



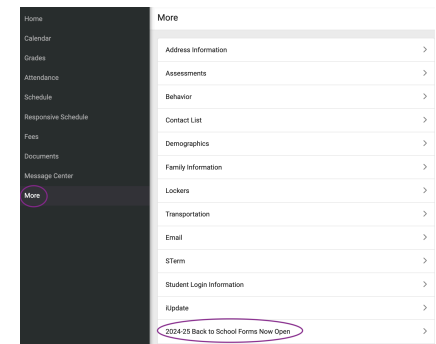
# Back-to-School Forms Paper Version – 2024-2025 (English)

Only one parent or guardian in each primary household should complete Back to School Forms. A primary household is the address in which the student primarily lives. If a student requires a legal name change, please complete the form located at [spps.org/about/departments/equity/out-for-equity/gender-inclusion-policy](https://spps.org/about/departments/equity/out-for-equity/gender-inclusion-policy) or contact the Student Placement Office at 651-632-3700.

- Please complete B2S Forms online if you have access to the Internet. Directions begin on the next page.
- Please do not complete and return this packet if a guardian in your household previously completed B2S Forms online.

## Back-To-School (B2S) Forms Overview:

- Log in to Campus Parent to determine if you already completed B2S Forms. Then, click **More** and **B2S Forms**. If you see a date submitted then you have completed it for this year.
- Complete and return the **B2S Forms Household Form** only if you have changes to your household address or emergency contact information. Only one **Household Form** is required per household and can be returned to any of your student's schools.
- **Important:** You will need your One Stop username and password to complete B2S Forms online. Go to [spps.org/families](https://spps.org/families) and click **Reset/Recover Username or Password**.



## Complete Back to School Forms (B2S) Online

Go to [spps.org/families](https://spps.org/families). Note: Completing B2S Forms on a laptop or desktop computer is preferable. However, using an Android or Apple mobile device with current browser apps (Chrome and Firefox) is usually successful.

- Click the **Campus Parent** button.
- Enter your One Stop parent username and password.
- Click **Log In**.
- Select the link, **Click here to begin B2S Forms**

## Username and/or Password Help

**Online:** Go to [spps.org/families](https://spps.org/families) and click **Reset/Recover Username or Password**.

**Note:** You must have your email address or phone number listed in your child's school records.

## Technical Assistance

- **Online:** Visit [spps.org/families](https://spps.org/families)
- **By Phone or Email:** Refer to [spps.org/families](https://spps.org/families) and the school directory links for contact information.

## 2024-2025 Back to School Forms

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### **Protection of Pupil Rights Amendment (PPRA)**

#### **OPT OUT NOTICE FOR SPECIFIC SCHOOL ACTIVITIES**

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires Saint Paul Public Schools to notify parents/guardians about their right to opt out their child from participating in certain school activities. The Protection of Pupil Rights Amendment (PPRA) also applies to the collections, sharing, or use of student information for marketing purposes and certain physical examinations and screenings.

Students are asked to give feedback on various topics throughout the school year using surveys. Surveys will come from two sources:

1. Saint Paul Public School District (yearly)
2. The Minnesota Student Survey - an anonymous, statewide, school-based survey on student experiences (every three years)

Per SPPS policy, parents/guardians will be notified of any student surveys in advance and have the option to opt their students out as they deem necessary.

In consultation with parents, SPPS has developed and adopted policy 521.00 – Student Surveys to define the rights of students and families. The related procedure 521.00.1 further supports the implementation of this policy. Both documents can be found online at: <https://www.spps.org/families/student-records>

### **RELEASE OF STUDENT DATA NOTICE TO PARENTS – MINNESOTA LIBRARIES (Library GO)**

**Library Go** is a virtual pass for books, music, homework help and more with the Saint Paul Public Library. Saint Paul Public Schools' students are automatically assigned a Library Go number unless their parents/guardians opt them out of the program.

