



Date: July 31, 2015  
To: Home Educator  
From: Ann Johnson, Administrative Assistant  
Re: **Homeschool Annual Update**

The registration materials for your consideration to register your child/children as homeschool students follow. Review each form and return the information to the resident school superintendent by **October 1, 2015**. These forms include.

**Nonpublic Schools, Including Homeschools, Full Report**

This form is to be printed and filled out or submitted electronically to resident school superintendents by October 1 of each year, or within 15 days of withdrawing a child from public school.

—*or*—

**Letter of Intent to Continue to Provide Instruction**

This form is to be printed and filled out or submitted electronically to the resident school superintendent by October 1 of each year after the instructor has provided the same district with a Full Report.

**Student Report for Aids to Nonpublic Students, ED-01650-28, Educational Materials Eligible for Acquisition**

Students who are being educated in a home school program are eligible for Aids to Nonpublic School Funds. Please complete and return the form (ED-01650-28) indicating participation or non-participation no later than **October 1**, to be eligible.

Authorized Rates of Entitlement - per eligible pupil for 2015-16 are as follow:

Textbooks, Standardized Tests, and Individualized Instruction Materials	\$ 88.17
Health Services	\$ 64.45
Guidance and Counseling Services	\$229.74

**NOTE:** Rates may be readjusted on or after October 15. Reimbursement to families will not be sent until those final rates are available.

**Textbooks, Instructional Materials and Standardized Tests**

To request reimbursement for purchases you make on July 1, 2015 or after must be submitted for reimbursement by **June 1, 2016**. Submit the following proof of payment (copy of: canceled check, credit card statement, packing slip showing prepaid, or receipt from store) along with a list noting **each student's name, title of curriculum, and the amount claimed**.

**Proposed Annual Nationally Normed Achievement Test Plan: Superintendent Must Mutually Agree**

Tests are available from the Minnesota Statewide Testing Program (MSTP) at the University of Minnesota: 879 29th Avenue SE, Room 103, Minneapolis, Minnesota 55414; (612) 626-1803. Order forms can be requested at the website: [www.oms.umn.edu](http://www.oms.umn.edu). Tab: Order Forms, MSTP.

## **Student Immunizations**

Homeschool families must comply with important state immunizations law related to safeguarding public health. Minnesota Statutes, Section 121A.15, requires that parents/guardians submit the Minnesota immunization statement or a notarized statement regarding conscientiously held belief to their resident school district. Complete an immunization form for each student and/or updates if not on file from previous years. If you have questions regarding immunizations contact Lillian Levine RN, LSN at 763-213-8697.

## **Federal Programs**

Participation in some Federal Programs may be available to nonpublic students, including homeschool, who qualify on the basis of Free and Reduced lunches and who are achieving below grade level.

## **Special Education**

State and federal laws require every school district provide special education and related services to students, public and private, who are eligible under the guidelines of the state. In Minnesota, homeschools are considered “nonpublic” schools.

To determine if a student is in need of special education and related services, a comprehensive evaluation must be conducted by special education staff.

The Independent School District 15 (St. Francis) Public Schools provide a full continuum of services for students with disabilities from birth to age 21. Each school has a full complement of special education teachers and related service providers (such as occupational and physical therapists) to address the needs of students with disabilities grades K-12. Services for very young children are provided in homes, childcare settings, preschools, and in the district’s early childhood special education program.

If you have concerns about your child and whether he/she may need special education services, please call the Director of Special Services at 763-753-7046.

## **Enrollment Changes**

If your child was previously enrolled in one of our District schools, and will not be homeschooled, please inform the school of his/her withdrawal. **If you re-enroll your child in school, please inform Ann Johnson at 763-753-7044 that you are no longer homeschooling.**

## **District Calendar**

The 2015-16 school calendar is available on the website ([www.isd15.org](http://www.isd15.org)) under Forms and Publications.

## **Final Notes and Resources**

Information can be obtained at the Minnesota Department of Education’s (MDE) website [www.education.state.mn.us](http://www.education.state.mn.us); click on: Just for Parents, click on: School and Enrollment Choices. Homeschool Information for Parents can be found here. For up to date information continue to watch this site.

Additional questions should be directed to the following contacts:

Compulsory Instruction Law, Minnesota Department of Education, Cindy Jackson, 651-582-8572.

