

Rippleside Elementary School

225 2ND AVE SW
AITKIN, MINNESOTA 56431-1289

ENROLLMENT FORM

Tel: 218-927-2115 Fax: 218-927-4608

Today's Date: _____

For School Use:	
Student # _____	<input type="checkbox"/> MacBook Permission/Pledge form <input type="checkbox"/> Mac Insurance form <input type="checkbox"/> FERPA form-optional <input type="checkbox"/> Schedule created <input type="checkbox"/> Legal documents <input type="checkbox"/> Transportation form <input type="checkbox"/> Ethnic Demographic Designation form
	<input type="checkbox"/> Food forms <input type="checkbox"/> Teachers contacted <input type="checkbox"/> Health & Emergency Contact form <input type="checkbox"/> Transcript <input type="checkbox"/> Records requested <input type="checkbox"/> McKinney-Vento <input type="checkbox"/> Cumulative file made <input type="checkbox"/> Infinite Campus Portal form <input type="checkbox"/> Language form

Student Information:

School Enrolling in: _____ Start Date: _____

Has student attended school in Aitkin before? Yes No (if yes, when and grade) _____

Student: First Name (legal)	Middle Name (legal)	Last Name (legal)	DOB	Gender
Student's Social Security Number		Student's Nickname		Grade

General Information:

School most recently attended by student

School _____ District _____ Date Left _____ Last Grade Completed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Is this a MN public school? Yes No

1. Is your student entering Kindergarten? Yes No Have they participated in Early Childhood Screening? Yes No

If yes, in what district did they do their screening in? _____

2. Do any court orders apply? Yes No (if yes provide copy)

3. Is student receiving special education services (has an IEP?) Yes No

4. Does student have a 504 Plan? Yes No

5. Does your student have a Social Worker? Yes No

If yes, name and phone number _____

6. What is student's country of birth? _____

If not in the United States, when did student first enter the USA? (mm/dd/yyyy) _____

Other Information:

7. Is the student a member of a military family (parent or guardian is currently a Reservist, National Guard member, on Active Duty, or has recently retired from the armed forces)? Yes No

If yes, is the military member actively deployed or expects to be actively deployed this school year Yes No

8. Have you moved to this district for temporary seasonal agricultural or fishing work in the last 36 months? Yes No

Census - list additional children residing in the home		
First, Middle, Last Name & Birthdate (MM/DD/YYYY)	Gender	Pre-K – 12 Grade

➔ **FAMILY INFORMATION - PRIMARY HOUSEHOLD**

The primary residence of your students. Student information, mailings and parent portal access will be provided to custodial adults at this address.

First Name		M.I.	Last Name		Relationship to Student
Home Phone (is this an unlisted #)	Cell Phone		Work Phone		Email Address

First Name		M.I.	Last Name		Relationship to Student
Home Phone <input type="checkbox"/> unlisted?	Cell Phone		Work Phone		Email Address

Student lives with: (Check all that apply)	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Mother and Stepfather	Custody: <input type="checkbox"/> Joint Physical <input type="checkbox"/> Sole Physical <input type="checkbox"/> Joint Legal <input type="checkbox"/> Sole Legal <input type="checkbox"/> Foster Parent <input type="checkbox"/> Ward of the State
	<input type="checkbox"/> Guardian	<input type="checkbox"/> Father	<input type="checkbox"/> Father and Stepmother	
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Alone	
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Homeless	<input type="checkbox"/> Other – see above McKinney-Vento	

➔ **Current Address Student's Primary Household (where student is living)**

House Number	Street Name	Apt. #	City	State	Zip
Do you use a PO Box? PO Box #	City	State	Zip		

➔ **If not in District 001– An open enrollment form will be needed from the District Office**

The Aitkin Public School District Policy 515: Protection and Privacy of Pupil, requires that you provide court documentation to the District for our records. **If court documentation is not provided and the non-custodial parent requests information regarding the child(ren), the information will be released to them upon their request.**

