



OFFICE USE ONLY	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div>		
Student ID#	Student's Last Name (Legal only)	Student's First Name (Legal only)	Middle Name
SCHOOL #	Gender		Resident District if not Edina
Last Location	Birth Date	M F	
Dwelling #	Previous School District Name	Previous School Name	Grade at Previous School
Res Dist	Last Date of Attendance	Start Date at the Edina Public Schools	Grade Entering
State Aid Cat	Proof of legal guardianship if student is living with someone other than parent.		In the definition used for this research, a homeless person is anyone who (1) lacks a fixed, regular, and adequate nighttime residence; and (2) has a primary nighttime residence that is a supervised, publicly- or privately-operated temporary living accommodation, including emergency shelters, transitional housing, and battered women's shelters; or 3) has a nighttime residence in any place not meant for human habitation, such as under bridges or in cars. This is based on the definition established by the U.S. Congress.
Family #	Is this student in foster care? <div style="display: flex; justify-content: space-around;"> YES NO </div>		
Family #	HOME LANGUAGE INFORMATION		
Trans Code	This information is used to determine if your student is eligible for the English Language Learner (ELL) program. In order to help your student learn, your student's teachers need to determine which language your student uses most.		
	STUDENT PRIMARY LANGUAGE _____		
	1. Which language did your child learn first? _____		
	2. Which language is most often spoken in your home? _____		
	3. Which language does your child usually speak? _____		
	4. Do you need an interpreter for conferences, etc? YES NO		

I CERTIFY THE ABOVE INFORMATION IS CORRECT _____
Signature of Legal Parent/Guardian
Date

_____ Last Name (Legal)	_____ First Name (Legal)	_____ Middle Name	_____ Date of Birth
_____ Country of Birth		If country of birth is not USA, date of first enrollment in a USA school	
Has this student completed three or more years of school in the USA? YES NO		Date _____ Year _____	

Race/Ethnicity Background Information— Please complete all sections, A, B and C.
If any of the following sections are left unmarked, the district is mandated by federal law to choose for you.

<p>A. For state reporting purposes, please check the <u>ONE</u> response that best describes your child’s primary racial/ethnic background:</p> <ol style="list-style-type: none"> 1. American Indian or Alaska Native (persons having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition.) 2. Asian or Pacific Islander (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes China, India, Japan, Korea, Philippine Islands and Samoa.) 3. Hispanic (Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin—regardless of race.) 4. Black, not of Hispanic origin (Persons having origins in any of the Black racial groups of Africa.) 5. White, not of Hispanic origin (Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.) 	<p>B. For federal reporting purposes, check <u>ONE</u> answer—Child’s Ethnicity</p> <ol style="list-style-type: none"> 1. YES—Hispanic or Latino (A persons of, Cuban, Mexican, Puerto Rican, South or Central American and other Spanish culture or origin, regardless of race. 2. NO—not of Hispanic or Latino <p>C. For federal reporting purposes, check <u>ALL</u> that apply.</p> <ol style="list-style-type: none"> 1. American Indian or Alaska Native (persons having origins in any of the original peoples of North America and South America, including Central America and maintains a tribal affiliation or community attachment.) 2. Asian (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, Philippine Islands, Thailand, Vietnam.) 3. Black, not of Hispanic origin (Persons having origins in any of the Black racial groups of Africa.) 4. Native Hawaiian or other Pacific Islander (A person having origins in any of the original people. Hawaii, Guam, Samoa or other Pacific Islands.) 5. White (a person having origins in any of the original peoples of Europe, North Africa or the Middle East.)
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Parent/Guardian Signature

Date



INDEPENDENT SCHOOL DISTRICT #273
EDINA, MN
REQUEST FOR STUDENT RECORDS

Dear Parent(s)/Guardian(s):
Your permission is requested to obtain your child's school records from:

Previous School Name: _____

Previous School Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Information requested is listed below and may be on file in your former school district. Please indicate with a check mark whether or not you wish to authorize the release of such information.

- Administrative data such as student's name, address, birth date, grades, class standing, attendance, etc
Achievement, aptitude, intelligence and similar test scores
Health, immunization dates, and medical data
Special Services plans and evaluations reports (e.g. IEPs, 504s, etc)
Minnesota State ID number (13 digits)
Minnesota Graduation Standards

The following student(s) have registered at _____
Enrolling School Name

Name: _____ Birth Date: _____ Grade: _____

Name: _____ Birth Date: _____ Grade: _____

Name: _____ Birth Date: _____ Grade: _____

I authorize the release of my child's records:

Signature of Parent/Legal Guardian

Date

In accordance with revised Federal and State Statutes, permission of the parent or adult student is no longer required when authorized school personnel request records.

