



NORTHEAST METRO | 916  
Intermediate School District  
*partners in education*

## East View Academy

# 2016-2017 Enrollment Packet

\*\*\*Please complete packet before submitting\*\*\*

*East View Academy*

Capitol View Center  
70 County Road B2 West | Little Canada, Minnesota 55117

p | 651.415.5363 • f | 651.415.5507

[www.nemetro.k12.mn.us](http://www.nemetro.k12.mn.us)

# STUDENT ENROLLMENT FORM

Registration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## STUDENT INFORMATION

<b>Last</b>	<b>First</b>	<b>Middle</b>		
<b>Date of Birth</b>	<b>Age</b>	<b>Grade (at start date)</b>		
<b>Student Address</b>		<b>Apt#</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>		
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Has student ever registered under a different name? (Please list)</b>		<b>Are Parental Rights Terminated?</b> <input type="checkbox"/> (If yes, attach documentation)		
<b>Is the student:</b> <input type="checkbox"/> A ward of the county/state? <input type="checkbox"/> Own guardian? <input type="checkbox"/> Homeless? <input type="checkbox"/> Migrant? (Temporary/Seasonal last 36 Months) <input type="checkbox"/> Receiving ELL services?	<b>Country of Birth</b>			
	<b>If not US, year entered US School System</b>			
	<b>Language(s) spoken at home</b>			
	<b>First Language Learned</b>			
	<b>Language most spoken by student</b>			
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Minnesota Data</b>  <b>Student Race/Ethnicity:</b>  <i>Check only one in this column:</i>  <input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Asian or Pacific Islander  <input type="checkbox"/> Black, not of Hispanic Origin  <input type="checkbox"/> Hispanic  <input type="checkbox"/> White, not of Hispanic Origin         </td> <td style="width: 50%; vertical-align: top;"> <b>Federal Data</b>  <b>Is the student Hispanic or Latino?</b> <input type="checkbox"/>  <i>More than 1 box may be marked:</i>  <input type="checkbox"/> American Indian/Alaskan Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Native Hawaiian/Pacific Islander  <input type="checkbox"/> White         </td> </tr> </table>			<b>Minnesota Data</b> <b>Student Race/Ethnicity:</b> <i>Check only one in this column:</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin	<b>Federal Data</b> <b>Is the student Hispanic or Latino?</b> <input type="checkbox"/> <i>More than 1 box may be marked:</i> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White
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<b>Who has legal authority to make educational decisions?</b> _____ <i>(Please attach documentation if needed)</i>				
<b>Has student previously been enrolled in a Northeast Metro 916 program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				



# STUDENT ENROLLMENT FORM

Previous school(s) attended for 9<sup>th</sup> through 12<sup>th</sup> grade:

9 <sup>th</sup> grade:	10 <sup>th</sup> grade:
11 <sup>th</sup> grade:	12 <sup>th</sup> grade:
Last date attended ____ / ____ / ____.	Current grade level: <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>
Referred by: <input type="checkbox"/> School <input type="checkbox"/> Counselor <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	
Resident district #: _____	

Why do you want to attend East View Academy?

From which school do you plan to receive your diploma?

Are you currently in special education or on an IEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a 504 plan written for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently working with a Probation Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, PO's name: _____	Phone #: _____	



# STUDENT ENROLLMENT FORM

## PARENT/GUARDIAN INFORMATION

**Student Lives With:**  Mother & Father       Group Home       Foster Family  
 Mother (and Stepfather if applicable)       Father (and Stepmother, if applicable)  
 Relative (please list) \_\_\_\_\_  Other (please list) \_\_\_\_\_

### CUSTODIAL Parent/Guardian Information:

Name 1			Name 2		
Relationship to Student			Relationship to Student		
Phone #	Cell #		Phone #	Cell #	
Work #	Gender <input type="checkbox"/> M <input type="checkbox"/> F		Work #	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Email			Email		
Address			Address		
City	State	Zip	City	State	Zip
Joint Legal Custody <input type="checkbox"/> If yes, Name:			Name:		