➔ **SECOND PARENT/GUARDIAN MAILING – Parent/Guardian not living in the primary household with student.**

First Name		M.I.	Last Name		Relationship to Student
Home Phone <input type="checkbox"/> unlisted?	Cell Phone		Work Phone		Email Address
House Number	Street Name	Apt. #	City	State	Zip
Do you use a PO Box? PO Box #	City	State	Zip	Custody: <input type="checkbox"/> Joint Physical <input type="checkbox"/> Joint Legal	

I hereby verify that the above information is true and accurate to the best of my knowledge and belief. I understand that completing this form enrolls my student in the Aitkin Public Schools and grants permission to obtain all student records pertaining to my child.

Parent/Guardian Signature: _____ Date: _____

Please return enrollment packet to Rippleside Elementary or email to CConn@isd1.org.

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____
 Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select "yes" or "no" to this question.]

Yes [If yes, go to Question A.]

No [If no, go to Question 1.]

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes [If yes, go to Question 1a.]

No [If no, go to Question 2.]

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Appendix A: Minnesota Language Survey

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

**Independent School District #0001
Rippleside Elementary
225 2nd Ave SW
Aitkin, MN 56431**

Date:

RECORDS REQUEST

ATTENTION:	SEND RECORDS TO:
	Cassie Conn
ADDRESS:	Address: 225 2nd Ave SW
CSZ:	CSZ: Aitkin, MN 56431
PHONE:	PHONE: 218-927-7728
FAX:	FAX: 218-927-4608
E-MAIL:	E-MAIL: Cconn@isd1.org (Preferred method)

STUDENT INFORMATION

STUDENT NAME:	GRADE:
BIRTHDATE:	START DATE:
GENDER:	

In order to enroll this student in our school, please fax or email the following information

1. Transcript of grades and credits
2. Graduation Basic Standards, achievement and aptitude test scores
3. All Immunization, health and medical data/record
4. Special Education (I.E.P.) and/or testing information
5. Withdrawal grades
6. MARSS ID#
7. Attendance and Behavior reports – including suspensions and expulsions.
8. Other: Court Records and other records

In accordance with revised federal and state statutes, parental permission is no longer required when records are requested by authorized school personnel. (Family Educational rights and privacy Act, Final Rule of Educational records, Federal Register, June 17, 1976 – Vol. 41, No. 118 Page 2467

A school district from which a student is transferring must release the data within 10 business days of a request. (Minnesota Statutes, section 13.32, subdivision 3(e)) - <https://mn.gov/admin/data-practices/data/types/education/transfers/>

OUR SCHOOL DOES PROVIDE IPADS FOR EACH STUDENT.



Student Digital Equity Survey

Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

Student Information

First name: _____

Last name: _____

Grade: _____

Student Primary Address: _____

Digital Device Access

1. Does the student use an electronic device like a computer, tablet or smart phone to complete homework?

No (skip to question 2)

Yes (continue to 1a)

a. If yes, what type of electronic device does the student usually use to complete homework?

(select ONLY one)

- Desktop or Laptop
- Tablet
- Chromebook
- Smart phone
- Other

b. Is the electronic device (from 1a) provided by the school?

- Yes
- No

OVER

c. Is the electronic device shared with anyone else in the home?

- Yes
- No

Internet Access

2. Can the student access the Internet on their electronic device at home?

- No – Internet is **not** available at home (skip to end of survey)
- No – Internet is **not** affordable at home (skip to end of survey)
- No – Other (skip to end of survey)
- Yes (continue to 2a)

a. If yes, what kind of Internet service do you have at home?

- Residential broadband (e.g. Cable, Fiber, DSL)
- Cellular network
- School-provided hotspot
- Satellite
- Dial-up
- Other
- I am not sure.

b. Can the student stream a video on their electronic device without pauses?

- Yes – with **no** pauses or buffering
- Yes – with **some** pauses or buffering
- No – streaming doesn't work

Student Residency Form

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the students meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent (s) or guardian (s), use the caregiver authorization form to address guardianship issues.