**EDINA PUBLIC SCHOOLS
STUDENT ONLINE ACCEPTABLE USE CONSENT FORM**

Student

By signing below, I certify that I have read and I agree to follow the Edina Public Schools' Internet Acceptable Use and Safety Policy and the Online Code of Ethics. (Links for documents are at the bottom.) I understand that my use of the network is a privilege and requires proper on-line etiquette. I further understand that misuse of the network shall result in disciplinary action.

Print Student Name _____

Student's I.D. Number _____
(Middle schools and high school only)

Student's Signature _____

Address _____ Zip _____

Telephone Number _____

School Building _____

**Parent or
Guardian**

I have read the Internet Acceptable Use Policy and Code of Ethics at the websites below and give my permission for my child to have access to the Internet using the district's computer network. I also understand that some material accessible through the interconnected systems may be inappropriate for school-aged pupils. I agree to defend, indemnify, and hold harmless the Edina Public Schools and TIES from any and all claims arising out of or related to the usage of this interconnected computer system. I further understand that I have the right to withdraw my approval at anytime.

Approved

Disapproved

Parent/Guardian's Name (PRINT) _____

Signature of Parent or Guardian _____

Date _____

Please refer to School Board Policy 524 for more information.

Edina Public Schools' Internet Acceptable Use and Safety Policy
<http://www.edina.k12.mn.us/district/board/edinabpm/500/524.pdf> and

Student Code of Ethics with Web 2.0 products:

<http://www.edina.k12.mn.us/support/technology/pdfs/StudentWeb20CodeofEthics.pdf>

Please return this form to your school's Library Media Center

2011 -2012

Edina Public Schools

LIMITATION ON DISTRICT RELEASE OF STUDENT INFORMATION

Edina Public Schools recognizes its responsibilities in regard to the collection, maintenance, and dissemination of students' educational records and data. School Board Policy 515 defines the procedures and practices for protecting the privacy of student information in accordance with state and federal law. Completion of this form is to prohibit the release of student directory information.

Student Directory Information

Directory information regarding a student is public information under state and federal law. Directory information includes, but is not limited to, a student's name, address, telephone number, e-mail address, photograph, date and place of birth, attendance dates, grade level, participation in activities and sports, degrees and awards received, and weight/height of athletic team participants.

A parent/guardian may refuse to have any or all of the directory information made public by notifying the building principal in writing by September 15, 2011. Submission of the bottom of this form to the building principal satisfies this notice requirement.

As noted above, a student's photograph/image/recording is also directory information and may be released. A student may be photographed or recorded while at school or participating in school activities/events. Care is taken to insure that the student and learning/activity/event environment is portrayed appropriately. If you choose not to have your child photographed or recorded by the District, please use the below form to notify the building principal in writing by September 15, 2011.

In accordance with School Board Policy 515, the above-noted designations or refusals will remain valid until the end of the 2011-12 school year.

I, as parent/guardian of the below-named student(s), elect that the district is not able to disclose directory information for the 2011-2012 school year. Please select one of the following choices.

The district may not release any directory information regarding the child(ren) listed below. This election includes the non-release of photographs/images/recordings.

The district may not release any photographs/images/recordings of the child(ren), but may release directory information regarding the child.

Child's Name: School: Grade:

Child's Name: School: Grade:

Child's Name: School: Grade:

Parent/Guardian Signature: Date:

Date Received by School Office: This information is retained by the media specialist in each building.

Welcome to Health Services

Important Immunization Information for Newly Enrolled Students

- According to Minnesota Statute 121A.15, **children entering school cannot attend school without providing immunization dates** that show that the student has received the recommended minimum number of vaccine doses. There are some exemptions.
- **Immunization information should be sent to your child's school health office as soon as possible.** The information must be received no later than August 10th to allow time for processing.
- **Students will not be allowed to attend school until the Health Services Associate or School Nurse has reviewed their immunization dates.**
- If you have questions, contact the School Health Office or the Health Services Coordinator at 952-848-4890.
- Your cooperation in assisting Edina Schools to comply with the law and to protect your child is appreciated. Thank you.

