

FRESHWATER AREA LEARNING CENTER ADMISSIONS FORM – Part II

Student Name _____

I am eligible for free or reduced lunches. Yes ___ No ___

My Initials here _____ confirm that I have been given a School Lunch form to Complete (Educational Benefits Application)

My family participates in migrant work. Yes ___ No ___ (Initials of parent/guardian signing Part II)

My family speaks a language other than English at home. Yes ___ No ___

My parent is on (or has been in the past year) Active Duty in the U.S. Military. Yes ___ No ___

Why do you want to enroll at the ALC? _____

What are your transportation arrangements? _____

Are you currently employed? Yes ___ No ___ Where? _____ Supervisor’s name _____

Have you been enrolled in Work Experience classes? Yes ___ No ___ Where? _____

EMERGENCY MEDICAL INFORMATION

Person to notify in case of emergency _____ Phone _____

Father’s Name _____ Work Phone _____ (cell) _____

Mother’s Name _____ Work Phone _____ (cell) _____

Any known allergies to food or medication: _____

Does student have any health problems? Yes ___ No ___ Please explain: _____

Any restrictions to activities because of health concerns? Yes ___ No ___

Please explain: _____

Medication taken during school hours: _____ dose: _____

Please list any other medical information you would like us to know: _____

In case of medical emergency and I cannot be notified I give permission to transport my child to a medical facility and I will be responsible for expenses incurred. In the event of a mental health emergency, I give consent for a Northern Pines or other mental health professional to meet with my child. Reasonable attempts will be made to contact a parent or guardian prior to the meeting.

PUBLICATIONS/PERMISSIONS: Completion of this form and items marked below are my permission/consent to the Freshwater ALC to use, print, post and/or publish: Information regarding quarterly enrollment status and earned credits, student work products and photographs and videos.

___ **Field Trip permission:** I give my permission for the student listed above to attend/participate in ALC field trips that are part of scheduled programs (i.e.; highway cleanup, birdhouse maintenance, etc.). Special extended field trips will require additional forms and signatures

___ **Movie Permission:** I give my permission for the student listed above to watch all movies shown for this school year. (At times throughout the school year, we will use movies in class to supplement lessons. We will make every effort to show movies with a rating of G, PG or PG13. On occasion, a movie with a rating of R, may be used in order to reinforce concepts taught in the classroom.)

___ **Permission** for the student listed above to drive to the ALC.

___ **Internet Use:** I understand the student listed above will lose internet use privileges if they misuse the internet. (refer to policy # 524)

Yes ___ No ___ My child may be given acetaminophen or ibuprofen for mild headache symptoms.

Yes ___ No ___ I am 18 and give my permission for staff to contact my parents regarding my educational program.

I wish to attend the ALC to earn credits to receive my high school diploma. I understand that continued enrollment depends on my acceptable behavior, continued academic progress and acceptable attendance. My signature below signifies my agreement to the above.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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
- Asian Indian
- Burmese

- Chinese
- Filipino
- Hmong

- Karen
- Korean
- Vietnamese

- Other Asian
- Unknown

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
- African-American
- Ethiopian-Oromo

- Ethiopian-Other
- Liberian
- Nigerian

- Somali
- Other black
- 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 _____

Education District 6004

MINNESOTA DEPARTMENT OF EDUCATION 2022-2023 STUDENT DIGITAL EQUITY SURVEY

This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. Freshwater Education District may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside or school building. It is important that we gather accurate information from every student so that each student and family has the equipment, help and support needed.

The information you provide will be reported to the Minnesota Department of Education (MDE). MDE may provide state or school level summary data, without personal identifying information, to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. Freshwater Education District will not share your personal identifying information, provided in this survey with others without your consent.

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.*

First Name: _____ Last Name: _____

Student's Primary: _____ Grade: _____

Street Address: _____

City _____ Zip code _____

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

- _____ No. Internet is not affordable at home *(survey complete- Thank you!)*
- _____ No. Internet is not available at home *(survey complete- Thank you!)*
- _____ No. Other *(survey complete- Thank you!)*
- _____ Yes (please continue to question 1a)

1a. If yes, what Type of Internet access do you have at home?

- ___ Cellular Network
- ___ Dial-up
- ___ School Provided hotspot
- ___ Other
- ___ Residential Broadband (e.g. cable, Fiber, DSL)
- ___ Satellite
- ___ I am not sure

Education District 6004

3/9/22

2021-2022 STUDENT DIGITAL EQUITY SURVEY

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1b. Can the student stream a video on their electronic device without pauses?

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

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

- NO (*survey complete- Thank you!*) YES (*continue to question 2a*)

2a. If yes, what type of electronic device does the student *usually* use to complete homework?

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

2b. Who is the electronic device (*from 2a*) provided by:

- I or my family purchased
- School D
- Other

2c. Is the electronic device shared with anyone else in the home? NO YES

THANK YOU for completing this survey!!