Part A: Does the student live in a home that belongs to a parent/guardian (rented or owned) ?

_____ YES _____ NO **(If yes, go to Part B.)**

Where does the student stay at night?

_____ in a shelter _____ in another location that is not appropriate for people

(e.g., an abandoned building)

_____ in a motel/hotel _____ temporarily with more than one family in a house, mobile home,
or apartment (because the family does not have a place of its own)

_____ in a car _____ other (in an arrangement that is not fixed, regular, and adequate
and adequate and is not described by the other choices)

_____ at a campsite

Name of School: Rippleside Elementary

I, (name) _____

declare as follows:

I am the parent/legal guardian of (name of student) _____

Who is of school age and is seeking enrollment in (name of school district) ISD #1

Since (date) _____, our family has not had a permanent residence.

Part B:

Name of Student : _____ Student's Date of Birth: _____

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that , if called upon to testify, I would be competent to do so.

Name of person completing the form: _____

Signature: _____ Date: _____

Address: _____

Phone Number: _____ E-mail address: _____

I can be reached for emergencies at: _____

Rippleside Elementary School Volunteer Opportunities

Our goal is to encourage parents to become involved within the school.

Volunteer's Name: _____ D.O.B. _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

Child(ren)'s Name(s): _____ Teacher: _____

_____ Teacher: _____

Preferred Method of Contact: Phone Call Text Email

Classroom Based Volunteer Opportunities

_____ **General Classroom Helper:** The general classroom helper will be matched with a teacher and assist with any necessary tasks. Duties may include cutting, pasting, putting up bulletin boards, completing book orders and/or working one on one with a student or in a small group.

_____ **Individual Tutor:** The tutor would usually work one on one with students who need extra help. The tutor may help reinforce skills that a student is having trouble with. The tutor may also help students complete missing assignments or incomplete work.

_____ **Accelerated Reading Helper:** An accelerated reading helper may take students down to the media center to test on a book that a student has read. Volunteers will need some training on the accelerated reading computer program.

School Wide Volunteer Opportunities

_____ **Lunch Room Helper:** The lunch room volunteer will assist in the cafeteria, working alongside a paid school staff member. The volunteer may be asked to wipe tables, pick up trash, assist children with opening milk cartons and visiting with students.

_____ **Playground Helper:** A playground helper will assist paid school staff members for the time period of 11:20 – 1:15. The volunteer may be asked to monitor different areas of the playground. These volunteers will receive training.

_____ **Scholastic Book Fair:** A scholastic book fair volunteer would help with the setting up/tearing down of the book fair, cashiering and stocking the shelves. The book fair usually runs for one full week in the fall.

_____ **Fundraiser Distribution:** A fundraiser distribution volunteer would help with unloading the truck and helping parents pick up items. There are two fundraisers: one in the fall and one in the spring.

_____ **Band/Choir Concert:** A band/choir concert volunteer would help with set up and tear down of the lunchroom and video taping of the concerts.

_____ **6th Grade Graduation:** A 6th grade graduation volunteer will help set up the gym and lunchroom, help cut and serve cake and tear down and clean up afterward.

_____ **Entrance Conferences:** An entrance conference volunteer would assist in helping staff where necessary; potentially helping with greeting families, vision/hearing screening and clean up.

_____ **Field Trip Chaperone:** A field trip volunteer would travel with the class on their field trip and help monitor student activity, assist where necessary and make sure all students remain together.

By signing this you are agreeing to have a background check done.

Signature: _____ Date: _____

SCHOOL EMERGENCY INFORMATION
AITKIN PUBLIC SCHOOLS

To Parent or Guardian:

The welfare of your child is the **FIRST** consideration of school authorities. In case of an emergency the school will contact you at once. It is your responsibility to make arrangements for proper care in case your child should meet with an accident or become too ill to remain in school at a time when you are away from home.