Aids for Nonpublic Students, Minnesota Department of Education, Greg Sogaard, 651-582-8858.

Ann Johnson  
Administrative Assistant  
[ann.johnson@isd15.org](mailto:ann.johnson@isd15.org)  
763-753-7044



**Nonpublic Schools, Including Homeschools,  
Unaccredited by a Minnesota-recognized Accrediting Agency**

**FULL REPORT**

The person or nonpublic school in charge of providing instruction to a child must submit a Full Report to the superintendent of the school district where the child resides. **Do NOT mail to the Minnesota Department of Education.** Complete the information using this form or a written or electronic format of your choice

Information in the Full Report must be submitted **by October 1 of the first school year the student, ages 7-17, receives instruction; within 15 days of when a parent withdraws a child from public school after age seven to provide instruction in a nonpublic school that is not accredited by a state-recognized accrediting agency; within 15 days of moving out of a district; and by October 1 after a new resident district is established.** Submit the *Letter of Intent to Continue to Provide Instruction* by October 1 in subsequent years.

**Date Report Completed:**

**Primary Instructor**

Full Legal Name Last	First	Middle
Street Address (Not P.O. Box)		
City	State	ZIP
Home Phone (with area code)	Other Phone (with area code)	Email

**Secondary Instructor, if any**

Full Legal Name Last	First	Middle
Street Address (Not P.O. Box)		
City	State	ZIP
Home Phone (with area code)	Other Phone (with area code)	Email

**Accreditation**

Is the nonpublic school accredited by an accrediting agency recognized by the Minnesota Nonpublic Education Council?

- Yes       No

If yes, provide the name of the accrediting agency and dates for which accreditation is granted:

**Evidence of Instructor Qualifications**

How is the instructor(s) qualified to instruct under Minnesota Statutes, section 120A.22, Subdivision 10? Check all that apply and attach required documentation.

- The instructor holds a current Minnesota teaching license for the field and grade level taught. (Attach copy of license.)
- The instructor is directly supervised by a licensed teacher. (Attach name of supervisor and copy of license.)
- The instructor has successfully completed a teacher competency exam. (Minnesota does not have an exam that meets this requirement so this option is not applicable.)
- The instructor holds a baccalaureate degree. (Attach a copy of diploma/degree.)
- The instructor is the parent or legal guardian of the child. (This means that unless an individual—including a grandparent or step-parent—is a licensed teacher or holds a bachelor’s degree or is under the direct supervision of a Minnesota licensed teacher for each grade level and area, they may not instruct the student(s) in situations where the parent/legal guardian would be able to.)

**Students**

Attach immunization records or notarized statement of conscientious objection for each student. Update immunization information when each student reaches 7<sup>th</sup> grade (age 12).

Student’s full legal name	Date of Birth (mm/dd/yyyy)	Grade Level (optional)	Address	Immunization statement attached?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## Signature

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Instructor Signature

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Date

## Maintaining and Submitting Documentation and Scores

*Minnesota state law requires instructors in unaccredited schools to maintain information on curriculum, instruction and all required testing, including annual and supplemental tests, proof of testing administration and scores. This information must be submitted to the public school when enrolling as a public school student. It also must be submitted to the county attorney if requested in cases of educational neglect or reporting violations.*

## Proposed Annual Nationally Normed Achievement Test Plan

Superintendent Must Mutually Agree

Iowa Basic Skills and Stanford Achievement tests are available from the Minnesota Statewide Testing Program at the University of Minnesota: 879 29<sup>th</sup> Avenue SE, Room 103, Minneapolis, Minnesota 55414: (612) 626-1803. High school students may also register for the ACT college entrance exam online.