### NON-CUSTODIAL Parent/Guardian Information: (If applicable; Please attach documentation)

Name 1			Name 2		
Relationship to Student			Relationship to Student		
Phone #	Cell #		Phone #	Cell #	
Work #	Gender <input type="checkbox"/> M <input type="checkbox"/> F		Work #	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Email			Email		
Address			Address		
City	State	Zip	City	State	Zip
Status <input type="checkbox"/> Visitation <input type="checkbox"/> Contact <input type="checkbox"/> No Contact			Status <input type="checkbox"/> Visitation <input type="checkbox"/> Contact <input type="checkbox"/> No Contact		

### FOSTER/GROUP HOME Information: (If applicable; Custodial Rights documentation must be attached)

Name 1			Name 2		
Phone #	Cell #		Phone #	Cell #	
Work #	Gender <input type="checkbox"/> M <input type="checkbox"/> F		Work #	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Email			Email		
Address			Address		
City	State	Zip	City	State	Zip



# NORTHEAST METRO | 916

Intermediate School District

*partners in education*

2016

SEPTEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER						
S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

2017

DECEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JANUARY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL						
S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

**East View Academy**  
 Phone: 651-415-5363  
 Fax: 651-415-5507

**Metro Heights Academy**  
 Phone: 651-415-5690  
 Fax: 651-415-5699

**916 Mahtomedi Academy**  
 Phone: 651-415-5680  
 Fax: 651-777-6048

- End of Grading Term
- Staff Inservice/School Closed
- Spring Break
- Holiday/School Closed
- No School for Students/Staff

Term 2: September 6, 2016-October 19, 2016  
 Term 3: October 24, 2016 - December 2, 2016  
 Term 4: December 5, 2016- January 26, 2017  
 Term 5: January 30, 2017-March 10, 2017  
 Term 6: March 20, 2017- April 28, 2017  
 Term 7: May 1, 2017-June 8, 2017

Staff Initials \_\_\_\_\_

Intake Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## ALC – Credit Recovery 2016-2017 Continual Learning Plan

STUDENT NAME (Please Print) \_\_\_\_\_

Graduation Yr \_\_\_\_\_

### 622 High School Graduation Requirements:

Language Arts: \_\_\_ 9A \_\_\_ 9B \_\_\_ 10A \_\_\_ 10B \_\_\_ 11A \_\_\_ 11B \_\_\_ 12A \_\_\_ 12B  
\_\_\_ Comm \_\_\_ Jr/Sr \_\_\_ Elec

Social Studies: \_\_\_ Geo \_\_\_ US \_\_\_ US \_\_\_ WH \_\_\_ WH \_\_\_ Gov \_\_\_ Eco

Math: \_\_\_ Alg I \_\_\_ Alg I \_\_\_ Geo IA \_\_\_ Geo IB \_\_\_ Alg II \_\_\_ Alg II

Science: \_\_\_ 9 \_\_\_ 9 \_\_\_ Bio \_\_\_ Bio \_\_\_ 11/12 \_\_\_ 11/12

\_\_\_ PE \_\_\_ Health \_\_\_ Art \_\_\_ Art

\_\_\_\_\_  
\_\_\_\_\_

### Credits Deficient for Graduation:

_____	ref by _____	___ met	___ unmet
_____	ref by _____	___ met	___ unmet
_____	ref by _____	___ met	___ unmet
_____	ref by _____	___ met	___ unmet
_____	ref by _____	___ met	___ unmet
_____	ref by _____	___ met	___ unmet
_____	ref by _____	___ met	___ unmet
_____	ref by _____	___ met	___ unmet
_____	ref by _____	___ met	___ unmet
_____	ref by _____	___ met	___ unmet

Office Staff only:  
Over 1.0  Yes  No

Staff Initials \_\_\_\_\_

Intake Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Goals for the 2015-2016 school year:**