THIS INCLUDES:

1. Designating a neighbor or relative to care for your child in their home until you can be reached.
2. Arranging for a person to care for your child when parents or guardians work or are routinely away from home when it is necessary for the school to send the child home because of illness.
3. Provide transportation home or to the doctor's office if necessary.
4. Please complete the SCHOOL EMERGENCY INFORMATION below and return to the school promptly. If you have a change of address during the school year, notify the school. This information will help the school authorities speed emergency care to your child according to your wishes.

Student's Name _____ Birthdate _____ Grade _____

Parent/Guardian's Name _____ Phone _____

Parent/Guardian's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Home E-mail Address: (if available) _____

On early dismissal days due to weather (snow, heat, cold, etc.) my child is to (please do not use "call me" as your plan as there are too many students to allow them all to call): _____

If parent/guardian cannot be reached in case of illness, please call:

Name	Relationship to Student	Phone
------	-------------------------	-------

Name	Relationship to Student	Phone
------	-------------------------	-------

In case of serious accident or illness, and parent/guardian cannot be reached, I authorize the school to obtain necessary treatment. I have read the rules and regulations on this paper.

Signature of Parent or Guardian

Date

Aitkin Public Schools
Annual Health Update
(Please complete front and back of form)

Complete one form per child in your household. Please be thorough. This information is important for providing a safe and healthy environment for your child, pertinent health information will be shared with school staff that works directly with your child.

Student Name _____ **DOB** _____ **M/F** **Grade** _____

Health Care Provider and Clinic _____ Phone _____ Last Exam _____

Specialist and Clinic _____ Phone _____ Last Exam _____

Dentist and Clinic _____ Phone _____ Last Exam _____

Eye Care Provider and Clinic _____ Phone _____ Last Exam _____

Medical History (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Physical handicap | <input type="checkbox"/> Dental Problems |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Stomach Aches | <input type="checkbox"/> Frequent Sore Throats |
| <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Anorexia/Bulimia |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Eczema | <input type="checkbox"/> Seizures/Epilepsy |
| <input type="checkbox"/> Speech Problems | <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Convulsions with Fever |
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Kidney/bladder problems | <input type="checkbox"/> AIDS/HIV |
| <input type="checkbox"/> Orthopedic Conditions | <input type="checkbox"/> Mental health diagnosis | <input type="checkbox"/> Emotional/Behavioral Concerns |
| <input type="checkbox"/> Other (Please use back if needed) _____ | | |

If you marked any of the above, please explain _____

Allergies (check all that apply) Plant Food Drugs Animals Bee/insects Other

Please describe the specific trigger, reaction and interventions that you have found to be helpful: _____

Medication

Is medication needed for any condition: At home? Yes No At School? Yes No

Please list name, amount and time of day (use back if needed) _____

If medication is to be disbursed at school, please complete the "Parent Request for School Personnel to Dispense Medication for Minors" form. This can be found on the school website at <http://www.aitkin.k12.mn.us/> Click on *District – School Nurse – Medication Policy* or you may contact the office for a form.

Other Medical Information

List any operations, injuries, hospitalizations, or prolonged illnesses with dates _____

Please describe any restrictions or modifications needed (Gym, sports, diet, etc.) _____

Does your child wear glasses? Yes No Contact Lenses? Yes No

Please list any other information that you feel will help the school staff to better understand and work with your child (use the back if needed) _____

Parent/Guardian Release of Information and Consent

The information on the front and back of this form may be released to school personnel as needed to provide a safe and healthy learning environment for my child. My child has permission to be administered minor first aid on school grounds during the school day by school personnel. The school may share vaccination information back and forth with area clinics and public health.

