



EDEN PRAIRIE SCHOOLS

Inspiring each student every day

Eden Prairie Schools
8100 School Road
Eden Prairie, MN 55344
Main Office: 952-975-7000
Fax: 952-975-7026
www.edenpr.org

August 2022

Dear Parent/Caregiver:

Thank you for your interest in providing homeschool for your child(ren). Below you will find the Homeschool Registration Enrollment Packet. Please complete the below documentation by September 15, 2022 and return to the district office by October 1, 2022. Please send materials to:

ATTN: Annie Whipps, Eden Prairie Schools, 8100 School Road, Eden Prairie, MN 55344.

Homeschool Registration Enrollment Packet Information:

1) Registration

- a) If your child(ren) are enrolling in homeschool for the first time or are returning to homeschool, please complete the Initial Registration Form.
- b) If your child(ren) are continuing homeschooling, please complete the Letter of Intent to Continue to Provide Instruction Form.

2) Immunizations:

- a) Please complete the Immunization Form and submit it with your registration.

3) Optional Forms:

- a) If you would like your child to participate in or access any Program Elements, please complete the Student Report for Aids to Nonpublic Students. Of note, this document must be signed by September 15, 2022, and returned to the district office by October 1, 2022, if reimbursement is sought.
- b) If you would like to determine your eligibility for federal funding: please complete the Alternative Form to Determine Eligibility for Federal Education Funding.
- c) If you are interested in your child taking classes from Eden Prairie Schools, please complete the Shared Time Application.
- d) If you are interested in connecting with Eden Prairie Schools regarding assessments, please contact eps_assessment@edenpr.k12.mn.us by September 15, 2022.

If you have questions or would like to connect about the homeschool, please feel free to reach out to me directly at: Elizabeth_lam@edenpr.k12.mn.us or 952-975-7044.

Thank you for your time and partnership.

Sincerely,

Elizabeth Lam Ph.D.

Administrative Coordinator of Special Programs

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Initial Registration Form for Unaccredited Nonpublic Schools (including homeschools)

The person or nonpublic school in charge of providing instruction to a child must submit an *Initial Registration Form for Unaccredited Nonpublic Schools (including homeschools)*, to the superintendent of the school district where the child resides. Please do **not** mail the registration form to the Minnesota Department of Education. Complete the information using this form or a written or electronic format of your choice. You will submit a [Letter of Intent to Continue to Provide Instruction](#) by October 1 in subsequent years.

Per [Minnesota Statutes, section 120A.24, subdivision 1](#), Information in the registration form must be submitted:

- By October 1 of the first school year the child receives instruction after reaching the age of seven;
- Within 15 days of when a parent withdraws a child from public school after age seven to provide instruction in a nonpublic school that is not accredited by a state-recognized accredited agency;
- Within 15 days of moving out of a district; and,
- By October 1 after a new resident districts is established.

Instructor(s)

Primary Instructor Contact Information

Full Legal Name (Last, First, Middle)	
Street Address (No P.O. Box)	
Home Phone (Including Area Code)	
Other Phone (Including Area Code)	
Email Address	

Secondary Instructor Contact Information

Full Legal Name (Last, First, Middle)	
Street Address (No P.O. Box)	
Home Phone (Including Area Code)	
Other Phone (Including Area Code)	
Email Address	

Evidence of Instructor Qualifications

A person who is providing instruction to a child must meet at least one of the following requirements per [Minnesota Statutes, section 120A.22, subdivision 10](#):

- ☐ The instructor holds a valid Minnesota teaching license in the field and for the grade level taught. (Attach a copy of the license.)
- ☐ The instructor is directly supervised by a person holding a valid Minnesota license. (Attach a copy of the license.)
- ☐ The instructor has successfully completed a teacher competency examination.
- ☐ The instructor holds a baccalaureate degree. (Attach a copy of diploma/degree.)
- ☐ The instructor is the parent, guardian or other person having legal custody of a child who is assessed according to the procedures in [Minnesota Statutes, section 120A.22, subdivision 11](#).

