



**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 2024

Dear Parent/Caregiver:

Thank you for your interest in providing homeschool for your child(ren). Please complete the included documentation and return to the district office by September 15th, 2024. Please send materials to:

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

**Homeschool Registration Enrollment Packet Information:**

**Registration**

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

**Immunizations:**

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

**Optional Forms:**

- 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 and returned to the District by September 15, 2024, so we have time to prepare our submission to the State.
- If you would like to determine your eligibility for federal funding: please complete the 2024-25 Application for Educational Benefits.
- If you are interested in your child taking classes from Eden Prairie Schools, please complete the Shared Time Application.
- If you are interested in connecting with Eden Prairie Schools regarding assessments, please contact [eps\\_assessment@edenpr.k12.mn.us](mailto:eps_assessment@edenpr.k12.mn.us) by September 15, 2024.

If you have questions or would like to connect about homeschool, please feel free to reach out to Annie Whipps at: [andrea\\_whipps@edenpr.k12.mn.us](mailto:andrea_whipps@edenpr.k12.mn.us), 952-975-7013

Thank you for your time and partnership.

Sincerely,

Annie Whipps

**Intentionally Left Blank**



**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**



## 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. Find your resident school district name, number and contact information here: [LCC-GIS \(mn.gov\)](http://LCC-GIS.mn.gov). 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 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](#).

## 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. MDE recommends families consider the Iowa Assessments, available through the University of Minnesota Statewide Testing Program, (612) 626-0006.

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

## 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 (electronic or physical signature)

Type or Print Name of Person Submitting this Letter: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Intentionally Left Blank**



## 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/yy): \_\_\_\_\_

Date Initial Registration Form was filed with this School District (mm/dd/yy): \_\_\_\_\_

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 7<sup>th</sup> 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/yy)	Address	Phone Number

**Student(s) No Longer Instructed**

Student(s) Full Legal Name	Date of Birth (mm/dd/yy)	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, Address and Contact Information	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), assessment(s) or examination plan, the administration and the location of the examination. MDE recommends families consider the Iowa Assessments, available through the University of Minnesota Statewide Testing Program, (612) 626-0006.

Nationally Normed Achievement Test	Student Name	How will the test 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

## 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 (electronic or physical signature)

Print or Type Name of Person Submitting this Letter: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Intentionally Left Blank**

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							
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)							
Haemophilus influenzae type b (Hib)							
Pneumococcal (PCV)							
Polio							
Measles, Mumps, Rubella (MMR)							
Chickenpox (varicella)							
Hepatitis A							
Tetanus, Diphtheria, Pertussis (Tdap)							
Meningococcal (MCV4)							

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		
Haemophilus influenzae 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 (2010)

**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 NE Stinson Blvd.,  
Minneapolis, MN 55413

## Student Report For Aids To Nonpublic Students

ED-01650-37  
DUE: 10/1/2024

**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, 2024. 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, 2024. **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):

- Estimated Counts  
 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.

Program Element	Student Grade Level	Number of Students	Weighting Factor	Weighted Total of Eligible Students
<b>Textbooks, Individualized Instructional Materials and Standardized Tests</b>  <input type="checkbox"/> <b>Non-participation</b>  The nonpublic school identified above does <b>not</b> wish to participate in this program element. <i>*All day/Every Day Only</i>	Part-time Kindergarten		X 0.5	
	Full-time Kindergarten*		x 1.0	
	1 - 6		X 1.0	
	7 - 12		X 1.0	
	<b>Total</b>			
<b>Health Services</b>  <input type="checkbox"/> <b>Non-participation</b>  The nonpublic school identified above does <b>not</b> wish to participate in this program element. <i>*All day/Every Day Only</i>	Part-time Kindergarten		X 0.5	
	Full-time Kindergarten*		X 1.0	
	1 - 6		X 1.0	
	7 - 12		X 1.0	
	<b>Total</b>			

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

### Certification

I hereby certify that the students reported above meet the conditions of eligibility as prescribed by Minnesota Statutes 2023, section 123B. – 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

**Intentionally Left Blank**





## 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 school offers healthy meals each day. All students can get one breakfast and one lunch free of charge each day at school. Although no application is required to receive this free meal benefit, filling out the Application for Educational Benefits is still important! Your child(ren) may qualify for other benefits like reduced fees at school. Your application may also help the school qualify for education funds, discounts, and other meal programs.

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

Child Nutrition Office, Attn: Janice  
Eden Prairie Schools  
17185 Valley View Rd.  
Eden Prairie, MN 55346

**Who should complete this application?** 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 qualify without reporting household income. Alternatively, children can qualify if their household income is within the maximum income shown for their household size on the instructions.

### 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 952-975-8055.

Best regards,

Janice Elyea-Wheeler  
Child Nutrition Office

## How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2024–25 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, 2024 through June 30, 2025.

**Maximum Total Income**

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Add for each additional person	9,953	830	415	383	192

### 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.

## 2024–25 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 Schools Child Nutrition Office, 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.” Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

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

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

If **YES** > Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) \_\_\_\_\_ then go to STEP 4 (Do not complete STEP 3)

**STEP 3:** Report Income for ALL Household Members (Skip this step if you answered ‘Yes’ to STEP 2)

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

**B. Child Income.**

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

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

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

Names of All Adult Household Members (First and Last)
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.

Gross Earnings from Working at Jobs				
Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).
<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"/>	\$

Are you Self-Employed or a Farmer?		
Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$

Any Other Gross Income				
Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

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

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

Printed name of adult signing form \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address (if available) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**SIGN HERE: Signature of Household Adult** \_\_\_\_\_ Date \_\_\_\_\_

<i>Do Not Fill Out: For School Office Use</i>	X52	X26	X24	X12	X1	<input type="checkbox"/> <b>Verified? Attach Tracker</b> <small>No change</small> <input type="checkbox"/> <small>Free After Verified</small> <input type="checkbox"/> <small>Reduced After Verified</small> <input type="checkbox"/> <small>Denied After Verified</small> <input type="checkbox"/>				
Conversions to Annualize All Income:	Weekly	Bi-weekly	2X Month	Monthly	Annualize	Household Size:	Categorical Eligibility	Free	Reduced	Denied
<b>All Total Income</b> (Include child and adult income)	<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"/>
<b>Determining Official Signature:</b>							<b>Date:</b>			
<b>Confirming Official Signature:</b>							<b>Date:</b>			

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

### Sources of Income for Adults

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

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, audiotope, 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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.