Parent/Gaurdian Signature _____ **Date** _____

Aitkin Public Schools
Annual Health Update
(Please complete front and back of form)

Use this side of the page to go into greater detail about any of the questions on the other side of the page: _____

Basic first aid will be provided for your child. Medical referrals may be made. 911 will be called in the case of an emergency. The following products may be used while providing First Aid. Please check any product that your child **cannot** come in contact with:

- ___ Sterile saline-eye and wound irrigation
 - ___ Clinical Care Wound Cleanser – Benzethonium chloride 0.1%
 - ___ Caldyphen lotion – Promoxine HCL 1% /Zinc Acetate o.1%/-skin itching and irritation
 - ___ Rubbing alcohol
 - ___ Hydrogen Peroxide
 - ___ Triple Antibiotic Ointment – Polymyxin B Sulfate/Bacitracin Zinc/Neomycin Sulfate
 - ___ Jergens lotion – dry skin
- ___ Starburst mints may be offered to help soothe a sore throat or stomachache. All other over the counter medications including cough drops and pain relievers must be provided by the parent/guardian along with necessary consent.

AITKIN PUBLIC SHOOOLS INFINITE CAMPUS PARENT PORTAL ACTIVATION KEY REQUEST FORM

PLEASE READ & INITIAL THE STATEMENTS BELOW

		I have read and understand the "Campus Portal Acceptable Use and Safety Policy" (Policy #728). Available at www.isd1.org
		I understand that although data is in "real time" that student attendance and grades may not be updated daily.
		I understand that the school cannot support technical computer questions not related to the Infinite Campus program.

Please print or type Parent/Guardian Information below:

First Name	Last Name	Middle Name
Address		
City	State	Zip
Home Phone	Work/Cell Phone	Email Address (Required to e-mail authorization code)

Please list the names of the students you expect to have access to (only children you are the legal guardian of):

First Name	Last Name	Grade	Relationship	School

*Parent Signature _____ Date _____

Approval Signature _____ e-mail confirmation sent: _____
 Activation Key Issued? Y N Date: _____

Print form and fax to 218-927-7110 OR Scan and e-mail to: ssanbeck@isd1.org

Note: A confirmation e-mail requesting the name(s)/grade(s) of your child (ren) will be sent.
 When you reply to that e-mail, your activation key and instructions will be e-mailed to you.



Aitkin Public Schools

INDEPENDENT DISTRICT NO. 1
AITKIN, MINNESOTA 56431

Michelle Alcox-Larson
Transportation Supervisor

Dear ISD #1 families,

Hello to you all. We are starting to make preparations for the 2022-2023 school year. Starting this year we will **not** be mailing **Transportation Request forms** or **busing information** home to families as we have done in the past. You will now be able to access the form on the school website or in the Community Ed Accent and you will be receiving your busing information via the Stopfinder app. The Stopfinder app will be a very useful tool for our district. It will allow parents/guardians to check busing information whenever they like. It will also allow the bus garage to send messages to individual families, to all families on a specific route, or to everyone in the district. We plan to have all families invited and signed up for the app prior to the end of our current school year. You will receive a notification in August when your busing information is ready and available for you to view.

We will once again be using our transportation request forms for the 2022-2023 school year. A fillable version of this form can be found at www.isd1.org. on both our home page and the transportation page. We need a new form filled out at the beginning of each school year, each time your address changes, and if you need to make changes to your current bus plans throughout the school year. Please fill out the attached form (1 form **per student**) and send it back to the bus garage in one of three ways:

1. Email to malcox@isd1.org. You can do this by saving the fillable form or by scanning or taking a picture of the physical form.
2. Drop off at Aitkin High School, Rippleside Elementary School, or the bus garage
3. Mail to 306 2nd St NW Aitkin, MN 56431 Attention: Bus Garage

We will begin accepting bus forms for the 22-23 school year on May 15th, 2022. Please have them returned to us **no later than July 1st, 2022**. If you have any questions feel free to call Michelle at 218-429-0242 or 218-831-0824. You can also email Michelle at malcox@isd1.org.

Thank you so much for your time,

Michelle Alcox-Larson
Transportation Supervisor

WE ARE ISD 1!