Annual Health Information Form

Please complete the Annual Health Information form and return it to your child's school immediately. This information is essential for us to safely and appropriately care for your child.

Medication at School

Whenever possible, medications should be given during non-school hours. When it is necessary for a student to receive medication during the school day, the student must bring the following for each medication:

- Medication in the original container with directions.
- Written permission from the parent.
- A written order from the physician for **all** medications including over the counter medications for pain relief.

Please contact your school health office to obtain medication authorization forms.

Pupil Immunization Record

FOR SCHOOL USE ONLY	
<input type="checkbox"/>	Complete; booster required in _____
<input type="checkbox"/>	In process; 8 mos. expires _____
<input type="checkbox"/>	Medical exemption for _____
<input type="checkbox"/>	Conscientious objection for _____
<input type="checkbox"/>	Parental/guardian consent

Student Name _____

Birthdate _____ Student Number _____

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption (**see back for exemption information**).

Parent: Enter the MONTH, DAY, and YEAR for all vaccines your child received. DO NOT USE (✓) or (✖). Vaccines/doses in shaded boxes are recommended but not required by law.

School Personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of Vaccine	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Diphtheria, Tetanus, and Pertussis (DTap, DTP)					
Diphtheria and Tetanus (DT) • for 6-year-olds and younger					
Tetanus and Diphtheria (Tdap, Td) • for 7-year-olds and older					
Polio (IPV, OPV)					
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday • required for kindergarten and 7th grade					
Hepatitis B (hep B) • required for kindergarten and 7th grade					
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required for kindergarten and 7th grade					
Haemophilus influenzae type b (Hib)					
Meningococcal (MCV, MPSV)					
Human Papillomavirus (HPV)					
Hepatitis A (hep A)					

1. Choose one of the following to indicate student's immunization status and the source of the information above:

A. I certify that this student has received all immunizations required by law.

Signature of parent/guardian or physician/public clinic Date

B. I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B (K and 7th), varicella (K and 7th), measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months. The dates on which the remaining doses are to be given are:

Signature of physician/public clinic Date

-OVER-

2. Parental/Guardian Consent:

Your child's school is asking your permission to share your child's immunization record with Minnesota's immunization registry to help us better protect students from disease. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization record with Minnesota's immunization registry:

Signature of parent or legal guardian Date

3. Exemptions to School Immunization Law

A. Medical exemption:

No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed. (For varicella disease see * below.)

Exempted immunization(s):

Signature of physician/nurse practitioner/physician assistant Date

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____
Year

Signature of physician/nurse practitioner/physician assistant

B. Conscientious exemption:

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

Signature of parent or legal guardian Date

Subscribed and sworn to before me this _____ day of _____ 20_____

Signature of notary

Additional exemptions:

- Children less than 7 years of age: The 5th dose of DTaP/DTP/DT (similarly, the 4th dose of polio vaccine) is not necessary if the 4th DTaP/DTP/DT (3rd dose of polio) was administered after the 4th birthday.
- Children 7 years of age and older: A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- Students in grades 7-12: A Td or Tdap booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7th birthday but before their 11th birthday. Instead, it will be required 10 years after the date of the most recent dose.
- Students 11-15 years of age: A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- Students 10 years or older: May receive Tdap to fulfill the Td requirement for students in grades 7-12.
- Students 18 years of age or older: Do not need polio vaccine.

Are Your Kids Ready for School?

Minnesota's School Immunization Law

Directions:

- Find the child's age/grade level and read across to the right.
- Look to see whether the child had the number of shots shown by the checkmark(s) under each vaccine.

Note: Each row is meant to be read separately, so don't add up the columns of checkmarks under each vaccine.

Example: A preschooler needs 4 DTaP, then to enter kindergarten he or she needs 1 more DTaP, for a total of 5 (not 9).

	Hep B hepatitis B	Tdap/DTaP/Td diphtheria, tetanus, pertussis (whooping cough)	Polio	MMR measles, mumps, rubella	Hib <i>Haemophilus influenzae</i> type b	Varicella* (chickenpox)
Preschool (age 3-5)		✓✓✓✓	✓✓✓	✓	At least ✓	✓
Kindergarten**	✓✓✓	✓✓✓✓✓ 5 th shot not needed if 4 th was after age 4	✓✓✓✓ 4 th polio not needed if 3 rd was after age 4	✓✓		✓✓
Age 7 through 6th grade		At least ✓✓✓	At least ✓✓✓	✓		
7th through 12th grade	✓✓✓ 7 th grade only***	At least ✓✓✓ Plus one more shot at age 11-12 years****	At least ✓✓✓	✓✓		✓✓ 7 th grade only

* Varicella shot(s) not required if a child's doctor signs a form saying the child has already had chickenpox disease.