Full Name and Level of Nationally Normed Achievement Test	To Be Administered to the Following Students in Indicated School Year (s): <i>Example: Andrea Whitefield, ITBS grade 6 for 2012-13; Morton Whitefield, ITBS grade 7 for 2011-12, grade 8 for 2013-14.</i>	Name of Test Administrator	Test Location	DISTRICT USE Superintendent agrees to this plan for the student(s) in the years specified.	DISTRICT USE Superintendent DOES NOT AGREE: <b>contact instructor immediately</b>
Iowa Test of Basic Skills, Grades K-2 (ITBS)				<input type="checkbox"/>	<input type="checkbox"/>
Iowa Tests of Basic Skills, Grades 3-8 (ITBS)				<input type="checkbox"/>	<input type="checkbox"/>
Iowa Tests of Educational Development, Grades 9-12 (ITED)				<input type="checkbox"/>	<input type="checkbox"/>
Stanford Achievement Test, Grades K-2 (SAT)				<input type="checkbox"/>	<input type="checkbox"/>
Stanford Achievement Test, Grades 3-8 (SAT)				<input type="checkbox"/>	<input type="checkbox"/>
Stanford Achievement Test, Grades 9-12 (SAT)				<input type="checkbox"/>	<input type="checkbox"/>
Other:				<input type="checkbox"/>	<input type="checkbox"/>
Other:				<input type="checkbox"/>	<input type="checkbox"/>
Other:				<input type="checkbox"/>	<input type="checkbox"/>



### Letter of Intent to Continue to Provide Instruction

Submit a Letter of Intent to Continue to Provide Instruction to the superintendent’s office in the school district where the parent/legal guardian resides. **Do NOT mail to the Minnesota Department of Education.** Complete the information using this form or a written or electronic format of your choice. **Information in the Letter of Intent must be submitted by October 1 of each year after a Full Report has been filed in the same district. If you have moved, you must file a new Full Report.**

**Date of Letter of Intent to Continue to Provide Instruction:**

**Date Full Report was filed with this School District:**

**Full Legal Name of Instructor**

**Last:**

**First:**

**Middle:**

**This letter indicates my intent to continue to provide instruction in the current school year.**

- I DO NOT** have changes to the information provided in the Full Report or communicated in a previous Letter of Intent to Continue to Provide Instruction.
- I DO** have changes to information provided in the Full Report, and so have updated the information as follows:
  - I have discontinued instructing student(s) previously reported. *(Update ‘Student(s) No Longer Being Instructed’ on page 2 of this form.)*
  - I have added students or student contact information has changed. *(Update ‘New Students’ on page 2 and ‘Proposed Testing Plan’ on page 3. Attach immunization records or notarized conscientious objection statement.)*
  - We are no longer accredited by an agency recognized by the Minnesota Nonpublic Education Council.
  - We are newly accredited by an agency recognized by the Minnesota Nonpublic Education Council. *(Provide name of accrediting organization and dates of accreditation term):*
  - My primary instructor qualifications changed. *(Explain and attach documentation as required in the Full Report.)*
  - My primary or secondary instructor contact information changed. *(Update ‘Instructor Contact Information’ on page 2.)*
  - The proposed annual nationally-normed achievement testing plan for one or more students has changed. *(Complete ‘Proposed Testing Plan’ on page 3.)*
  - Student is now in 7<sup>th</sup> grade and/or age 12. *(Provide student’s name and date of birth below. Attach updated immunization records or notarized conscientious objection statement.)*  
 Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Person Submitting this Letter**  
**Print Name**

**Signature**

**Instructor Contact Information** *(Note: A family move to a different district requires a new Full Report.)*

Full Legal Name (Last, First, Middle)	Street Address	Phone Number (including area code)	E-mail Address
Primary Instructor			
Secondary Instructor (if any)			

**Student(s) No Longer Being Instructed**

Full Legal Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)	Full Legal Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)

**New Student(s)** *(Attach immunization records or notarized conscientious objection statement.)*

Full Legal Name (Last, First Middle)	Date of Birth (mm/dd/yyyy)	Grade Level (optional)	Street Address



**Proposed Testing Plan for New Students and Proposed Revisions for Existing Students.**

Superintendent must mutually agree. Iowa Test of Basic Skills and Stanford Achievement tests are available from University of Minnesota Statewide Testing Program, (612) 626-1803. High school students may also consider the ACT college entrance exam online.

