shelter or a transitional housing/independent living program.
- ☐ I am doubled-up with friends or relatives, but I am not on their lease.
- ☐ I stay on the streets (in an abandoned building, in a car, or in other unsafe conditions).
- ☐ I stay in a hotel/motel.
- ☐ I am in a temporary foster care placement.
- ☐ I am under 18 and do not live with a parent or guardian
- ☐ One of the above situations applies to me, **and I have a child.**
- ☐ None of these situations apply to me.

If you checked any of the above situations, you are entitled to the following rights:

- To attend school, to continue in the school you and your child attended before you became homeless, and if feasible, to receive transportation to that school and to school programs.
- To enroll in school without a permanent address and attend classes while the school arranges for a school transfer, immunization records, or other documents required for enrollment.
- To receive the same special programs and services, if needed, as provided to all other children served in these programs.
- To have enrollment disputes addressed quickly.

Parent/Guardian or Student Signature

Date

The McKinney Vento Homeless Education Assistance Act and MN Transitions Charter School assures the educational rights listed above for all homeless and highly mobile students. Call the District Liaison for further information: **Courtney Stenseth (612) 235-5780**. Your information is confidential and shall be kept for the current school year only. For a copy of this document, simply ask the front office.

Office Use:	<input type="checkbox"/> Change of Status	<input type="checkbox"/> Homeless Liaison	<input type="checkbox"/> Other _____
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MN TRANSITIONS CHARTER SCHOOL FT ENROLLMENT PACKET

EMERGENCY CONTACT INFORMATION

Student's Name: _____ **DOB:** _____

In case of Emergency the first contact attempt will be the parent/guardian. **If the parent/guardian cannot be reached,** we will attempt to contact the additional names listed below.

Name: _____

Relationship to Student: _____

Contact Telephone Number: _____

Email address: _____

Name: _____

Relationship to Student: _____

Contact Telephone Number: _____

Email address: _____

Name: _____

Relationship to Student: _____

Contact Telephone Number: _____

Email address: _____



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

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:	<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.



MN TRANSITIONS CHARTER SCHOOL FT ENROLLMENT PACKET

CONSENT TO RELEASE EDUCATIONAL RECORDS TO Minnesota Transitions Charter School Program

Legal Guardian(s): *This form allows student records to be exchanged between schools.
If 504 Accommodation Plan or Special Education records exist for your child, please indicate that appropriately below.*

Student's Full Name: _____ **Birth date:** _____ **Grade:** _____

Guardian Name: _____

Guardian Phone: _____

I authorize any previous school the student has attended to release any records required.

To release written and verbal information to:

Attn: Minnesota Transitions Charter School
2872 26th Ave South
Minneapolis MN 55406
612-722-9013

School records may be examined by parent(s), or learner if of legal age (18 years old or older). The information to be released:

Cumulative Records:

- Transcripts
- State Assessment Results
- Immunization
- Attendance Records and Communication
- Discipline Records
- 504 Accommodation Plan (if applicable)

Other Cumulative record not listed: _____

Special Education Records:

- Current IEP
- Current Evaluation Summary Report (special education)
- Notices and Progress Reports
- Previous relevant special education records

Other Special Education Records not on the list: _____

Signed: _____

Date: _____

Parent/Guardian Signature (Required if under 18)

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

2023-24 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). **Mail or return completed form to: (School/District Information)** _____

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." Children in Foster care are eligible for free meals. 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 your children 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)	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
	<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"/>	\$	<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"/>	<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, my children may lose meal benefits, and 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"/>
	Weekly	Bi-weekly	2X Month	Monthly	Annualize		Household Size:	Categorical Eligibility <input type="checkbox"/>	Free <input type="checkbox"/>	Reduced <input type="checkbox"/>
All Total Income (Include child and adult income)	<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:			