

Aitkin High School

306 SECOND STREET NW
AITKIN, MINNESOTA 56431-1289

ENROLLMENT FORM

Tel: 218-927-2115 Fax: 218-927-2630

Today's Date: _____

For School Use:

- | | | |
|------------------|--|--|
| Student # | <input type="checkbox"/> MacBook | <input type="checkbox"/> Food forms |
| _____ | <input type="checkbox"/> Permission/Pledge form | <input type="checkbox"/> Teachers contacted |
| Locker # | <input type="checkbox"/> Mac Insurance form | <input type="checkbox"/> Health & Emergency Contact form |
| _____ | <input type="checkbox"/> FERPA form | <input type="checkbox"/> Transcript |
| | <input type="checkbox"/> Schedule created | <input type="checkbox"/> Records requested |
| | <input type="checkbox"/> Legal documents | <input type="checkbox"/> McKinney-Vento |
| | <input type="checkbox"/> Transportation form | <input type="checkbox"/> Cumulative file made |
| | <input type="checkbox"/> Ethnic Demographic Designation form | <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
Student's Cell Phone				

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

- Do any court orders apply? Yes No (if yes provide copy)
- Is student receiving special education services (has an IEP)? Yes No
- Does student have a 504 Plan? Yes No
- Does your student have a Social Worker? Yes No

If yes, name and phone number _____

5. 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:

- 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

7. 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

The McKinney-Vento Homeless Education Assistance Act and the Aitkin Public Schools assures the educational rights for homeless and highly mobile students. Please answer the questions below that best describe your living situation (Check all that apply).

- In a shelter (family shelter, domestic violence, youth shelter) or transitional housing
- On the street
- Camping
- In a motel, hotel or weekly rate housing
- Live with friends or relatives because you cannot find or afford housing
- In an abandoned building, a car, park or public space
- Live with friends or relatives because you are an unaccompanied youth

As part of the McKinney-Vento Homeless Education Assistance Act, Minnesota public and charter schools must provide services that remove barriers to enrollment, attendance and educational success of students.

Would you like someone to contact you regarding community supports? Yes No

➔ **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 (Parent 1 in the household)	M.I.	Last Name	Relationship to Student
Home Phone (is this an unlisted #)	Cell Phone	Work Phone	Email Address

First Name (Parent 2 in the household)	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"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Relative <input type="checkbox"/> Homeless	<input type="checkbox"/> Mother and Stepfather <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> Alone <input type="checkbox"/> Other – see above McKinney-Vento	Custody: <input type="checkbox"/> Joint Physical <input type="checkbox"/> Joint Legal <input type="checkbox"/> Foster Parent	<input type="checkbox"/> Sole Physical <input type="checkbox"/> Sole Legal <input type="checkbox"/> Ward of the State
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➔ **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: _____

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 AND 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.

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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 _____

2023-24

Fill out one form per 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

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

**RETURN THIS FORM TO YOUR CHILD'S SCHOOL BY
September 15, 2023**

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.

Pupil's Name _____ Birthdate _____ Grade _____

Parent's Name _____ Phone _____ Dad's Work _____

Address _____ Mom's Work _____

City _____ State _____ Zip _____

Please explain unique living arrangements _____

Home E-mail Address: (if available) _____

If parent/guardian cannot be reached in case of illness, please call: (If necessary, use back of form for additional contacts.)

Emergency Contact Name	Relationship to Student	Phone
------------------------	-------------------------	-------

Emergency Contact Name	Relationship to Student	Phone
------------------------	-------------------------	-------

Check if these are new emergency contacts and you would like current contacts removed.

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

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Aitkin Public Schools

INDEPENDENT DISTRICT NO. 1
AITKIN, MINNESOTA 56431

Michelle Alcox-Larson
Transportation
Supervisor

Krystal Larson
Transportation
Technician

Dear ISD #1 families,

Hello to you all. We are starting to prepare for the 2023-2024 school year. We will **not** be mailing **Transportation Request forms** or **busing information** home to families again this year. You will be able to access the form on the school website or at your child/children's school and you will be receiving your busing information via the Stopfinder app middle to end of August. The Stopfinder app has been a very useful tool. It has allowed parents/guardians to check busing information whenever they like. It has allowed parents to message the garage directly. It has also allowed the bus garage to send messages to individual families, to all families on a specific route, or to everyone in the district. If you have not received, an invite to sign up for the app please reach out to Michelle @ the bus garage. Parents/Guardians 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 2023-2024 school year. There is a fillable version of this form 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, Aitkin Children's Center 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 23-24 school year on May 15th, 2023. Please have them returned to us **no later than July 1st, 2023**. 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

Krystal Larson
Trans. Technician

WE ARE ISD 1!