<b>Full Name and Level of Nationally Normed Achievement Test</b>	<b>To Be Administered to the Following Students in Indicated School Year (s):</b>	<b>Name of Test Administrator</b>	<b>Test Location</b>	<b>DISTRICT USE</b> <i>Superintendent Agrees to this plan for students in years specified</i>	<b>DISTRICT USE</b> <i>Superintendent DOES NOT AGREE: contact instructor immediately</i>
Iowa Test of Basic Skills, Grades K-2 (ITBS)				<input type="checkbox"/>	<input type="checkbox"/>
Iowa Tests of Basic Skills, Grades 3-8 (ITBS)				<input type="checkbox"/>	<input type="checkbox"/>
Iowa Tests of Educational Development, Grades 9-12 (ITED)				<input type="checkbox"/>	<input type="checkbox"/>
Stanford Achievement Test, Grades K-2 (SAT)				<input type="checkbox"/>	<input type="checkbox"/>
Stanford Achievement Test, Grades 3-8 (SAT)				<input type="checkbox"/>	<input type="checkbox"/>
Stanford Achievement Test, Grades 9-12 (SAT)				<input type="checkbox"/>	<input type="checkbox"/>
Other:				<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL INFORMATION AND INSTRUCTIONS:** This form must be completed at the nonpublic school level and filed with the public school district offices coordinating the program by **October 1, 2015**. A copy is to be sent by the local public school district to the Minnesota Department of Education, Division of School Finance at the above address by **October 15, 2015**. **THIS FORM MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED VALID.**

**NONPUBLIC SCHOOL IDENTIFICATION INFORMATION**

Nonpublic School Name:		Nonpublic School Number:	
Public School District Number:		Address of Nonpublic School:	
City:		Zip Code:	
Name of Nonpublic School Principal:		Telephone Number:	
Email Address:		Name of Nonpublic School Contact Person (if other than above):	
Telephone Number:		Email Address:	
Location at which Student Request Forms are filed (if other than above):		Name of Program Administrator in Local Public School District:	
Telephone Number:		Email Address:	

**PARTICIPATION OF ELIGIBLE PUPILS**

<p>THE NUMBERS OF STUDENTS REPORTED BELOW ARE BASED ON (Check One):</p> <input type="checkbox"/> ESTIMATED COUNTS <input type="checkbox"/> ACTUAL COUNTS	<p>For each Program Element in which you wish to participate, provide the number of students, by student grade level, that are eligible to receive service. To be eligible, the students must be enrolled on or before September 15, and must request (in writing) the service desired. Weight each student count as indicated and enter totals for each Program Element. If there are no requests for a service, or if a service will not be offered, please indicate nonparticipation by checking the box provided.</p>
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PROGRAM ELEMENT	STUDENT GRADE LEVEL	NUMBER OF STUDENTS	WEIGHTING FACTOR	WEIGHTED TOTAL OF ELIGIBLE STUDENTS
<p><b>TEXTBOOKS, INDIVIDUALIZED INSTRUCTIONAL MATERIALS AND STANDARDIZED TESTS</b></p> <input type="checkbox"/> <b>NONPARTICIPATION:</b> The nonpublic school identified above does <b>NOT</b> wish to participate in this program element. *All day/Everyday ONLY	PT KGN		X 0.5	
	FT KGN*		X 1.0	
	1 - 6		X 1.0	
	7 - 12		X 1.0	
	<b>TOTAL</b>			
<p><b>HEALTH SERVICES</b></p> <input type="checkbox"/> <b>NONPARTICIPATION:</b> The nonpublic school identified above does <b>NOT</b> wish to participate in this program element. *All day/Everyday ONLY	PT KGN		X 0.5	
	FT KGN*		X 1.0	
	1-6		X 1.0	
	7-12		X 1.0	
	<b>TOTAL</b>			

<p><b>Guidance/Counseling (Number of Participants by Grade Level)</b></p> <input type="checkbox"/> <b>NONPARTICIPATION:</b> The nonpublic school identified above does <b>NOT</b> wish to participate in this program element.	7	8	9	10	11	12	<b>TOTAL: 7-12</b>

**CERTIFICATION**

I hereby certify that the students reported above meet the conditions of eligibility as prescribed by Minnesota Statutes 123B.40 – 123B.48, and that the above school is located within a public school district in which the public schools provide the services indicated to students of the same grade levels. All of the information provided above is true and correct to the best of my belief and knowledge.

Signature – Head of School/Responsibility

Date

**This form for Nonpublic schools is for use only within Independent School District No. 15**

## EDUCATIONAL MATERIALS ELIGIBLE FOR ACQUISITION

Educational materials are divided into three general categories: textbooks, individualized instructional materials, and standardized tests. To be eligible for acquisition by the district for loan to the non public pupil, educational materials must meet the following requisites of eligibility.