Aitkin Public Schools

306 2nd St NW
Aitkin, MN 56431

To help ensure the safety of our students we require all families to complete a transportation request form for each student. This is to inform the office and bus garage of the regular plan for student transportation. We recommend a consistent plan as this is especially important for our young students. If any permanent changes need to be made during the school year, please contact the office or bus garage to complete a new form. The form needs to be on file for any permanent changes to take place.

Please complete this form:

- At the beginning of each new school year
- If your child is a new student
- For changes regarding Primary/Secondary location

*Each student who qualifies will be allowed transportation to a primary and, on occasion, a secondary location. Parents/Guardians are responsible for their own temporary arrangements.

- Please allow up to (3) school days for any changes to go into effect.

STUDENT INFORMATION (1 student per form)

Student's name (Please Print): _____

Primary address: _____

Grade: _____ Teacher's name (if known): _____

Parent/Guardian name: _____ Parent/Guardian phone number: _____

Will your student require busing? YES NO

REASON FOR REQUEST (please check at least one option):

New student:

New school year:

Change to primary location:

Change to secondary location:

Change to both locations:

Date for change to be effective: _____

***Please note: if you are changing your primary address you must provide that to the school office as well in order for change to go into effect-you will not be allowed to change busing plans if we have conflicting addresses on file.**

Does a bus currently go by your house? YES NO If so what bus? _____

Will you be requesting transportation to a secondary location? YES NO (if YES, please complete remainder of form)

Secondary Location Address: _____

Secondary phone number: _____ Bus number (if known): _____

Reason for the secondary location request (e.g. daycare, dual household, etc.): _____

Parent/Guardian Signature: _____ Date: _____



2022-23 Application for Educational Benefits

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

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (V)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIIP or FDIPIR? Medical assistance **does not** qualify. If **NO** -> Go to STEP 3.

If **YES** -> Enter SNAP, MFIIP or FDIPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4. (Do not complete STEP 3)

STEP 3: Report Income for All Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX- Or Check if Adult has **No SSN:** **Total Number of All Household Members (Children + Adults)**

B. Child Income.

Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs				Are you Self-Employed or a Farmer?		Any Other Gross Income				
	Weekly	Bi-weekly	2x Month	Monthly	Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

STEP 4: Contact information and adult signature. "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

I have checked this box if I do not want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form _____ Daytime Phone _____

Address (if available) _____ Apt# _____ City _____ Zip _____

SIGN HERE: Signature of Household Adult _____ Date _____

Do Not Fill Out: For School Office Use Conversions to Annualize All Income:	All Total Income (Include child and adult income)					Verified? Attach Tracker	Free After Verified	Reduced After Verified	Denied After Verified
	Weekly	Bi-weekly	2X Month	Monthly	Annualize				
X52	<input type="checkbox"/>	X26	<input type="checkbox"/>	X24	<input type="checkbox"/>	X12	<input type="checkbox"/>	X1	<input type="checkbox"/>
Household Size: _____									
Categorical Eligibility: <input type="checkbox"/>									
Free: <input type="checkbox"/>									
Reduced: <input type="checkbox"/>									
Denied: <input type="checkbox"/>									
Determining Official Signature: _____					Date: _____				
Confirming Official Signature: _____					Date: _____				

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Step Two: Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none"> Earnings from work Social Security <ol style="list-style-type: none"> Disability Payments Survivor's Benefits Income from person outside the household Income from any other source 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security A Parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price 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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR identifier for your child 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 is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to 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: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-175x2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA.

The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or (2) **fax:** (833) 256-1665 or (202) 690-7442; or (3) **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses (before deductions or taxes) Net income from self-employment (farm or business) If you are in the U.S. Military: <ol style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Cash Assistance from State or local government Supplemental Security Income Unemployment benefits Worker's compensation Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security Disability benefits Regular income from trusts or estates Annuities Investment income Rental income Regular cash payments from outside household

**Aitkin Public School District 1:1
Parent Permission and Parent/Student Acknowledgment Form**

Fill out one (1) form per student

*****Parent Permission*****

SECTION 1: Parent/Guardian: Please check box A, B or C: If you choose C, please skip to Section 2.