Accreditation

Is the nonpublic school accredited by an accrediting agency recognized by the Minnesota Nonpublic Education Council? If yes, please complete the table below. ☐ Yes ☐ No

Name of Accrediting Agency	Dates of Accreditation Term

Student(s)

Please complete the table below (attach additional sheets, as needed).

Student(s) Full Legal Name	Date of Birth (mm/dd/yyyy)	Address	Phone Number

Immunization Records

Per Minnesota Statutes, section 121A.15, subdivision 8, please attach immunization records or notarized statement of conscientious objection for each student. Update immunization information when each student reaches 7th grade.

Proposed Annual Nationally Normed Achievement Test, Assessment or Examination Plan

Instructors and superintendent must mutually agree on the proposed annual nationally normed achievement test(s) assessment(s) or examination plan, the administration and the location of the examination. Iowa Test of Basic Skills, Iowa Tests of Education Development and Stanford Achievement Tests are available from the [University of Minnesota Statewide Testing Program](#), (612) 626-0006. High school students may also consider the [ACT](#) college admissions test.

Nationally Normed Achievement Test	Student Name	How the test will be administered and who will be the administrator	Test Location	DISTRICT USE Superintendent AGREES to this plan for the student(s) in the years specified	DISTRICT USE Superintendent DOES NOT AGREE: Contact instructor immediately
Iowa Test of Basic Skills (ITBS), Grades K-8					
Iowa Tests of Educational Development (ITED), Grades 9-12					
Stanford Achievement Test (SAT-10), Grades K-12					
Other:					

Maintaining and Submitting Documentation and Scores

Per [Minnesota Statutes, section 120A.24, subdivision 2](#), the person or nonpublic school in charge of providing instruction to a child must maintain documentation indicating that the subjects required in section [120A.22, subdivision 9](#), are being taught and proof that the tests under section [120A.22, subdivision 11](#), have been administered. This documentation must include class schedules, copies of materials used for instruction, and descriptions of methods used to assess student achievement.

The parent of a child who enrolls full time in public school after having been enrolled in a nonpublic school that is not accredited by a state-recognized accrediting agency must provide the enrolling public school or school district with the child's scores on any tests administered to the child under section [120A.22, subdivision 11](#), and other education-related documents the enrolling school or district requires to determine where the child is placed in school and what course requirements apply. This paragraph does not apply to a shared time student who does not seek a public school diploma.

The person or nonpublic school in charge of providing instruction to a child must make the documentation in this subdivision available to the county attorney when a case is commenced under section [120A.26, subdivision 5](#); [chapter 260C](#); or when diverted under [chapter 260A](#).

Signature

Print Name of Person Submitting this Letter: _____

Instructor Signature: _____

Date: _____

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Letter of Intent to Continue to Provide Instruction

Per [Minnesota Statutes, section 120A.24, subdivision 1\(b\)](#), the person or nonpublic school in charge of providing instruction to a child between the ages of seven and 16 through 17 for which an initial registration form was filed pursuant to this subdivision must submit, by October 1 of each school year, a letter of intent to continue to provide instruction under this section for all students under the person's or school's supervision and any changes to the child's name, birthday, address of the child and the annual tests intended to be administered.

Complete the information using this form or a written or electronic format of your choice. If you have moved, you must file a new [Initial Registration Form for Unaccredited Schools, Including Home-School](#). **Information in the Letter of Intent must be submitted to [the school district](#) by October 1 of each year after an initial registration form has been filed in the same district. Please do not mail the letter of intent to the Minnesota Department of Education.**

Date of Letter of Intent to Continue to Provide Instruction (mm/dd/yyyy): _____

Date Initial Registration Form was filed with this School District (mm/dd/yyyy): _____