*General conditions of eligibility* — Eligible materials are:

1. Secular, neutral, non ideological, and not capable of diversion for religious use.

As used in this sense, secular, neutral, and non ideological means such items would not be regarded as religious, spiritual, or sacred, in content or form and would be considered to present events, facts, and theories that pertain to religion or religious doctrine in an impartial manner.

2. Designed primarily for individual pupil use to attain educational objectives in a particular class or program in the school the pupil regularly attends; and/or cooperative learning group; and
3. Available and of benefit to Minnesota public school pupils.

*Textbook* — A textbook is any book, workbook, manual, or book substitute, including electronic books as well as other printed materials delivered electronically provided to each pupil for the individual use of that pupil as a principle source of study in a given class or program.

*Individualized instructional materials* — Individualized instructional materials are those educational materials, in addition to textbooks, which are used as a complementary source of study in a given class or program and are available for the individual use of each pupil in the class or program.

- a. **Examples of materials eligible for acquisition** — Educational materials meeting the general conditions of eligibility and falling into any of the following groups of material are considered to be eligible for acquisition as individualized instructional materials.

Published materials; periodicals; documents; pamphlets; photographs; reproductions; pictorial or graphic works; filmstrips; prepared slides; prerecorded video programs; prerecorded tapes, cassettes and sound recordings; manipulative materials; desk charts; games; study prints and pictures; desk maps; models; learning kits; blocks or cubes; flashcards; individualized multimedia systems; prepared instructional computer software programs; choral and band sheet music; electronic books and other printed materials delivered electronically; CD-ROM; software and other educational technology. See Appendix B.

- b. **Examples of materials NOT eligible for acquisition** — Classroom supplies consumed in the normal instructional process, educational materials intended for general classroom use rather than individual use, instructional equipment, and teacher's aids are items not considered eligible for acquisition under this program.

Examples of such ineligible materials include: Instructional supplies such as blank tapes, blank cassettes, blank videotapes, blank computer diskettes, unexposed film, writing paper, construction paper, notebooks, thumbtacks, chalk, erasers, ink, paste, scissors, pencils, pens, crayons, chemicals, duplicating fluids, blackboards, wall maps, wall charts, processed 16mm movie film, instructional equipment, library books, or other reference materials.

*Standardized tests* — This category includes the standardized tests and scoring services available from commercial publishing organizations and which are in use in the public schools of Minnesota to measure the progress of pupils in secular subjects.



## MEMORANDUM

To: School District Superintendents  
From: Tom Melcher, Director  
Division of School Finance  
Date: August 1, 2012  
Subject: 2012 Nonpublic Pupil Aid Legislation

*Laws of Minnesota for 2012*, Chapter 144 expands the list of items eligible for purchase under the textbook / individualized instructional material/cooperative learning material component of the Nonpublic Pupil Aid program under Minn. Stat. § 123B.41.

Beginning in FY2013, non public pupil aid funds may be used to purchase “software or other educational technology, including “software, programs, applications, hardware, and any other electronic education technology”. All items must be secular, neutral and nonideological material used by, or of benefit to Minnesota public school pupils. Eligible materials must be designed primarily for individual pupil use or use by pupils in a cooperative learning group in a particular class or program.

The intent of the Nonpublic Pupil Aid program as outlined in Minn. Stat. § 123B.40 is for every school pupil in the state to share equitably in education benefits. The funding and eligibility for participation in the aid program is on a per pupil basis. Eligible products must be purchased in quantities that insure each student or each cooperative learning group has their own copy. Site licenses do not meet this requirement as they do not guarantee that each student or cooperative learning group is treated equitably.

Minn. Stat. § 123B.42, SUbd. 2 requires that the title to textbooks, individualized instructional/cooperative learning materials, and standardized testing materials must remain in the servicing district. Possession or custody may be granted or charged to administrators of the nonpublic school attended by the non public school pupil or pupils to whom the eligible items are loaned.

Due to the variety of licensing and ownership restrictions attached to electronic educational technology, servicing districts will be required to register as the owner/user of the products loaned to participating non public pupils.

Questions concerning this legislation should be directed to Greg Sogaard, Education Finance Specialist, School Finance Division, at (651) 582-8858, or [greg.soqaard@state.mn.us](mailto:greg.soqaard@state.mn.us).