MCA Test _____
 Reading Pass Not Passed

Information (Please circle if passed or not passed)
 Math Pass Not Passed

Writing Pass Not Passed

Model of Instructional Delivery:

Seat Based: ___ Distance Learning ___ Virtual ___ Classroom (if allowed)

Independent Study: ___ Distance Learning ___ Virtual ___ Classroom (if allowed)

CREDIT CHECK FOR: _____

Total credits needed to Graduate: _____ 1 credit = _____ units

Subject Area	Credits Required	Credits Earned	Credits Needed
English			
Social Studies			
Math			
Science			
Arts			
PE/HE			
Electives			
Other			
Other			
Other			

State Required Testing for Diploma:

CAREER PLAN

Level 1:	√	
		Complete a formal interest inventory
		Complete a labor market sorting tool
		Research career options
		Evaluate occupation & post-secondary education options & costs
		Set personal, academic and career goals
		Establish experiential learning plans & action plans to achieve goals
		Update high school course plan
Level 2:		In-depth self-reflection activity
		Identify work values & linked careers
		Focus deeper on occupations through research & analysis of options
		Update course plans
		Revise goals, plans & experiential learning plans
Level 3:		Complete interest inventory & occupation sort to link preferences to occupations
		Conduct educational research & school comparison
		Evaluate occupation & education options
		Revise personal, academic & career goals
		Update plans, accomplish records
		Begin college planning. Evaluate cost.
Level 4:		Learn about career anchors
		Learn about skills & accomplishments & identify occupations using preferred skills
		Complete in-depth occupation & education research & evaluation
		Explore scholarships & other financial awards
		Establish next step goals & post-secondary plans
		Create a resume' & cover letter, master job search skills
		Explore financial issues associated with next steps
		Consider the military as an option
		Make Financial plans
		Reflect upon learning & experiential learning

Alternate Application for Educational Benefits School Year 2022-23 State and Federally Funded Programs

Economic Status for MARSS Reporting: Community Eligibility Provision 2 and 3 No Meal Program

1. Names of all Children in Household including Foster Children. Attach additional page if necessary.

Last Name	First Name	Date of Birth (MM/DD/YYYY)	Grade	School	Check if Foster Child	Any Regular Income to Child Example SSI per
						\$ per
						\$ per

2. Benefits (if applicable)

If any household member receives benefits from a program listed below, write in the name of the person and case number, check the appropriate box, and skip Section 3.

Name: _____ Case Number: _____

- Minnesota Family Investment Program (MFIP) Supplemental Nutrition Assistance Program (SNAP) Food Distribution Program on Indian Reservations
- Medical Assistance and WIC do *not* qualify.
- Child is the legal responsibility of a welfare agency or court. (If all children applied for are foster children, skip Sections 3 and 4.)

3. Names of all Adults in Household (all household members not listed in Section 1).

Include all adults living in your household, related or not. Attach an additional page if necessary.

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
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"/>
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Household Incomes: Write in each gross income and how often it is received: **weekly (W)**, **bi-weekly (every two weeks) (BW)**, **twice per month (TM)**, **monthly (M)**. Do *not* write in hourly pay. If income fluctuates, write in the amount normally received. Attach an additional page if necessary.

4. This information may be shared with Minnesota Health Care Programs to identify children who are eligible for Minnesota health insurance programs. Leave the box blank to allow sharing of information. See page 3 for more information.

Do not share information with Minnesota Health Care Programs.

I certify (promise) that all information furnished on this application is true and correct, that all household members and incomes are reported, that application is made so that the school may receive state funds based on the information on the application, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Adult Household Member (required): _____ Date: _____

Print Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ ZIP: _____

Office Use Only

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

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

Denied: Incomplete Income Too High Other: _____

Signature – Determining Official: _____ Date: _____

Change Status To: _____ Reason: _____ Withdrawn: _____

Office Use Only

Date Verification Sent: _____ Response Due: _____ Second Notice: _____

Result: Free to Reduced-Price Free to Paid Reduced-Price to Free Reduced-Price to Paid

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

Signature Verifying Official: _____ Date: _____

Signature Confirming Official: _____ Date: _____

Privacy Act Statement/How Information Is Used

We will use your information to determine if your child is eligible for free or reduced-price economic status for purposes of state reporting. 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 economic status is also recorded on a statewide computer system used to report student data to the Minnesota Department of Education as required by state law. The Minnesota Department of Education uses this information to: (1) administer state and federal programs, (2) calculate compensatory revenue for public schools; and, (3) evaluate the quality of the state's educational program.

Children who are eligible for free and reduced-price economic status may be eligible for Minnesota Health Care Programs. Your child's eligibility status may be shared with Minnesota Health Care Programs, unless you tell us not to share your information by checking the box in Section 4 of the application. You are not required to share information for this purpose and your decision will not affect your child's economic status as determined on this form.

Instructions for Completing the Alternate Application for Educational Benefits

Complete the *Alternate Application for Educational Benefits* for school year 2022-23 if any of the following apply:

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

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

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

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,743	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Additional	8,732	728	364	336	168

Children and Foster Status: List all children in the household in Section 1.

- Indicate that a child is in foster care by checking the box.
- Include any regular income, for example supplemental security income (SSI), to children other than foster children. Do not list occasional earnings like babysitting.

Case Number: Complete Section 2 if any household member currently participates in one of the programs listed in that section. If Section 2 is completed, skip Section 3 (adult names and incomes).

Adults/Household Incomes: List all adult household members, whether related or not, in Section 3. Include an adult who is temporarily away, such as a student away at college. Do not complete Section 3 if a case number was provided in Section 2, or if the application is for foster children only.

List each adult household member's gross incomes (not take-home pay) and how often each income is received. For example, "W" for Weekly.

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

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

Signature: The form must be signed and dated by an adult household member in Section 5.