Aitkin Public Schools- Transportation Request (2023-2024)



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 in its entirety:

- 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 (3-5) 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: _____

**Aitkin Public Schools
Annual Health Update**
(Please print off and complete both pages of the 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 StomachAches | <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 0.1%/–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.



Dear Parent/Guardian:

AITKIN PUBLIC SCHOOLS offers healthy meals each day. Starting school year **2023-24**, we are joining Minnesota's Free School Meals Program.

What is the Minnesota Free School Meals Program?

The Minnesota Free School Meals Program provides state reimbursement to schools that participate in the National School Lunch Program and School Breakfast Program so that students can have one breakfast and one lunch at no cost at school.

Do I still need to complete the Application for Educational Benefits?

- Fill the Form! The Application for Education Benefits helps determine how much education funding your school will receive. Complete an application for your student for school year 2023-24.
- Students and families may qualify for other program fee reductions based on their eligibility for free or reduced-price meals.
- Sport fee discounts.
- Laptop/IPAD insurance reduction

What is included in the MN Free School Meals Program?

Aitkin High School: Offer versus Serve:

- At breakfast, the student must choose at least 3 items to be counted as a reimbursable meal. The student must choose a ½ cup serving of fruit or vegetable as part of their breakfast.
- At lunch, the student must choose at least 3 components to be counted as a reimbursable meal. The student must choose a ½ cup serving of fruit or vegetable as part of their lunch.

Rippleside Elementary:

- At breakfast and lunch, the student must take all of the items included in the meal. This includes the entrée, fruits, vegetables, and milk.

What is NOT included in the MN Free School Meals Program?

Single item purchases and non-reimbursable meals are not free. Some examples include:

- Carton of milk / juice
- Second entrée
- A second breakfast or a second lunch
- Meals that do not meet the minimum requirements
- Meals served to teachers, staff, and other adults

To apply, complete the enclosed Application for Educational Benefits and return it to:

**Aitkin Public Schools
Attn: District Office-Food Service
306 2nd Street NW
Aitkin, MN 56431**

**Drop off at Aitkin High School or
Rippleside Elementary**

**Or complete on-line at: <https://home.isd1.org/food-service.html>.
Click on the Free and Reduced Meal Application.**

COMMON QUESTIONS:

I get WIC or Medical Assistance. Can my children qualify? Children in households participating in WIC or Medical Assistance do not automatically qualify. Children may be eligible depending on other household financial information. Please fill out an application.

Who should I include as household members? Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

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 you to complete an application.

What if my income is not always the same? List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes. For seasonal work, write in the total annual income.

Will the income information or case number I give be checked? It may be. We may also ask you to send written proof.

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

If I don't qualify now, may I apply later? Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

If you have other questions or need help, call (218)927-7180.

Sincerely,



Jeanne Ince
Food Service Tech
jince@isd1.org

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2023-24 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions**, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2023 through June 30, 2024.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Add for each additional person	9,509	793	397	366	183

Step 1: Children

List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box if a child is in foster care (a welfare agency or court has legal responsibility for the child).

Step 2: Case Number

If any household member currently participates in SNAP, MFIP or FDPIR, write in the case number and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3.

Step 3: Adult and Child Incomes / Last 4 Digits of Social Security Number

- **Social Security Number/Total Household Members.** An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- **Child Income.** If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- **Adult income.** Report the names of adult household members and income earned in this section.
 - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
 - **Gross Earnings from Work.** This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.
 - List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. For seasonal work, write in the total annual income.
 - **Are you Self-Employed or a Farmer?** List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
 - **Any Other Gross Income.** List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

Step 4: Signature and Contact Information An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

Optional: Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect approval for school meal benefits. The information helps to ensure we are meeting civil rights requirements and fully serving our community.



AITKIN PUBLIC SCHOOLS 2023-24 MEAL PRICES

MN FREE SCHOOL MEALS FOR KIDS PROGRAM

RIPPLESIDE ELEMENTARY

Breakfast	\$0.00
Lunch	\$0.00
Milk	\$0.40
Juice	\$0.40



AITKIN HIGH SCHOOL

Breakfast	\$0.00
2nd Breakfast	\$3.00
Lunch	\$0.00
2nd Lunch	\$4.95
Milk	\$0.40
Juice	\$0.40

HIGH SCHOOL: If a 2nd meal is wanted, check with the meal clerk to verify that there is money in your account. You will be given a coupon which you will give to the meal servers.

2nd Meal prices same as adults per Minnesota State guidelines

ADULTS & GUESTS

Breakfast	\$3.00
Lunch	\$4.95
Milk	\$0.40
Juice	\$0.40

NOTE: MN Free Meals:
Must be a complete meal.
If only milk or juice is taken,
your account will be charged

ENCOURAGE YOUR CHILD(ren) TO UTILIZE the SHARE TABLE & BEVERAGE COOLER

Share tables are an effort to reduce the amount of food waste in schools. Children place unconsumed food & beverage items that they have chosen not to eat or drink on the share table.