## IMMUNIZATION REQUIREMENTS FOR THE 2015-16 SCHOOL YEAR

Dear Parent/Guardian:

Minnesota State Immunization Law requires that school districts have on record the immunization dates of all home school students. This includes home school students who attend a public school for any part of the day. Attached is an immunization form that should be filled out with your child's immunization dates, this should include the month, day, and year. The immunization requirements have changed (effective September 2014) and are as follows:

- **Kindergarten:** 5 DtaP (Diphtheria, Tetanus, Pertussis), 4 Polio, 2 MMR (Measles, Mumps, Rubella), Hepatitis B series of 3, and 2 Varicella (Chicken Pox) or verified history of disease by your health care provider.
- **7th to 12th grade:** 2nd MMR, a Tdap (Tetanus, Diptherira and Pertussis), the Hepatitis B series of 3, and 2 Varicella (Chicken Pox) or verified history of disease by your health care provider, and the Meningococcal vaccine with a booster at age 16.

**Important:** *Please be advised that if you have previously signed a notarized exempt form for immunizations, as the Minnesota Immunization law changes, so must the exempt form show exemptions from the new requirements. A blanket statement "exempt from all immunizations" is no longer allowed to be accepted. A new form must be signed for the new requirements. If you signed your child's exempt form before September 1, 2014, a new form must be submitted with the noted immunizations you are exempting your child from. This is a requirement by Minnesota.*

If you have previously sent in this information we will only need the dates of any new immunizations your child has received. You can visit the Minnesota Department of Health site at <http://www.health.state.mn.us/immunize> for more information.

Please return the attached form to Ann Johnson at the District Office by October 1, 2015. She will then forward the information to me. This will allow ample time for the State Immunization Compliance report to be submitted within the time parameters.

Thank you for your help and if you have questions please call me at 763-213-8697.

Sincerely,  
Lillian Levine, RN, LSN  
Lead Nurse  
Home School Nurse

# Student Immunization Form

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.

**FOR SCHOOL USE ONLY**

- Complete; booster required in \_\_\_\_\_
- In process; 8 mos. Expires \_\_\_\_\_
- Medical exemption for \_\_\_\_\_
- Conscientious objection for \_\_\_\_\_
- Parent/guardian consent \_\_\_\_\_

**Parent/Guardian:**

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

**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	DO NOT USE (✓) or (✗)	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
<b>Required</b> (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
<b>Diphtheria, Tetanus and Pertussis (DTaP, DTP, DT)</b> • for children age 6 years and younger • final dose on or after age 4 years						
<b>Tetanus and Diphtheria (Td)</b> • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above						
<b>Tetanus, Diphtheria and Pertussis (Tdap)</b> • for children in 7th–12th grade						
<b>Polio (IPV, OPV)</b> • final dose on or after age 4 years						
<b>Measles, Mumps and Rubella (MMR)</b> • minimum age: on or after 1 <sup>st</sup> birthday						
<b>Hepatitis B (hep B)</b>						
<b>Varicella (chickenpox)</b> • minimum age: on or after 1 <sup>st</sup> birthday • vaccine or disease history required						
<b>Meningococcal (MPSV, MCV)</b> • for children in 7th–12th grade • booster given at age 16 years						
<b>Recommended</b>						
<b>Human Papillomavirus (HPV)</b>						
<b>Hepatitis A (hep A)</b>						
<b>Influenza</b> (annually for children 6 months and older)						

**Additional exemptions:**

- **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 Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- **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 18 years of age or older:** Do not need polio vaccine.

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

**Instructions, please complete:**

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

**1. Certify Immunization Status.** Complete A or B to indicate child's immunization status.

**A. Received all required immunizations:**

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

\_\_\_\_\_  
Signature of Parent / Guardian OR Physician / Public Clinic

\_\_\_\_\_ Date

**B. Will complete required immunizations within the next 8 months:**

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, 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

**2. Exemptions to School Immunization Law.** Complete A and/or B to indicate type of exemption.

**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). List 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 (If disease occurred before September 2010, a parent can sign.)

**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

**3. Parental/Guardian Consent to Share Immunization Information (optional):**

Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. 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 documentation with Minnesota's immunization information system:

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_ Date





FEEDING THE FUTURE

INDEPENDENT SCHOOL DISTRICT 15  
**NUTRITION SERVICES**

4115 Ambassador Boulevard NW  
St. Francis, Minnesota 55070  
Phone 763-753-7060 • FAX 763-753-7709  
www.isd15.org

**2015-16 SCHOOL YEAR**

Dear Parent/Guardian:

Independent School District 15 schools provide healthy meals each day. Regular-priced meals are listed below. Your student may qualify for educational benefits including school meals.