The public library receives public directory information plus the student's address, home phone, student ID and student email address through a secure server transfer. If you want to opt your student out of Library Go, visit: <https://www.spps.org/families/student-records/student-data-release-to-saint-paul-public-libraries> for opt out forms and directions on where to send them.

### **UNPAID MEAL CHARGES** (The policy will also be posted on the District's website.)

(SPPS Board Policy 534.00 UNPAID MEAL CHARGES)

Adopted: 7/17/2018 Saint Paul Public Schools Policy 534.00 Revised: 12/13/2022

#### **I. PURPOSE**

Saint Paul Public Schools (SPPS) believes that well-nourished students are better equipped to learn. The purpose of this policy is to ensure that students receive healthy and nutritious meals through the SPPS Child Nutrition Program and that school district employees, families, and students have a shared understanding of expectations regarding meal charges. The policy seeks to minimize identification of students with insufficient funds, eliminate stigmatization of students who are unable to pay for school meals as well as to maintain the financial integrity of the school nutrition program.

#### **II. PAYMENT OF MEALS**

A. Each year, all families should complete an Application for Education Benefits/Free or reduced Priced Meals.

1. Families that receive a letter prior to September 1st confirming that they are directly certified to receive free meal benefits do not need to complete an application.
2. The application will be made available to families in multiple ways such as by mail and/or electronic distribution prior to the start of the school year, at the school's main office, Nutrition Services' website, and by request to Nutrition Services.
3. Families seeking assistance in completing the application may contact Nutrition Services or the school's main office.

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B. Funds can be added to a student's meal account using cash, check, credit card, or debit card. The process for making payments can be found on the SPPS Nutrition Services website or by inquiring at the school's main office.

C. All students will be provided a meal per the scheduled menu regardless of meal account status.

1. SPPS believes it is in the best interest of the entire school community when every student receives a nutritious meal.
2. Students who have been determined eligible for free or reduced-price meals, including students enrolled in the Community Eligibility Provision, will be provided a reimbursable meal even if the student has a negative account balance.
3. If a student has a negative account balance, the response process as described in Section IV below will be carried out.
4. No ala carte items will be sold to students unless there is sufficient funds in the student's meal account to cover the costs of the items.

D. Under no circumstances may a meal be taken away from a student after the student has received it.

### **FEDERAL ASBESTOS EMERGENCY RESPONSE ACT (AHERA)**

In 1987, the Federal Asbestos Emergency Response Act (AHERA) took effect requiring school districts to develop and implement an asbestos management plan. This ACT requires that the employees, students and/or their parents/guardians are informed annually about their management plan activities such as asbestos inspections and asbestos response action activities.

### **Pesticide Application at Schools**

In accordance with Minnesota Statute §121A.30, **Pesticide Application at Schools** requires schools provide annual written notice to parents/guardians and employees regarding Herbicide, Pesticide, Insecticide & Fertilizer Applications.

If you would like to be notified prior to any applications made on days other than those specified in the estimated schedule (excluding emergency applications), please contact your child's school for a form. If requesting notification via U.S. Mail please include five self-addressed, stamped envelopes.

### **GUIDELINES FOR BUS SAFETY IN SAINT PAUL PUBLIC SCHOOLS**

Saint Paul Public Schools (SPPS) provides transportation services to students who are attending SPPS and other programs or who are attending non-public, and some charter schools, that are located within the City of Saint Paul. Transportation is provided for students who meet eligibility requirements listed in the Board of Education Policy 707.00, Eligibility for Student Transportation.

### **STUDENT RECORDS AND YOUR RIGHTS**

#### **Notice of Rights under FERPA and the Minnesota Government Data Practices Act**

The Family Educational Rights and Privacy Act (FERPA) and the Minnesota Government Data Practices Act give parents/guardians and students who are 18 years of age or older certain rights with respect to the student's education records. These rights are:

- The right to inspect/review the student's education records within 10 days of request.
- The right to request a student's education record be amended.
- The right to give written consent before school discloses personally identifiable information except when the law permits disclosure without consent.
- The right to file a complaint with the U.S. Department of Education regarding alleged failures to comply with FERPA.