A. I provide permission for my child to participate in the Aitkin School District 1:1 program. I am aware that the provided device is owned/leased by the Aitkin Public School District. I am aware that the care and responsibility of the device as outlined in the “MacBook Air & Apple iPad Acceptable Use, Guidelines and Procedures Handbook”, both in and out of school lies with my child.

OR

B. I provide permission for my child to participate in the Aitkin School District 1:1 program during the school day, but I DO NOT provide permission for my child to bring home a MacBook Air/iPad. I am aware that the care and responsibility of the device as outlined in the “MacBook Air & Apple iPad Acceptable Use, Guidelines and Procedures Handbook”, while in school lies with my child. I understand that my child is responsible for the completion of all assignments, which may include homework using the MacBook Air/iPad computer.

OR

C. I DO NOT provide permission for my child to participate in the Aitkin School District 1:1 program. I understand that my child is responsible for the completion of all assignments, which may include homework using a computer.

Parent/Guardian: Please INITIAL EACH of the following lines to acknowledge acceptance.

_____ I have received the MacBook/iPad Technology Agreement and understand the information contained therein. I understand that if I choose to purchase insurance for the computer, the form and payment will be due to the school before the MacBook Air/iPad is distributed. The insurance fee will cover repairs needed for damage to the MacBook Air/iPad as outlined in the MacBook Air/iPad Insurance Declaration.

_____ I understand that the insurance fee will NOT cover repair costs associated to damage caused intentionally or accidentally by my child to another student's MacBook Air/iPad and I will be held financially responsible for those repair costs.

_____ In the event the assigned MacBook Air/iPad is lost, I understand that current market replacement cost of the device (approx. \$880 for the MacBook, \$294 for the iPad and \$120 for the iPad typing case) is due immediately to Aitkin Public Schools.

_____ In cases of theft, vandalism, other criminal acts or acts of nature (i.e. fire, flood), a police/fire report **MUST** be filed immediately by the student or parent. A copy of the police/fire report must be provided to the principal's office before the district will replace the MacBook Air/iPad. Lack of proper documentation will result in my being billed for the full cost of the MacBook Air/iPad.

_____ I have read and understand the information in the “MacBook Air & Apple iPad Acceptable Use, Guidelines and Procedures Handbook”, and have discussed the material with my child.

SECTION 2 – Parent/Student Signatures

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

I have read the “Student Pledge for MacBook Air/iPad Use “and agree to the stipulations set forth in the documents including the “MacBook Air & Apple iPad Acceptable Use, Guidelines and Procedures Handbook”, and the MacBook Air/iPad Technology Agreement.

Student's Name (Please Print) _____ Grade _____

Student Signature: _____ Date _____

Aitkin Public Schools
MacBook Air/iPad Insurance Policy
2022-23

Fill out one (1) per family/per school

PLEASE CIRCLE SCHOOL: **Aitkin High School** **Rippleside Elementary**

The cost of the MacBook Air/iPad Insurance Policy is \$50 (MacBook)/\$20 (iPad) per student. Discounted insurance is available for families eligible for educational benefits (free/reduced meals). Discounted rates: MacBook - \$25 per student, iPad-\$10 per student.

SECTION I – Check either box A or B and initial on the line to indicate you have read the statements.

A **I WISH TO PURCHASE INSURANCE FOR MY STUDENT(S) MACBOOK/IPAD**
(Please initial here _____ indicating you have read and understand the statements below, fill out Section 2, sign form and return it to the high school with payment)

- I have read the “MacBook Air/iPad Computer Acceptable Use, Guidelines and Procedures” document. I understand that this insurance policy is optional.
- I understand that this insurance policy does not cover damage done by my child to another student’s MacBook Air/iPad.
- I understand that this policy is not refundable. During the year, if my child(ren) are no longer enrolled, I will not receive a full or partial refund of this premium.
- I understand that if the MacBook Air/iPad has to be fully replaced due to damage, loss or theft, this policy will no longer be in force. I can obtain coverage on the replacement machine by purchasing a new policy.
- I understand that revisions to this policy may be made. If revisions are made, I will be notified and given a copy of any revisions.