- ▶ Students who qualify for reduced-price school meals will receive free lunches and breakfasts.
- ▶ All kindergarten students qualify for free breakfasts.

**REGULAR-PRICED MEALS**

Breakfast Prices	Lunch Prices
\$1.35 Elementary	\$2.20 Elementary
\$1.45 Secondary	\$2.40 Secondary
A ½ pint of milk is included with a meal. Extra milk is 50¢ per ½ pint.	

Your children may qualify for free or reduced-price school meals. To apply, complete the Application for Educational Benefits following the instructions. A new application must be submitted each year. At public schools, your application also helps the school qualify for education funds and discounts.

State funds help to pay for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help to pay for breakfasts for kindergarten students, so all participating kindergarten students will receive breakfasts at no charge.

Students attending schools that participate in the Community Eligibility Provision, Provision 2 or Provision 3 will receive school meals at no charge without an application. However, at public schools, a completed application is still needed to help the school qualify for education funds and discounts.

Return your completed Application for Educational Benefits to:  
ISD 15 Nutrition Services  
4115 Ambassador Blvd. NW  
St. Francis, MN 55070

**Who can get free school meals?**

Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get free school meals without reporting household income. Also, children can get

free school meals if their household income is within the maximum income shown for their household size.

**I get WIC. Can my children get free school meals?**

Children in households participating in WIC may be eligible for free school 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 school meals.

**Who should I include as household members?**

Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

**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 overtime only sometimes.

**Will the information I give be checked?**

Yes, and we may also ask you to send written proof.

**How will the information be kept?**

Information you provide on the form, and your child's approval status for school meal benefits, will be protected as private data. Your child's approval status for school meal benefits may be shared with other nutrition, education or health programs that offer benefits based on approval for school meals – for more information see the back page of the Application for Educational Benefits. Let us know if you do not want your information shared for benefits from other programs.

***If you have other questions or need assistance completing the application, call 763-753-7015.***

*Wendy Klobe*

Sincerely,  
**Wendy Klobe**  
Program Supervisor  
wendy.klobe@isd15.org



Instructions for Completing the  
**APPLICATION for EDUCATIONAL BENEFITS**

Complete the Application for Educational Benefits form for school year 2015-16 if any of the following applies to your household:

- ▶ Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR). —OR—

- ▶ The household includes foster children (a welfare agency or court has legal responsibility for the child). —OR—

- ▶ The total income of household members is within the guidelines shown below (gross earnings, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2015 through June 30, 2016.

Household Size	Maximum Total Income				
	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Add for each additional person	7,696	642	321	296	148

**Step 1 Children**

List all children living in the household, their birthdate and, if applicable, their grade and school. Fill in the circle if a child is in foster care. Attach an additional page if necessary. Providing racial/ethnic information for each child is optional; this information helps to make sure we are fully serving our community.

**Step 2 Case Number**

Complete Step 2 if any household member currently participates in any of the three assistance programs listed in Step 2. If Step 2 is completed, skip Step 3.

**Step 3 Adults / Incomes / Last 4 Digits of Social Security Number**

Regular earnings to children—If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular income

to children. Do not include occasional earnings like babysitting or lawn mowing.

Social Security number – The person signing the application must provide the last four digits of their Social Security number, or check the box if they do not have a Social Security number.

Adults / Incomes – List all adults living in the household, whether related or not (such as grandparents, other relatives, or friends). Include any adult who is temporarily away, such as a student away at college. Attach an additional page if necessary.

- ▶ List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For farm or self-employment income only, list net income after subtracting business expenses.

- ▶ For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.

- ▶ For each income, fill in a circle to show how often the income is received.

**Step 4**

If you do **not** want Information to be shared with state health insurance programs, check the box.

**Step 5 Signature and Contact Information**

An adult household member must sign the form.

## Application for Educational Benefits

### School Meal Benefits – School Year 2015-16 – State and Federally Funded Programs

ISD 15 Nutrition Services  
 4115 Ambassador Blvd. NW  
 St. Francis, MN 55070  
 Phone 763-753-7015  
 Fax 763-753-7709

**Step 1 List All Children in the Household** (infants through grade 12). Attach an additional page if necessary. Race and ethnicity questions are optional and do not affect approval for school meal benefits. For Hispanic/Latino ethnicity, choose yes or no for each child. For race, select all that apply for each child.