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### **NOTICE OF DIRECTORY INFORMATION**

Directory information is public information and can be released without consent. Saint Paul Public Schools has designated the following information as directory information: Name, birth date, grade, school, dates of enrollments, awards, and extra-curricular information. The purpose of directory information is to allow Saint Paul Public Schools to include information from your child's education record in district and school publications such as yearbooks, honor roll and other recognition lists, theater playbills, graduation programs, sports programs, etc. Additional information is designated as directory information for military recruiters (telephone number and address), Minnesota public libraries (telephone number, address, student ID number, student email), school resource officers (telephone number, address, parent/guardian names, class schedule), Metro Transit (student ID number), and Minnesota Office of Higher Education (students MARSS ID number and gender). Parent(s)/legal guardian(s) who wish to opt out of releasing directory information must notify Saint Paul Public Schools in writing by **Sept. 30, 2024**.

For more information and/or to access the full notification documents and opt out forms, please visit [spps.org/studentrecords](https://spps.org/studentrecords) or call Student Records at the Student Placement Center at 651- 632-3764

### **HOW YOUR CONTACT INFORMATION WILL BE USED**

In addition to being notified of emergencies, you will receive information from the district, your school and your student's teachers via email, robocall and/or text message. In addition, SPPS works with various service providers who will send you information directly via email. These providers include Peachjar, Schoology, Securly Home, Seesaw and Xello. You can opt out of receiving these notifications at any time. Learn more about these tools at [spps.org/families](https://spps.org/families).

### **SECURLY**

SPPS uses an internet filtering program called Securly to keep students safe on the internet when using their iPads at school and at home. Parents can download the Securly Home app on a phone or personal device to view student's online activity on their school iPad, receive alerts if students view any concerning content and pause internet access on the iPad when your students are not in school. Note: "Enhanced Privacy Mode" has been added to Securly Home. Enhanced Privacy Mode hides certain information to better protect student data privacy. For more information on Enhanced Privacy Mode, visit [bit.ly/3Ox5hih](https://bit.ly/3Ox5hih).

For more information about Securly Home or support activating your account, visit [spps.org/ts](https://spps.org/ts).

### **INDIAN EDUCATION 506 FORM INFORMATION**

This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. If needed, someone from our office will be reaching out to verify information. Link here: <https://docs.google.com/forms/d/192FCXABdf63AD7YRp-wETIb1dGwyELLNJhAGdiWpWek/prefill>

Please contact your building Licensed School Nurse (LSN) regarding any health concerns that impact learning, require medication at school, or have the potential to result in an emergency.

<https://www.spps.org/about/departments/health-wellness>

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### **INTERNET ACCESS AT HOME**

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.

1. Does the student use an electronic device like a computer, tablet or smartphone to complete homework?  Yes  No

If yes, what type of electronic device does the student usually use to complete homework?  Desktop or Laptop  Tablet  Chromebook  Smartphone  Other

2. Can the student access the internet on their electronic device at home?  Yes  No- Internet is not available at home  No- Internet is not affordable at home  No-Other

If yes, what kind of internet service do you have at home?

Residential Broadband (e.g. Cable, Fiber, DSL)  Cellular Network  School-Provided Hotspot  Satellite  Dial-Up  Other  I Am not sure

3. Can the student stream a video on their electronic device without pauses?  Yes- with no pauses or buffering  Yes- with some pauses or buffering  No- Streaming doesn't work

### **MIGRANT**

In the past 3 years have you or anyone in your family moved (city, state or school district) so that you or a family member could work or look for seasons or temporary, agricultural or fishing work?

Yes  No  I Am not sure

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**NICKNAME/DISPLAY NAME**

The nickname/display name is the name your child will be referred to in SPPS learning spaces and digital tools. Students in SPPS will now be able to have their preferred name reflected in digital, personalized learning spaces in a similar manner to what has been common practice in traditional in-person classrooms. For instance, a student whose legal name is "Jordan" but goes by the name "Danny" will be able to be identified as "Danny" in Schoology and Google Meets. Please enter Nickname/Display if different from legal name. See more information about personalized learning display names at <https://www.spps.org/Page/42117>.