** First graders who are 6 years old and younger must follow the polio and Tdap/DTaP/Td schedules for kindergarten.

*** An alternate 2-shot schedule of hepatitis B may also be used for kids from age 11 through 15 years.

**** If a child received a Td at age 7-10 years they do not necessarily need another one at age 11-12. However, they must receive another shot of Td or Tdap 10 years after their last one.

To go to school in Minnesota, students must show they've had these immunizations or file a legal exemption with the school.

Parents may file a medical exemption signed by a healthcare provider or a conscientious objection signed by a parent/guardian and notarized.

Other immunizations recommended for school kids, but not required by the School Immunization Law:

- Influenza (flu) – each year for children age 6 months through 18 years – especially those with risk factors like asthma and diabetes.
- Hib – an additional two to three doses (depending on the product used) is recommended in addition to the one dose at or after 12 months of age required for school.
- Meningococcal for age 11-18.
- Human papillomavirus (HPV) for girls age 11-18.
- Hepatitis A



Grade _____

Edina Public Schools • Annual Health Information 2011 - 2012
Please complete both pages of this two page form. Return to the school health office when completed.

Student Name: _____ Gender _____
Last First Middle Initial

Birth Date _____ School _____

Street Address _____ City _____ Zip _____ Home Phone _____

Parent Name _____ Address _____

Phone #1 _____ Phone #2 _____ Phone #3 _____
If different from student

Parent Name _____ Address _____

Phone #1 _____ Phone #2 _____ Phone #3 _____
If different from student

Parent / Guardian email contact: _____

EMERGENCY NAMES (Persons authorized to care for student when ill and/or act in an emergency when parents cannot be reached.)

Name # 1 _____ Phone #1 _____ Phone #2 _____

Name # 2 _____ Phone #1 _____ Phone #2 _____

Health information from this form assists with planning for your child's needs at school. Please complete this 2 page form and return it to school as soon as possible.

PHYSICIAN _____ Phone _____

DENTIST _____ Phone _____

HOSPITAL (for emergency) _____

HEALTH CONCERNS Please check all that apply.

Identified Health Concerns

- ADHD / ADD / Other learning disabilities
- Allergies (list) _____
- Asthma or other breathing problems
- Bladder problems / Bowel problems (describe) _____
- Chickenpox (List month and year he / she had disease) _____
- Diabetes: ___ Type 1 ___ Type 2 Managed by: Diet only Oral meds Insulin injections Insulin pump
- Food intolerance (describe) _____
- Heart problems (describe) _____
- Seizures: Type (describe) _____ Date of last seizure: _____
- Social / Emotional / Behavioral / Mental health concerns (describe) _____
- Anxiety disorder
- Depression
- Vision deficit that requires preferential seating
- Hearing deficit that requires preferential seating
- Other health concern or significant history of problems (describe) _____
- Activity restrictions: (describe) _____

Surgeries or hospitalizations in the last year. Explain. _____

No Health Concerns

EMERGENCIES: Does your child have a health problem that could result in an emergency? Yes No

If yes, describe: _____

MEDICATIONS TAKEN EVERY DAY OR WHEN NEEDED

(This section does not serve as a medical order for medication administration.)

List **ALL** medications that your child takes.

Medication Name	Reason	Dose	How often taken?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your child needs to take medication at school, please consider the following:

1. The **Authorization for Administration of Medication form** is **REQUIRED** for all medication(s) taken at school, including non-prescription (over the counter) medications. Students must take all medications at school through the health office unless otherwise arranged individually with the licensed school nurse.
2. The **Authorization for Administration of Medication form** must be signed by both the **HEALTH CARE PROVIDER** and **PARENT**. A new consent is needed each school year.
3. Forms are available in the health office and on the Edina Public Schools website www.edina.k12.mn.us/support/healthservices.

Is there any other information that might be helpful for us to know about your child or circumstances at home that could affect him/her at school?