Last Name	First Name	Birthdate	Grade	School	Foster Child? * If yes, fill in the circle.	Optional Hispanic/Latino Ethnicity? **		Optional Racial Identity ** Fill in one or more circles for each child				
						Yes	No	American Indian	Asian	African American	Pacific Islander	White
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* The child is the legal responsibility of a welfare agency or court. If all children who need meal benefits are foster children, skip Steps 2 and 3.

\*\* 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 Assistance Program Case Number** (if applicable)

If any household member receives benefits from one of the assistance programs listed below: **Check the program and write in the case number.** Skip Step 3.

Minnesota Family Investment Program (MFIP)  Supplemental Nutrition Assistance Program (SNAP)  Food Distribution Program on Indian Reservations  
 Case Number \_\_\_\_\_ (Medical Assistance and WIC case numbers do not qualify for this purpose.)

**Step 3 List All Adult Household Members and Household Incomes** Include all household members not listed in Step 1, related or not, including yourself.

- If any children in the household have regular income, such as a part-time job or SSI, write in the total regular income for all children. Do not include occasional earnings such as babysitting or lawn mowing. **Total regular income to children:** \$ \_\_\_\_\_  Weekly  Bi-Weekly  2x month  Monthly
- **Last 4 digits of the Social Security number (SSN)** of the person signing this application (required): **XX XX – XX –** \_\_\_\_\_ OR  I don't have a SSN
- **Adult Household Members/Incomes** Write in the name of each adult household member, their *gross* incomes (*before deductions*) in whole dollars, and how often the income is received. Include a household member who is temporarily away, such as a college student. If income fluctuates, write in the amount normally received (before deductions). For self-employment income only, write in net income after business deductions. For adults with no income to report, enter '0' or leave the section blank—this is your certification (promise) that they have no income to report. Attach an additional page if necessary.

Adults - Full Name Include any college students	Earnings from Work Gross wages or net self-employment	How often?					Public Assistance, Child Support, Alimony	How often?				All Other Incomes for example pension, retirement, disability, Veterans benefits, unemployment	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Monthly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Step 4** If your children are approved for school meal benefits, this information may be shared with Minnesota Health Care Programs to identify children who are eligible for Minnesota health insurance programs. Leave the box blank to allow sharing of information.  Do **not** share information for this purpose.

**Step 5** 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 am aware that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws.

Signature of Adult Household Member (required) \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**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 application (*Community Eligibility Provision, Provision 2 or Provision 3*). However, at public schools, your completion of this form also helps the school qualify for other education funds and discounts even if not needed for school meals.
- (2) You have been notified that your children have been directly certified for school meal benefits based on participation in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), 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 MFIP, SNAP or FDPIR assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

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, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Children who qualify for free or reduced-price school meals may qualify for Minnesota Health Care Programs. Your child's status for school meals *may* be shared with Minnesota Health Care Programs unless you tell us not to share your information by checking the box in Step 4 of the application. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

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.

**Nondiscrimination Statement**

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). USDA is an equal opportunity provider and employer.

<b>Office Use Only</b>	
Total Household Size: _____	Total Income: \$ _____ per _____
Approved (check all that apply): <input type="checkbox"/> Case Number - Free <input type="checkbox"/> Foster - Free	
<input type="checkbox"/> Income - Free <input type="checkbox"/> Income - Reduced-Price	
Denied: <input type="checkbox"/> Incomplete <input type="checkbox"/> Income Too High	
Signature - Determining Official: _____	Date: _____
Change Status To: _____	Reason: _____ Withdrawn: _____

<b>Office Use Only</b>	
Date Verification Sent: _____	Response Due: _____ 2nd Notice: _____
Result: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced-Price <input type="checkbox"/> Free to Paid	
<input type="checkbox"/> Reduced-Price to Free <input type="checkbox"/> Reduced-Price to Paid	
Reason for Change: <input type="checkbox"/> Income <input type="checkbox"/> Case number not verified <input type="checkbox"/> Foster not verified	
<input type="checkbox"/> Refused Cooperation <input type="checkbox"/> Other: _____	
Signature - Verifying Official: _____	Date: _____
Signature - Confirming Official: _____	Date: _____