Nickname/Display Name: \_\_\_\_\_

**RACE ETHNICITY**

Questions? Please call the Placement Office at 651-632-3700

***Minnesota Department of Education - Ethnic and Racial Demographic Designation 4/8/2019***

***Select applicable subcategory(s) if provided the option.***

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.

You must select "Yes" or "No" to this question.

Yes       No

Optional Question: If Yes was chosen above, select all that apply from the list below (this question will not be answer 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 |

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       No

Optional Question: 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 American Indian or Alaska Native Subcategory |                                   |   |   |  |

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Is the student American Indian from South or Central America?  Yes  No

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

Yes  No

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

- Decline to indicate  Chinese  Karen  Other Asia  Asian Indian  Filipino  
 Korean  Unknown  Burmese  Hmong  Vietnamese

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.

Yes  No

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

- Decline to indicate  Ethiopian-Other  Somali  African-American  Liberian  
 Other black  Ethiopian-Oromo  Nigerian  Unknown

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.

Yes  No

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

Yes  No

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**HOUSING: STUDENTS EXPERIENCING HOMELESSNESS OR LIVING IN OUT OF HOME CARE/FOSTER CARE**

**Students who are experiencing homelessness** are entitled to immediate enrollment without documentation and have the right to attend the school of origin when first becoming homeless. In order to better identify and serve students experiencing homelessness in our district, please complete the following confidential information:

**Place an X in the appropriate box to answer "Yes" or "No"**

1.	My family lives in an emergency, domestic abuse or transitional shelter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	My family is TEMPORARILY living with more than one family in a house, mobile home or apartment due to an eviction, fire, or other loss of housing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	My family is staying in our car, outside or in a public space.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	My family lives in a hotel or motel due to lack of accommodations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	The child I am registering is in a foster care placement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	I am a youth who is not in the physical custody of a parent or legal guardian.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	I am currently working with the Project REACH staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Students who are living in court ordered out-of-home care, foster care with child welfare, or juvenile corrections involvement** are entitled to immediate enrollment and the right to attend the school they were enrolled at the time of out of home care placement/change of placement.

**If you are registering a student living in out of home care/foster care, please complete this section below: Place an X in the appropriate box to answer "Yes" or "No."**

1.	Are you enrolling a child who is currently living in court ordered out of home care placement/foster care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes...		
	Where did the student attend school at the time of out of home care/foster care placement?		
	School Name _____		
	If this student is living in court ordered out of home care/foster care:		
	Type of Placement: _____		
	Placing County: _____		
	Name of County Worker: _____		
	Worker Phone Number: _____		

**By indicating YES to any of the above questions, you may meet eligibility requirements to qualify for services from the Fostering Connections in Saint Paul Public Schools.**



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### **MILITARY CONNECT**

Are any immediate family members, including a parent or sibling, currently in the armed forces (Army, Navy, Air Force, Marines and/or Coast Guard) on reserve, active duty, or recently retired?

Yes  No

If Yes, Relationship to service member: Parent/Guardian Sibling

Service Member Name \_\_\_\_\_

Military Branch (circle one) Army Navy Air Force Marines Coast Guard

*In compliance with Minnesota Statute 127A.852. For Minnesota Department of Education military family resources, please visit <https://education.mn.gov/MDE/fam/mil/>*

### **SPPS GENDER**

All students have the right to have their gender identity and expression respected by students and staff. This includes the use of their preferred name, their gender identity, gender pronoun, and access to facilities and co/extra-curricular activities that best align with their gender identity.

Please complete the Name/Gender Change Request Form if you need to update your student's name or gender information based on gender identity. The form can be found at [spps.org/about/departments/equity/out-for-equity/gender-inclusion-policy](https://www.spps.org/about/departments/equity/out-for-equity/gender-inclusion-policy) or you may speak with your school administrator or counselor for additional information.

