



Date: September 9, 2014
To: Home Educator
From: Becky Kowitz, Administrative Assistant to the ISD 15 Superintendent
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, 2014**. 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-01650-27, 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-01650-27) indicating participation or non-participation no later than **October 1**, to be eligible.

Authorized Rates of Entitlement - per eligible pupil for 2014-15 are as follow:

Textbooks, Standardized Tests, and Individualized Instruction Materials	\$ 79.44
Health Services	\$ 64.20
Guidance and Counseling Services	\$219.49

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, 2014 or after must be submitted for reimbursement by **June 1, 2015**. 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. 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 763-213-1510.

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 Becky Kowitz at 763-753-7048 that you are no longer homeschooling.**

District Calendar

The 2014-15 school calendar is available on the website (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; click on: Just for Parents, click on: School and Enrollment Choices. Frequently Asked Questions (FAQ) are 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.



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 7th 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"/>

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

Tests are available from the Minnesota Statewide Testing Program at the University of Minnesota: 879 29th Avenue SE, Room 103, Minneapolis, Minnesota 55414: (612) 626-1803.

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: contact instructor immediately
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 7th 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. Tests are available from University of Minnesota Statewide Testing Program, (612) 626-1803.

Full Name and Level of Nationally Normed Achievement Test	To Be Administered to the Following Students in Indicated School Year (s):	Name of Test Administrator	Test Location	DISTRICT USE <i>Superintendent Agrees to this plan for students in years specified</i>	DISTRICT USE <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, 2014**. 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, 2014**. **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>
---	---

PROGRAM ELEMENT	STUDENT GRADE LEVEL	NUMBER OF STUDENTS	WEIGHTING FACTOR	WEIGHTED TOTAL OF ELIGIBLE STUDENTS
TEXTBOOKS, INDIVIDUALIZED INSTRUCTIONAL MATERIALS AND STANDARDIZED TESTS <input type="checkbox"/> NONPARTICIPATION: The nonpublic school identified above does NOT 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	
	TOTAL			
HEALTH SERVICES <input type="checkbox"/> NONPARTICIPATION: The nonpublic school identified above does NOT 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	
	TOTAL			

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

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.



IMMUNIZATION REQUIREMENTS FOR THE 2014-15 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, Diphtheria 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.

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 Becky Kowitz at the District Office by October 1, 2014. 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 763-213-1510.

Sincerely,
Lillian Levine, RN, LSN
Health Service Coordinator

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
Required (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.)						
Diphtheria, Tetanus and Pertussis (DTaP, DTP, DT) • for children age 6 years and younger • final dose on or after age 4 years						
Tetanus and Diphtheria (Td) • 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						
Tetanus, Diphtheria and Pertussis (Tdap) • for children in 7th–12th grade						
Polio (IPV, OPV) • final dose on or after age 4 years						
Measles, Mumps and Rubella (MMR) • minimum age: on or after 1 st birthday						
Hepatitis B (hep B)						
Varicella (chickenpox) • minimum age: on or after 1 st birthday • vaccine or disease history required						
Meningococcal (MPSV, MCV) • for children in 7th–12th grade • booster given at age 16 years						
Recommended						
Human Papillomavirus (HPV)						
Hepatitis A (hep A)						
Influenza (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

2014-15 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. New this year:

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

To apply, complete the Application for Educational Benefits on page 9 following the instructions below. A new application must be submitted each year. Each application also helps our schools qualify for additional education funds and discounts.

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.	

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

Who can get meal benefits?

Children in households participating in Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Plan (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 meals if their household income is within the maximum income shown for the household size. An application cannot be approved if any required information is missing.

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. Complete the application identifying children who are in foster care.

I receive WIC. Can my children get meal benefits?

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 meal benefits.

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 receiving 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 bottom of the application for details on data privacy.

Will the information I give be checked?

Yes. We may ask you to send written proof.

What if I disagree with the school's decision about my application?

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 meal benefits?

No. Approval for meal benefits is valid for the school year unless the household has received a temporary approval for school meal benefits.