In order to provide for the health and safety of your child the above information may be shared with school staff working with this student and with Emergency Response Personnel in the event that 911 is called.

Parent / Guardian name: _____
(Print Name)

Parent / Guardian Signature: _____ Date _____
(month/day/year)

6th Graders Only

Immunizations received this past year (Date received): Td _____ MMR _____ Chickenpox (Varicella) _____
Hep. A _____ Hep. B _____ Menactra (Meningitis) _____

The school district intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequences for not providing the information. It may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's safety and school success.

EDINA SCHOOLS FOOD & NUTRITION PROGRAM

Edina School District participates in the National School Nutrition Program offering Combo Meals. Combo Meals are required to meet specific nutritional guidelines established by the Federal Government. Several different entrees and sides are offered each day for lunch. Breakfast is available at school before the start of classes. Menus are posted on the website.

A lunch combo meal is: One entrée and 2 – 4 side items. Sides include a variety of vegetables, fruits, grains/bread & milk.



The combo meal follows the new MyPlate food group model if one side from each side category is selected with an entrée. The MyPlate icon will be posted in cafeterias as a reminder to students to build a healthy meal. Combo items will be labeled with our balanced plate identifier.



To qualify as a Combo Meal, a meal must have one entrée plus at least 2 different side items. If this combination of food is not selected by the student, we can not charge it as a Combo Meal by Federal Government regulations. Each item will be charged separately at a la carte prices. Parents may request restrictions for a Combo Meal only or limit spending to a dollar amount per day. Complete a meal account restriction form which can be found on the Edina Schools web site and send it with your payment.

Prices

Breakfast is \$1.35. Elementary combo lunch meals are \$2.25. Secondary schools have a two-tier price structure for combo meals. The main event daily menu special combo meal is \$2.50. Premium combo meals listed on the bottom of the menu cost \$3.10. A la carte items are available in addition to a meal. A price list is available on the Edina Schools web site.

Meal Accounts and On line Payments

The district uses an individual meal accounting point of sale system. Each student has their own individual account. Accounts are debit accounts and therefore there must be money in the account in order for the student to use it. Deposits into accounts may be done online through “PayPAMS.com” or checks written for a single account may be deposited several ways: 1) Students may bring a check to lunch and give it to the cashier; 2) It may be dropped off at the school office or 3) it may be mailed to the District Food Service Office. Checks written to be split among several accounts must be sent to the Food Service Office with student names and schools.

Make checks payable to: ISD #273 Nutrition Program

Send checks to:
Edina High School
Food & Nutrition Services
6754 Valley View Road
Edina, MN 55439

If an account is negative, students may be limited to a bag lunch or they are welcome to pay with cash. If you register on Pay PAMS, you may designate to receive email low balance notifications. You are welcome to call our office (952-848-3811) if you have questions about an account balance/activity. **You may also track account information on Pay PAMS.**

Student ID and Personal Identification Numbers

Elementary and middle school students receive a Personal Identification Number at school to use their account. The same number is used throughout elementary school. A new number is assigned for middle school. Money in accounts transfers from year to year through high school. High school students scan their student ID badge to use their account. The badge **must** be presented to the cashier.

Free and Reduced Meal Program

Applications are available on the Edina web site or you may contact the District Nutrition Office at any time during the school year. Students enter their number and the system recognizes that they are part of the program.

Thank you for participating in the Edina Schools Nutrition Program.

If you have any questions or comments, please contact:

Mary Lombardi, RD, LD, MPH

Marlombardi@edina.k12.mn.us

952-848-3813

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.



Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$1.35; lunch costs \$2.25(elementary) & \$2.50 (main event secondary).

Your children may qualify for free or reduced-price meals. Reduced price is \$.40 for lunch. **“Reduced-price” breakfasts are served at no charge.** To apply for free or reduced-price school meals, complete the enclosed Application for Educational Benefits following the instructions. **A new application must be submitted each year.** Your application also helps our school qualify for additional education funds.

Return your completed Application for Educational Benefits to: Edina Schools Food & Nutrition Services
6754 Valley View Road
Edina, MN 55439

Who can get free or reduced-price meals? Children in households participating in Food Support (SNAP), Minnesota Family Investment Program (MFIP), or Food Distribution Program on Indian Reservations (FDPIR) and foster children can get free school meals without reporting household income. Also, children can get free or reduced-price meals if their household income is within the maximum income shown for the household size. An application must be submitted each school year.