***School Goal:***

- Earn \_\_\_\_\_ credits per term
- Finish \_\_\_\_\_ assignments per class each week
- Graduate by \_\_\_\_\_
- Other \_\_\_\_\_

***Career Goal:***

- \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Admin Signature

\_\_\_\_\_  
date

**CLP Review Notes:**

<p><b>Intervention:</b> __ schedule change __ modified work/delivery __ setting change __ goal setting __ parent meeting</p> <p><b>Date:</b></p>
<p><b>Intervention:</b> __ schedule change __ modified work/delivery __ setting change __ goal setting __ parent meeting</p> <p><b>Date:</b></p>

## TECHNOLOGY RESPONSIBLE USE AGREEMENT - STUDENT

### STUDENT

I have read and do understand the school district policies and cloud computing guidelines relating to safety and acceptable use of district technology resources (including use of personal devices within the district) and the Internet and agree to abide by them. I further understand that should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken.

User's Full Name (please print): \_\_\_\_\_

User Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the school district policies and cloud computing guidelines relating to safety and acceptable use of district technology resources (including use of personal devices within the district) and the Internet. I understand that this access is designed for educational purposes. The school district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the school district to restrict access to all controversial materials and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent or Guardian's Name (please print): \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

### SUPERVISING TEACHER (Must be signed if applicant is a student)

I have read the school district policies and cloud computing guidelines relating to safety and acceptable use of district technology resources (including use of personal devices within the district) and the Internet and agree to promote these policies with the student. Because the student may use the Internet on district technology resources for individual work or in the context of another class, I cannot be held responsible for the student's use of the Internet while on the district network. As the supervising teacher I do agree to instruct the student on acceptable use of the Internet and network and proper network etiquette.

Teacher's Name (please print): \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_





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## Northeast Metro 916 Cell Phone Policy:

### East View Academy and 916 Mahtomedi Academy

- Student cell phones are not allowed to be used during class time.
- Students may choose to bring their cell phones to school for use during breaks and/or lunch time.
- During class time, student cell phones will be locked in an individual cell phone bag called a Yondr. Students must put their phones on "silent mode" before locking them in the bags. Students may keep their locked cell phone bag with them at their desk.
- Students may not use their cell phones for music in the classroom. They are allowed to bring an alternate device to use to listen to music. However, the alternate device may NOT have phone and/or internet capabilities.
- If a student brings an alternate device to school that has phone and/or internet capabilities, that device will not be allowed to be used in the classroom, and must be locked in a cell phone bag.
- If a student refuses to follow the cell phone policy, the student will have to wait in the office while staff calls parents for a conference call. If, after a conversation with his/her parents, the student is still unwilling to lock up his/her phone, his/her parents will have to pick up their student from school or give the Educational Coordinator or Principal verbal permission for the student to leave the building.
- If a student refuses to follow the cell phone policy on an ongoing basis, a meeting with the student, parents, educational coordinator and/or principal will be arranged.

I acknowledge and agree to the above cell phone policy.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

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## Northeast Metro Intermediate District 916 East View Academy

### Student Expectations:

Welcome to East View Academy where instruction is individualized and student-centered. You will have the opportunity to pursue your high school diploma in an environment that was created to be productive, safe, positive, caring and flexible. The East View staff is prepared to assist you in developing academic, career and social skills for a healthy and productive future.

The staff of East View Academy believe that it is important for students to understand our expectations for maintaining the learning environment. The following will be enforced.

### ACADEMIC:

1. Students must have regular attendance, be on time and productive in class. Tardies and unexcused absences count towards truancy.
2. Sleeping is not acceptable.
3. Students need to check in with their classroom teacher before leaving the classroom.
4. Students should have the following supplies; a writing utensil, their own headphones and their own music device other than their cell phone. **Music is a privilege as well and can be revoked if teachers feel it is a distraction for the student.**
5. Students are not to use their cell phones during class time. This means not taking and making phone calls during class time and not texting during class time. If your parents or guardians need to get in touch with you they can call the office at (651) 415-5363 and we will get a message to you.
6. Students must only use computers for academic purposes, any use of proxy servers to access non-academic websites may result in the student's loss of computer privileges.