Students whose gender has transitioned from the gender they were assigned at birth may benefit from a gender transition plan or gender support plan. This may be especially helpful when changing schools.

You may also request support by contacting the Out for Equity Program at <https://www.spps.org/about/departments/equity>

Questions? Please call the Placement Office at 651-632-3700

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**DAILY SCHOOL TRANSPORTATION**

In order to arrange the safest and most efficient bus routes, we need to identify eligible students who will and will not use school bus transportation for the coming school year. Please answer the below questions.

If you waive transportation services at this time by stating your child will not ride the bus, but your situation changes, you may reestablish busing at any time by contacting the school office. Please be aware there may be a delay of 2-5 business days before transportation is available depending on where you live. During this time, it is the parent's responsibility to transport.

As defined by State statute, the District will allow a student to use a day care facility of alternative address for their bus pick up or drop off if the location is consistent all five days per week and within the transportation area of the school the student attends. If the address falls outside the transportation boundary or is within the walking boundary, there will be no transportation available.

If any of the information you submit changes before the school year begins, it is required that you notify your child's school. If this form is submitted after the cut off date in late August the route change will not be made until after the second week of school. Please work with your child's school to find out the starting date. This allows final routes to be established and practiced prior to the first day of school and gives bus drivers time to learn them. You will be notified of your child's bus route prior to school starting. If you have any further questions, please contact your child's school office.

Regarding transportation from **HOME to SCHOOL** every day my child will:

- Will NOT ride
- Ride – From stop nearest our home address
- Ride – From stop nearest our alternative address listed below

Alternative Address for transportation TO school \_\_\_\_\_

Alternative Address Contact Info: Contact Person \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Regarding transportation from **SCHOOL to HOME** every day my child will:

- Will NOT ride
- Ride – From stop nearest our home address
- Ride – From stop nearest our alternative address listed below

Alternative Address for transportation TO school \_\_\_\_\_

Alternative Address Contact Info: Contact Person \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

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### 2024/2025 PERMISSIONS AND RELEASES (ALL GRADES)

To view the permissions and releases below in detail go here,

[https://docs.google.com/document/d/1N\\_I7ev2DeWNPpIS3-VRSZI6A-9sBt\\_ObLX5I9AQqK1E/edit?usp=sharing](https://docs.google.com/document/d/1N_I7ev2DeWNPpIS3-VRSZI6A-9sBt_ObLX5I9AQqK1E/edit?usp=sharing)

#### **FIELD TRIP PERMISSION**

During the school year, teachers may arrange for children to participate in field trips. Type I field trips are walking field trips including walking field trips which intersect hazardous crossings. This approval DOES NOT INCLUDE field trips which require transportation (Type II) or are overnight (Type III) field trips. NOTE: Verbal approval will not be accepted. By selecting YES below, I understand that the necessary arrangements, plans and safety precautions will be taken for the care and supervision of the children during field trips, and I will be notified before each field trip takes place. I understand that it is my responsibility to notify the school immediately if you do not want my child to attend a particular field trip.

**Yes**, I give permission for my child to participate in Type I field trips for the 24/25 school year.

**No**, I do not want my child to participate in Type I field trips for the 24/25 school year.

#### **MEDIA RELEASE**

Staff of Saint Paul Public Schools, community organizations and media representatives may want to interview, photograph or videotape your child for use in publications, television reports, public presentations and websites. The photographs may be of groups of students or individuals, and the students' names may be used. For student protection online, a student's photo and last name will not appear together on school or District websites. Thank you for your cooperation in helping us highlight the good work and efforts of our learners and instructors.

##### **Please check one:**

**Yes**, I give permission for my child to be photographed and interviewed and permission to have my child's name used. Only first names will be used on a school or District web page if a photograph of that student is also displayed on the webpage.

**Yes**, I give permission for my child to be photographed, but do not want my child's name used along with the photograph.

**No**, I do not want my child photographed or interviewed and do not want their name used.

Please note that you must review and sign the Denial of Release of Directory Information if you do not wish to share any of your student's information including name and photographs for yearbooks, honors, awards, graduation programs, etc. To deny release of this information, contact the Student Placement Center at 651-632-3760.