Can foster children get free meals? Yes, foster children who are the legal responsibility of a foster care agency or court are eligible for free meals regardless of household income.

I get WIC. Can my children get free meals? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.

May I apply if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens for your children to qualify for free or reduced-price meals.

If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your income goes down, household size goes up, or if you start getting Food Support (SNAP), MFIP, or FDPIR benefits.

Who should I include as members of my household? Include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends). Include a household member who is temporarily away, such as a college student. Do not include a person who is economically independent and pays their full pro-rated share of all expenses.

What if my income is not always the same? List the amount that you normally get. If you normally get overtime, include it, but not if you get it only sometimes.

Are military housing and supplemental allowances counted as income? Do not include any housing allowance from the Military Housing Privatization Initiative or a Family Subsistence Supplemental Allowance. Include the portion of a deployed service member's income that is made available to the household, except do not include combat pay or Deployment Extension Incentive Pay.

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

Will the information I give be checked? Yes and we may also ask you to send written proof.

What if I disagree with the school's decision about my application? You should talk to school officials. You also may ask for a hearing.

Do I need to notify school officials if my income increases or my household size decreases after I have qualified for free or reduced-price meals? No. Approval for free or reduced-price meals is good for the school year unless the household has received a temporary approval for school meal benefits.

If you have other questions or need help, call 952-848-3811.

Sincerely,
Margo Nash,
Director of Business Services

Instructions for Completing the *Application for Educational Benefits*

Complete an application if one or more of the following apply to your household:

- Any member of the household currently participates in any of these three programs: *Minnesota Family Investment Program* (MFIP), *Food Support* (SNAP), or *Food Distribution Program on Indian Reservations* (FDPIR).
- One or more children in the household are *foster children* (a welfare agency or court has legal responsibility for the child).
- *Total household income* (gross earnings, *not* take-home pay) is within these guidelines:

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional household member add:	7,067	589	295	272	136

Section 1 Check the box if this is the first time that you have applied for meal benefits for any of your children at this school district or nonpublic school.

Section 2 List all children in the household, including foster children, and provide the requested information for each child. List any regular incomes to children such as SSI payments or regular earnings. Do not list occasional earnings like babysitting.

Foster children: check the “foster child” box for each child who is a foster child (a welfare agency or court has legal responsibility for the child). If all children who need to be approved for school meal benefits are foster children, skip sections 3 and 4.

Section 3 If any member of the household receives public assistance from any of the following three programs, write in the person’s name and case number: *Minnesota Family Investment Program* (MFIP), *Food Support* (SNAP), or *Food Distribution Program on Indian Reservations* (FDPIR). If section 3 is completed, skip section 4. A Medical Assistance number does *not* qualify for this purpose.

Section 4 Write in all adult household members and all incomes. Include all adult persons who live in the household whether related or not. Also include any persons who are temporarily away, such as a student away at college.

For earnings, list *gross income before taxes and other deductions*, not take home pay. You should be able to find your gross income on your pay stub. For *farm/self-*

employment income only, list net income after business expenses. Write in how often each income is received: Weekly (W), Bi-Weekly (every other month) (BW), Twice per Month (TM), or Monthly (M). Do *not* write in an hourly wage.

Examples of “other income” to include in the last column are farm or self-employment income, Veterans (VA) benefits, and disability benefits.

Do not include as income: foster care payments, federal education benefits, or assistance provided by MFIP, Food Support (SNAP), WIC or FDPIR. Military: Do *not* include income from the Military Privatized Housing Initiative or combat pay.

Section 5 Leave these boxes blank if you want to share your school meal eligibility status with these health benefit/insurance programs. Check the boxes if you do not want to share your eligibility status with these programs.

Section 6 The form must be signed by an adult household member. If section 4 of the application has been completed, the signer must provide the last four digits of their Social Security number unless they indicate that they do not have a Social Security number. Provide address and phone number to assist in processing your application.

Also please provide voluntary racial/ethnic information requested on the back page of the form.

Application for Educational Benefits

Free and Reduced-Price School Meals • School Year 2011-12 • State and Federally Funded Programs

1. Check here if this is the first school meal application at this school district or nonpublic school for any child listed below.