Full Legal Name of Instructor (Last, First, Middle): _____

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

- ☐ **I DO NOT** have changes to the information provided in the initial registration form or communicated in a previous *Letter of Intent to Continue to Provide Instruction*.
- ☐ **I DO** have changes to information provided in the full initial registration form, and have updated the information as follows:
 - ☐ I have added students or student contact information has changed. (*Update 'New Students or Updated Student Information' on page 2 and 'Proposed Testing Plan' on page 3. Attach immunization records or notarized conscientious objection statement.*)
 - ☐ The proposed annual nationally normed achievement-testing plan for one or more students has changed. (*Complete 'Proposed Testing Plan' on page 3.*)
 - ☐ Student is now in 7th grade and/or age 12. (*Provide student's name and date of birth below. Attach updated immunization records or notarized conscientious objection statement.*)
 - ☐ I have discontinued instructing student(s) previously reported. (*Update 'Student(s) No Longer Being Instructed' in the table below.*)
 - ☐ My primary instructor qualifications changed. (*Attach explanation and documentation as required in the initial registration form.*)
 - ☐ My primary or secondary instructor contact information changed. (*Update 'Instructor Contact Information' below.*)
 - ☐ We are no longer accredited by an agency recognized by the [Minnesota Nonpublic Education Council](#).
 - ☐ We are newly accredited by an agency recognized by the [Minnesota Nonpublic Education Council](#). (*Update 'Accrediting Agency Information' below.*)

New Student(s) or Updated Student Information

Student(s) Full Legal Name	Date of Birth (mm/dd/yyyy)	Address	Phone Number

Student(s) No Longer Instructed

Student(s) Full Legal Name	Date of Birth (mm/dd/yyyy)	Address	Phone Number

Instructor Contact Information

Instructor Role	Full Legal Name (Last, First, Middle)	Street Address	Phone Number (including area code)	Email Address
Primary Instructor				
Secondary Instructor (if applicable)				

Accrediting Agency Information

Name of Accrediting Agency	Dates of Accreditation Term

Proposed Annual Nationally Normed Achievement Test, Assessment or Examination Plan

Instructors and superintendent must mutually agree on the proposed annual nationally normed achievement test(s), assesment(s) or examination plan, the administration and the location of the examination. Iowa Test of Basic Skills, Iowa Tests of Education Development and Stanford Achievement Tests are available from the [University of Minnesota Statewide Testing Program](#), (612) 626-0006. High school students may also consider the [ACT](#) college admissions test.

Nationally Normed Achievement Test	Student Name	How will the text be administered and who will be the administrator	Test Location	DISTRICT USE Superintendent AGREES to this plan for the student(s) in the years specified	DISTRICT USE Superintendent DOES NOT AGREE: Contact instructor immediately
Iowa Test of Basic Skills (ITBS), Grades K-8					
Iowa Tests of Educational Development (ITED), Grades 9-12					
Stanford Achievement Test (SAT-10), Grades K-12					
Other:					

Maintaining and Submitting Documentation and Scores

Per [Minnesota Statutes, section 120A.24, subdivision 2](#), the person or nonpublic school in charge of providing instruction to a child must maintain documentation indicating that the subjects required in section [120A.22, subdivision 9](#), are being taught and proof that the tests under section [120A.22, subdivision 11](#), have been administered. This documentation must include class schedules, copies of materials used for instruction, and descriptions of methods used to assess student achievement.

The parent of a child who enrolls full time in public school after having been enrolled in a nonpublic school that is not accredited by a state-recognized accrediting agency must provide the enrolling public school or school district with the child's scores on any tests administered to the child under section [120A.22, subdivision 11](#), and other education-related documents the enrolling school or district requires to determine where the child is placed in school and what course requirements apply. This paragraph does not apply to a shared time student who does not seek a public school diploma.

The person or nonpublic school in charge of providing instruction to a child must make the documentation in this subdivision available to the county attorney when a case is commenced under section [120A.26, subdivision 5](#); chapter 260C; or when diverted under chapter 260A.