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

Over for form instructions ➔

Instructions for Completing the
APPLICATION for EDUCATIONAL BENEFITS

Complete the *Application for Educational Benefits* for school year 2014-15 if any of the following apply 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**

Household Size	Maximum Income				
	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,989	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Additional	7,511	626	313	289	145

- One or more children in the household are foster children (a welfare agency or court has legal responsibility for the child), **or**

- Total household income (gross earnings, not take-home pay) is within these guidelines (*right*):

Children and Foster Status

- List all children in the household in Section 2. Check the box if a child is in foster care.
- Include any regular income, for example SSI, to children other than foster children. Do not list occasional earnings like babysitting.

Case Number

Complete Section 3 if any household member currently participates in one of the programs listed in that section. If Section 3 is completed, skip Section 4 (adult names and incomes).

Adults/Incomes

In Section 4, list all adult household members, whether related or not (such as grandparents, other relatives or friends). Include an adult who is temporarily away, such as a student away at college. Do not complete Section 4 if a case number was provided in Section

3, or if the application is for foster children only.

For each adult household member, list their gross incomes (not take-home pay) and how often each income is received. For example write in "W" for weekly income or "BW" for bi-weekly (every two weeks).

- List gross incomes before deductions.
- For farm/self-employment income only, list net income after subtracting business expenses.
- If an income varies, list the amount usually received. Include overtime if it is usually received.
- Examples of other income to include in the last column are farm/self-employment, veterans' benefits and disability benefits.
- Check the "No Income" column after a person's name if they have no income.

Do *not include* as income: foster care payments, federal education benefits, MFIP payments, combat pay, or value of assistance received from SNAP, WIC, FDPIR or Military Privatized Housing Initiative.

Signature

The form must be signed by an adult household member in Section 6.

Last Four Digits of Social Security Number

The person signing the application must provide the last four digits of their Social Security number in Section 6. The Social Security number is not needed if a qualifying case number is provided in Section 3, or all children in the household who need school meal benefits are foster children, or the person signing the application does not have a Social Security number and has indicated this in Section 6.

Application for Educational Benefits

Free and Reduced-Price School Meals • School Year 2014-15 • 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

1. Check here if this is the first application at this school district or nonpublic school for any child listed below.
2. **Names of all Children In Household including Foster Children.** Attach additional page if necessary.

Last Name	First Name	Date of Birth Month/Day/Year	Grade	School	✓ if Foster Child*	Any Regular Income to Child Example: SSI
		/ /			<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, write in name of the person and case number, check the appropriate box, and skip Section 4.

_____ Name _____ Case Number

Minnesota Family Investment Program (MFIP)
 Supplemental Nutrition Assistance Program (SNAP)
 Food Distribution Program on Indian Reservations
 — *Medical Assistance and WIC do not qualify* —

* 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) and Incomes**
 Include all adults living in your household, related or not. Write in each gross income and how often it is received: **weekly (W)**, **bi-weekly (BW)**, **twice per month (TM)**, **monthly (M)**. **Do not write in hourly pay.** If income fluctuates, write in the amount normally received. Attach additional page if necessary.

Last Name	First Name	✓ if NO INCOME	Gross Wages/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 net Farm/ Self-Employment
		<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
		<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
		<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____

5. If your children are approved for school meal benefits, this information may be shared with Minnesota Health Care Food 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.
6. **I certify (promise) that all information furnished on this application is true and correct, that all household members and incomes are reported, that application is made for school meal benefits paid for with federal funds, that the school may receive state funds based on the information on the application, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.**

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:** _____

Office Use Only

Total Household Size: _____ Total Income: \$ _____ per _____

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

Denied: Incomplete Income Too High Other: _____

Signature - Determining Official: _____ Date: _____

Change Status To: _____ Reason: _____ Withdrawn: _____

Office Use Only

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 - Verifying Official: _____ Date: _____

Signature - Confirming Official: _____ Date: _____

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 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 is not required when you apply on behalf of a foster child, or you list a number for the Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) or when 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 lunch and breakfast programs. We MAY share your 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.

Children who qualify for free 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 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.

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 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.

Nondiscrimination Statement

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at USDA Complaint Filing website, 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. Individuals who are deaf, hard of hearing 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 Identity (Optional)

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

1. Choose one ethnicity:
 - Hispanic/Latino
 - Not Hispanic/Latino
2. Choose one or more races (regardless of ethnicity)
 - Asian
 - American Indian or Alaskan Native
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White