(UNOPENED & UNUSED) This provides other children the opportunity to take additional helpings of food or beverages at no additional cost.

2023-24 Application for Educational Benefits

AITKIN PUBLIC SCHOOLS

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." 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 (Y)
						<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, MFP or FDPPIR? Medical assistance does not qualify. If NO > Go to STEP 3. If YES > Enter SNAP, MFP or FDPPIR 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: XXXX-XX-XXXX 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	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
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"/>

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 give 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		No charge	Free	Reduced		
	<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"/>	

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. 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 Disability Payments <ol style="list-style-type: none"> 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

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

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 FDPIR 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/ad-3027.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.

**AITKIN HIGH SCHOOL
PERMISSION TO PUBLISH DIRECTORY INFORMATION
for Specific School Purposes**



(See the Family Educational Rights and Privacy Act (FERPA))

Student/Parent Information

Today's Date

Student Full Name

Name of Parent filling out this form

Home Phone

Permission to Publish Directory Information

This form

is a new permission form

will replace a previous form

I have signed a FERPA form stating that the school may not use my student's directory information without my prior written consent. This form will be considered prior written consent for the items checked below. I give permission for the school to release directory information for the above named student for the following purposes: (Check all that apply)

Grade in School/Graduation Year

Sports Rosters

Height/Weight for Sports Rosters

Playbills or Programs
i.e. One Act Play, Musical, Honor
Society, Graduation Program

Yearbook (name & photos)

Honor Roll, Honors/Awards Received

Other:

This form will be in effect beginning on the above date until the above named student graduates, or until a new form is filled out changing this information. PLEASE PRINT THIS FORM, SIGN IT AND RETURN IT TO THE HIGH SCHOOL OFFICE.

Parent Signature: _____

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Aitkin Independent School District

Access to Student Information By Military or College Recruiters

FOR STUDENTS CURRENTLY IN GRADES 10-12

PARENT/GUARDIAN: If you return this form, you must check one of the boxes.
Forms do not need to be returned if none of the options apply to your student.

School: Aitkin High School

Dear Parent/Guardian and Secondary Students:

Our district receives funds from the federal government under the *No Child Left Behind Act of 2001*. These funds are used in a variety of ways to provide additional help to students in greatest academic need. The law also requires that districts receiving funds must, upon request, provide to military recruiters, colleges and universities, access to the names, addresses and telephone listings of secondary students.

It is important for you to know that a secondary school student or his/her parent or guardian may request that the student's name, address, and telephone number not be released by the district *without prior written parental consent*. If you would like to make such a request, please complete the following and return it to your child's school.

*Parent or Guardian: Please complete this section and return the entire form to your child's school.
Use a separate form for each child.*

I am aware the district must provide access to military recruiters and colleges or universities of student names, addresses and telephone listings. I am aware the district will provide this information upon request, unless I require that such information not be given to the following groups *without prior written parental consent*:

Military Recruiters (please check one):

- Do not release my secondary student's information to military recruiters at any time.
- Do not release my secondary student's information to military recruiters until you have first obtained my *prior written parental consent* before doing so.

Colleges, Universities, or Institutions of Higher Learning (please check one):

- Do not release my secondary student's information to colleges, universities, or other institutions of higher learning at any time.
- Do not release my secondary student's information to colleges, universities, or other institutions of higher learning until you have first obtained my *prior written parental consent* before doing so.

Name of Student: _____ Name or Parent/Guardian _____

Parent Signature: _____ Date: _____

Adult Student Signature: _____ Date: _____

Return this form to the high school office no later than October 1st

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AITKIN PUBLIC SCHOOLS 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: kvancamp@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.

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Aitkin Public Schools
MacBook Air/iPad Insurance Policy
2023-24

Fill out one (1) PER FAMILY/PER SCHOOL

PLEASE CIRCLE SCHOOL (circle only one): **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 who apply and are eligible for educational benefits (i.e. 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 principal’s office at your child/children’s school

_____ 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/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"/>

***An "Application for Educational Benefits" must have been turned in and approved, or families direct certified, before reduced insurance premiums will be accepted.** (NOTE: All students will be receiving free meals this school year, but in order to qualify for the reduced insurance the form must be turned in and the family eligible based on income requirements.)

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

Fill out one (1) form per student

****This form must be signed by parent and student****

SECTION 1: Parent/Guardian: Please check box A, B or C.

If you choose C, please skip to Section 2 on the back.

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. Sign

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.

Complete Section 2 on the back of this form.

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 _____