B **I DO NOT WISH TO PURCHASE INSURANCE FOR MY STUDENT(S) MACBOOK/IPAD.**
(Please initial the statement below, fill out Section 2, sign the form and return it to the Rippleside Office)

_____ I have read the “MacBook Air & Apple iPad Acceptable Use, Guidelines and Procedures” document.

SECTION 2

Student’s Name (Please Print) _____ Grade _____

Student’s Name (Please Print) _____ Grade _____

Student’s Name (Please Print) _____ Grade _____

Student’s Name (Please Print) _____ Grade _____

Student’s Name (Please Print) _____ Grade _____

Student’s Name (Please Print) _____ Grade _____

Parent information and signature required on back.

OVER

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Signature _____ Date _____

Address _____

City, State, and Zip Code _____

Cost Per Child:

	# children	
MacBook	_____	@ \$50.00 = \$ _____
MacBook (reduced)*	_____	@ \$25.00 = \$ _____
iPad	_____	@ \$20.00 = \$ _____
iPad (reduced)*	_____	@ \$10.00 = \$ _____
Total Due		\$ <input type="text"/>

***Application for Educational Benefits must have been turned in and approved or families direct certified before reduced amounts will be accepted. If you have turned in an application and your eligibility status has not been determined, you will need to pay the full amount and a refund will be sent to you if you qualify for free/reduced meals.**

Office Use Only:

Payment Method (circle):

Cash

Check # _____

Digital Fee Assigned

Received by: _____

Date: _____

Aitkin Independent School District No. 1
Family Educational Rights and Privacy Act (FERPA)
Annual Notice for Disclosure of School Directory Information

Dear Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a federal law that requires the school district, with certain exceptions, to obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. However, the school may disclose some student information "**Directory Information**" (see below) without written consent unless you have advised the district to the contrary in accordance with district procedures. **Signing this form advises the district that you do not give permission to list your student's name, picture, etc. in any publications, including, but not limited to the following:**

- A playbill or program, showing your child's name, role in a drama or music production
- The annual yearbook
- Honor roll or other recognition lists published at school, in newspapers or on the school website
- Graduation programs
- Sports: student name, grade and statistics listed in programs, such as football which may include height and weight of team members
- Name or picture on school district website.

Directory information can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to:

- Other schools the student is seeking to attend (transcripts, etc.)
- Class ring manufacturers/Graduation supplies companies
- State or federal authorities auditing, evaluating programs or enforcing state or federal laws
- A court by order of a subpoena

In addition, federal law requires school districts that receive assistance under the No Child Left Behind Act of 2001 to provide military recruiters, upon request with three "Directory Information" categories – name, address and telephone listing for students in grades 10-12, unless parents have notified the district that they do not want their child's information disclosed without their prior written consent.

The school district has designated the following as **Directory Information**:

Student Name	Participation in school-sponsored or activities
Address	Weight and height of members of athletic teams
Telephone #	Dates of attendance
Email Address	Photograph
Degrees, honors, awards received	Date and place of birth
Most recent education agency or institution attended	Grade Level

If you do NOT want the district to disclose Directory Information about your child without your prior written consent, you must notify the district in writing by 09/08/2020. Please complete the lower portion of this form and return the entire form to your child's school only if you do not want your child's directory information disclosed.

Dan Stifter, Superintendent
218-927-7100 dstifter@isd1.org

Parent: **ONLY complete and return this entire form IF you DO NOT give your consent for the release of School Directory Information as explained above.** Use a separate form for each child and return it to the child's school.

Name of Student: _____ School: _____

Name of Parent/Guardian _____ Date: _____

Signature of Parent/Guardian _____

Address: _____ City/State/Zip: _____