Print Name of Person Submitting this Letter: _____

Signature: _____

Date: _____

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Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____ Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months		12 -24 months		At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Haemophilus influenzae type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Measles, Mumps, Rubella (MMR)				<input type="text"/>	<input type="text"/>		
Chickenpox (varicella)				<input type="text"/>	<input type="text"/>		
Hepatitis A				<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)						<input type="text"/>	
Meningococcal (MCV4)						<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

Minnesota Department of Health - Immunization Program (2019)

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me

on _____ (date)

by _____
(name of parent or guardian)

Notary Signature: _____

Notary Stamp

STATE OF MINNESOTA, COUNTY OF _____

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: _____ Date: _____
(of parent/guardian)

	Division of School Finance 400 N.E. Stinson Blvd Minneapolis, MN 55413	STUDENT REPORT FOR AIDS TO NONPUBLIC STUDENTS	ED-01650-35 DUE: 10/1/2022
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GENERAL INFORMATION AND INSTRUCTIONS: This form must be completed at the nonpublic school level and filed with the public school district offices coordinating the program by **October 1, 2022**. A copy is to be sent by the local public school district to the Minnesota Department of Education, Division of School Finance at the above address by **October 15, 2022**. **THIS FORM MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED VALID.**

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

PARTICIPATION OF ELIGIBLE PUPILS

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

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

CERTIFICATION

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

Signature – Head of School/Responsibility

Date

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EDEN PRAIRIE SCHOOLS

Inspiring each student every day

Eden Prairie Schools
Child Nutrition Office
17185 Valley View Road
Eden Prairie, MN 55346
Main Office: 952-975-8050
Fax: 952-975-8052
www.edenpr.org

Dear Parent/Guardian:

Our schools provide healthy meals each day. For preschool through fifth grade students, breakfast costs \$1.80, and lunch costs \$3.00. For grades 6-12, breakfast costs \$2.05, and lunch costs \$3.35.

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

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

Return your completed Application for Educational Benefits to the Child Nutrition Office, Eden Prairie Schools, 17185 Valley View Road, Eden Prairie, MN 55346.

Who can get free school meals? Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get free school meals without reporting household income. Alternatively, children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

To apply for free school meals, please complete the Application for Educational Benefits form.

COMMON QUESTIONS:

I get WIC or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance do not automatically qualify for free meals. Children may be eligible for free or reduced-price school meals 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 your children to qualify for free or reduced-price school meals.

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 for meal benefits, 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.

Please provide the information requested about children's racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits.

If you have other questions or need help, call 952-975-8055 or email FoodService_Office@edenpr.org.

Sincerely,

Janice Elyea-Wheeler
Child Nutrition Office
Eden Prairie Schools

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2022-23 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, 2022 through June 30, 2023.

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	5,734	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
Add for each additional person	8,732	728	364	336	168

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.



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: Eden Prairie School District/Child Nutrition, 17185 Valley View Rd., Eden Prairie, MN 55346.

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 (Y)
						<input type="checkbox"/>
						<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 FDIPIR? Medical assistance does not qualify. If NO > Go to STEP 3.

If YES > Enter SNAP, MFP 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	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"/>	<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)	Appt# 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					
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Household Size:	Categorical Eligibility	Free	Reduced	Denied

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 workSocial Security<ul style="list-style-type: none">Disability PaymentsSurvivor's BenefitsIncome from person outside the householdIncome 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 wagesA child is blind or disabled and receives Social SecurityA Parent is disabled, retired, or deceased, and their child receives Social Security benefitsA friend or extended family member regularly gives a child spending moneyA 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:<ul 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 governmentSupplemental Security IncomeUnemployment benefitsWorker's compensationAlimony paymentsChild support paymentsVeteran's benefitsStrike benefits	<ul style="list-style-type: none">Social SecurityDisability benefitsRegular income from trusts or estatesAnnuitiesInvestment incomeRental incomeRegular 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.



EDEN PRAIRIE SCHOOLS

Shared Time Application

To be filled out and returned if your child(ren) intends to take classes or receive services from public schools.

Student Information:

Last Name, First Name

____/____/____
Birthdate

Grade Level

Address

Parent/ Caregiver:

Last Name, First Name

Relationship to Student

Home Phone

Requested School Servicing Student:

Requested Services/Classes:

Emergency Contact Information:

Last Name, First Name

Relationship to Student

Home Phone

Intentionally Left Blank