### BEHAVIOR:

1. Students are expected to conduct themselves in a responsible and accountable manner.
2. Harassment, threatening, bullying and fighting will not be tolerated. **This includes but is not limited to verbal threats, harassment and bullying on school grounds as well as off school grounds and through social media. This also includes any fights that take place off school grounds between EVA students.**
3. Students cannot be under the influence of drugs or alcohol, be in physical possession of drugs or alcohol and their clothing must not smell of any chemicals.
4. There is no smoking allowed in the school building or on school grounds. This includes E-cigs and chewing tobacco.
5. Students cannot be in possession of a weapon, which is any device that can be used to threaten or harm. **This includes but is not limited to guns, hand tools, knives of any sort and chemicals such as mace.**
  - a. **If a student is found in possession of any of the above items in sections 3-5, they will be confiscated and turned over to law enforcement.**
6. Students should be dressed appropriately, use appropriate language and be cooperative and respectful of staff and other students.

### SCHOOL PROPERTY:

1. Students are expected to pick up after themselves, this includes any food items they bring as well as their trays from breakfast and lunch.
2. If you are driving, a parking permit is not required but please do follow common traffic laws. This is a privilege afforded to you and can be revoked.
3. East View Academy is a closed campus during the school day from 8:00 to 2:15 PM. **Once students have arrived on school grounds they are required to enter and stay in the building. If a student leaves the building without permission their day has been ended and they are not allowed to return until the next school day. The only exception to this rule is if the student has a qualified medical or dental appointment. The time will be excused with a doctor or dentist's office note.**
4. Visitors are not allowed on the East View campus at any time.

**Violation of these expectations may result in an incident report, day ending, loss of privileges, suspension, expulsion, and/or referral to a more appropriate educational setting.**

**All students are expected to comply with all Northeast Metro 916 board policies as laid out in the student handbook.**

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MOVIE PERMISSION**

East View Academy instructors often enhance the learning process by showing films that help students understand emotional situations, historical events or other human interactions. **Some of these films have an "R" rating, but they are seen as a valuable educational resource. Your permission is required for your child to participate in the viewing of these films.**

**Students who do not receive permission for viewing "R" rated films will be given alternate assignments.**

\*Check One\*

I give my permission for my child to view "R" films with critical educational value.

I do not give my permission for my child to view "R" films.

Please sign below verifying that you have read this form and have checked one of the above choices.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**AUTHORIZATION TO RELEASE EDUCATIONAL DATA**

I, \_\_\_\_\_, hereby authorize Northeast Metropolitan Intermediate School District 916 to release photographs of my child, \_\_\_\_\_, for display on the Northeast Metro 916 web pages and Internet site relating to his/her education or work at Northeast Metro 916. I also authorize Northeast Metro 916 to use photographs of my child in Northeast Metro 916 registration materials and other internal Northeast Metro 916 publications. The purpose of this release is to permit publication of my child's pictures on the Northeast Metro 916 website and in materials and publications produced by Northeast Metro 916. This release is valid for a period of one year from the date hereof.

\_\_\_\_\_  
Parent's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature, if an eligible student under federal law

Date: \_\_\_\_\_



**Health Data Form**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_ Phone - Home: \_\_\_\_\_ Work: \_\_\_\_\_

\_\_\_\_\_ Phone - Home: \_\_\_\_\_ Work: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_  
(Please list someone other than the parent/guardian listed above)

Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Health Needs: Examples: Special medications, allergies, asthma, diabetes, contact lenses, heart condition, hearing problems, etc. or NONE  
\*\*If Pregnant or Parent list due date and/or birthdates of your children.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Doctor or Clinic: \_\_\_\_\_

City/Location: \_\_\_\_\_

This information is confidential and is to be used for emergencies and to inform staff of significant health issues or concerns.