2. Names of all Children in Household <i>including Foster Children</i> Attach additional page if necessary		Date of Birth	Grade	School	✓ if foster child *	Any Regular Income to Child (for example SSI)
Last Name	First Name	Month/Day/Year				
		__/__/__			<input type="checkbox"/>	\$ _____ per _____
		__/__/__			<input type="checkbox"/>	\$ _____ per _____
		__/__/__			<input type="checkbox"/>	\$ _____ per _____
		__/__/__			<input type="checkbox"/>	\$ _____ per _____
		__/__/__			<input type="checkbox"/>	\$ _____ per _____

3. Benefits (if applicable)
If any household member receives benefits from a program listed below, check the applicable box and write in the name of the person receiving benefits and their case number. Skip section 4.

Name _____ Case Number _____

Minnesota Family Investment Program (MFIP)

Food Support (SNAP)

Food Distribution Program on Indian Reservations

- Medical Assistance number does not qualify.-

* The child is the legal responsibility of a welfare agency or court. If all children applied for are foster children, skip Sections 3 and 4.

4. Names of all Adults in Household (all household members not listed in Section 2) Include all adults living in your household, related or not. Attach additional page if necessary.		Check if NO Income ✓	Household Incomes: Write in each gross income and how often it is received: weekly (W) , bi-weekly (every other week) (BW) , twice per month (TM) , monthly (M) . Do <i>not</i> write in hourly pay. If income fluctuates, write in the amount normally received. Attach additional page if necessary.				
First Name	Last Name		Gross Wages and Salaries - all jobs - before deductions -	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Any Other Income, including <i>net</i> Farm/Self-Employment
			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____

5. If your children are approved for school meal benefits, this information may be shared with MinnesotaCare and General Assistance Medical Care programs to identify children eligible for Minnesota health insurance programs. See back page for more information. Leave the boxes blank to allow sharing of information.

Do **not** share information with the MinnesotaCare health insurance program. Do **not** share information with the General Assistance Medical Care program.

6. I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal and state funds based on the information I give. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Signature of Adult Household Member (required) _____ Print Name: _____ Date: _____

Social Security number – last 4 digits (required if Section 4 is completed): _____ OR I don't have a Social Security number

Address: _____ City _____ Zip _____ Home Phone: _____ Work Phone: _____

Total Household Size: _____ Total Incomes: \$ _____ per _____ **Office Use Only**

Approved (check all that apply): Case Number - Free Foster - Free

Income – Free Income – Reduced Price Temporary until _____

Denied: Incomplete Income Too High Other:

Signature - Determining Official: _____ Date: _____

Change Status To: _____ Reason: _____ Withdrawn: _____

Signature – Confirming Official: _____ Date: _____

Date Verification Sent: _____ Response Due: _____ 2nd Notice: _____

Result: No Change Free to Reduced-Price Free to Paid **Office Use Only**

Reduced-Price to Free Reduced-Price to Paid

Reason for Change: Income Household Size Refused Cooperation

Other:

Signature – Verifying Official: _____ Date: _____

Privacy Act Statement / How Information Is Used

The National School Lunch Act requires that the household member signing the application must provide the last four digits of their Social Security Number unless an active Minnesota Family Investment Program (MFIP), Food Support (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) assistance number is supplied for your child, or you are applying for a foster child, or you do not have a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved.

We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's eligibility status is also recorded on a statewide computer system used to report student data to the Minnesota Department of Education as required by state law. The Minnesota Department of Education uses this information to: (1) administer state and federal programs; (2) calculate compensatory revenue for public schools; and, (3) judge the quality of the state's educational program.

Sharing Information with MinnesotaCare and General Assistance Medical Care Programs

Children who are eligible for free and reduced-price school meals may be eligible for Minnesota health insurance programs. Your child's eligibility status for school meals (qualified for free or reduced-price meals) may be shared with the MinnesotaCare and General Assistance Medical Care programs unless you tell us not to share your information by checking the boxes in section 5 of the application. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

Nondiscrimination Statement

This explains what to do if you believe you have been treated unfairly:

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Children's Ethnic and Racial Identities (Optional)

Please provide the following information, which is used to determine the institution's compliance with civil rights laws. If the information is left blank, a representative of the institution is required to identify the ethnic and racial categories of participants for civil rights reporting.

1. Choose one ethnicity:

Hispanic/Latino Not Hispanic/Latino

2. Choose one or more (regardless of ethnicity):

Asian American Indian or Alaskan Native Black or African American

Native Hawaiian or other Pacific Islander White