Student signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

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Application for Educational Benefits – School Year 2016-17  
School Meals • State and Federally Funded Programs

**Step 1** List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	MI	Child's Last Name	Birthdate	School	Grade	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.	Optional - Is the child Hispanic / Latino? If yes, fill in the circle.	Optional - Racial Identity* Fill in one or more circles for each child.						
								American Indian	Asian	African American	Pacific Islander	White		
						<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"/>
						<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"/>

\* The full names of the racial categories are: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander and White.

**Step 2** Do any Household Members, including yourself, currently participate in any of the following assistance programs: SNAP, MFIP or FDIPIR? Circle one: **Yes No**  
Medical Assistance and WIC do not qualify. If No > Go to STEP 3. If Yes > Write in the: CASE NUMBER here: \_\_\_\_\_ then go to STEP 4.

**Step 3** A. List ALL Adult Household Members including yourself and report all incomes. (Skip STEP 3 if you answered "yes" to STEP 2 or if all participants are foster children.)

Adults - Full Name <small>For the purpose of school meal benefits, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member not listed in Step 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.</small>	Gross Pay from Work <small>Do not write in an hourly wage.</small>			Farm or Self-Employment <small>Net income after business expenses. State if annual or monthly.</small>	Public Assistance, Child Support, Alimony <small>Payments received.</small>			All Other Incomes <small>Pension, retirement, disability, unemployment, Veterans benefits, etc.</small>						
	Weekly	Bi-Weekly	2x Month		Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	

**B. Last four digits of signer's Social Security Number (SSN) or no SSN (required):** C. Do any of the children listed in Step 1 receive regular incomes such as SSI or wages?     or  I don't have a Social Security Number. TOTAL regular incomes of children, if any: \$ \_\_\_\_\_

**Step 4** I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal and state funds and that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws. The information I provide may be shared with Minnesota Health Care Programs as allowed by state law, unless I have checked this box:  Do not share my information with Minnesota Health Care Programs.

Signature of Adult Household Member (required) \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Office Use Only Total Household Size: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ per \_\_\_\_\_ Approved:  Case Number – Free  Foster – Free  Income – Free  
 Income – Reduced-Price Denied:  Incomplete  Income Too High Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

**Is this form required?**

This form must be completed to apply for free or reduced-price school meals, unless:

- (1) Your school provides free school meals to all students without applications from households (*Community Eligibility Provision, Provision 2 or Provision 3*) or
- (2) You were notified that your children have been directly certified for school meal benefits based on foster care status or participation in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIIP) or Food Distribution Program on Indian Reservations (FDPIR).

**Privacy Act Statement / How Information Is Used**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information, but if you do not we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a foster child, or you provide an MFIIP, SNAP or FDPIR assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information that you provide on this form. We will use your information to determine if your child qualifies for free school meals, and for administration and enforcement of the school meal programs. We may share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

Please provide the requested information about children's race and ethnic identity. This information is not required and does not affect approval for program benefits. We use the percentages of participants in each racial/ethnic category to check that our program is operated in a nondiscriminatory manner in compliance with federal civil rights laws

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to the Minnesota Department of Education (MDE) as required by state law. MDE 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.

Information provided on this form may be shared with Minnesota Health Care Programs, unless the person completing this form has checked the box in Step 4 to not share information for that purpose.

**Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form (AD-3027)* found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410, or (2) fax to (202) 690-7442; or (3) email to [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**Office Use Only: Verification**

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ 2nd Notice: \_\_\_\_\_

Result:  No Change  Free to Reduced-Price  Free to Paid  Reduced-Price to Free  Reduced-Price to Paid

Reason for Change:  Income  Case number not verified  Foster not verified  Refused Cooperation  Other: \_\_\_\_\_

Signature of Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_