#### **STUDENT TECH USER AGREEMENT**

Saint Paul Public Schools provides students with access to District technology resources for educational purposes. Students must adhere to all District policies, accompanying procedures, and guidelines in order to maintain access to those resources. I have reviewed Student Technology Use Agreement.

Yes  No

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### **WRITTEN ANNUAL NOTICE OF REIMBURSEMENT FOR HEALTH-RELATED SERVICES**

Minnesota school districts may seek reimbursement from insurers and similar third parties for school based health related services. Health related services may include assessments and services for nursing, speech/language/hearing, occupational therapy, physical therapy, personal care assistance, assistive technology devices, interpreter services, special transportation, and/or mental health. This consent for reimbursement will apply to health related services received by students either with or without an IEP (Individual Education plan)/IFSP (Individual Family Service Plan).

Before billing Medical Assistance (MA) or MinnesotaCare (MC) for health-related services the first time, and each year, the district must inform you in writing that:

1. The district will bill MA or MC for health-related services for students with an IEP/IFSP. Minn. Stat. § 125A.21, Subd. 2(c)(1).
2. The district must obtain your consent, including specifying the personally identifiable information that may be disclosed (e.g., records or information about the services that may be provided), the purpose of the disclosure, the agency to which the disclosure may be made (i.e. the Department of Human Services) and which specifies that you understand and agree that the school district may access your (or your child's) public benefits or insurance to pay for health-related services. You have the right to receive a copy of education records the district shares with any third party when seeking reimbursement for health-related services. Minn. Stat. § 125A.21, Subd. 2(c)(2).
3. For children aged 3 and older with an Individual Education Plan (IEP) The Minnesota Department of Education has indicated that consent for reimbursement may be obtained through the school district consent form, or the Minnesota Health Care Programs (MHCP) enrollment/re-enrollment form for MA/MC (05/02/2013, MDE memo).
4. The district will share data related to your child and health-related services with the Minnesota Department of Human Services to determine if your child is covered by MA or MC and whether those services may be billed to MA or MC.
5. The district may not require you to sign up for or enroll in MA or MC or other insurance programs in order for your child to receive health related services.
6. There will be NO cost to your family and this will NOT affect your MA/MC coverage, including TEFRA, waived programs, service limits or thresholds. The district may not require you to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for health services provided, but may pay the cost that you otherwise would be required to pay. The district may not use your child's benefits under MA or MC if that use would: decrease available lifetime coverage or any other insured benefit; result in your family paying for services that would otherwise be covered by the public benefits or insurance program and that are required for the child outside of the time your child is in school; increase your premiums or lead to the discontinuation of benefits or insurance; or risk your loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.
7. You have the right to stop your consent for disclosure of your child's education records to a third party, including the Department of Human Services, at any time. If you stop consent, the district may no longer share your child's education records to seek reimbursement for health-related services. You may revoke your consent, in writing via [thirdpartyconsent@spps.org](mailto:thirdpartyconsent@spps.org), at any time without affecting your child's services. Revocation is not retroactive. Minn. Stat. § 125A.21, Subd. 2(c)(3).
8. Even though St. Paul Schools will not bill your private insurance; if your child is under age 3 and has an IFSP, the District is required to inform you that:
  - a. Consent is required whenever the IFSP is revised due to increase (in frequency, length, duration or intensity) in the provision of services in your child's IFSP;
  - b. The Early Childhood program cannot require the use of private insurance to pay for IFSP services if there is any cost to the family, including co-pays, deductibles, increased premiums or effects on service limits and prior authorization;
  - c. If private insurance is used and you are charged out of pocket expenses by your insurer, the school district may pay or reimburse co-payments, deductibles or other insurance related costs in connection with health related services in your child's IFSP
  - d. If you have private insurance coverage, the early childhood program will seek a denial from your private insurance before public insurance or benefits are used to pay for early childhood services. Services will still be provided if your private insurance denies coverage for any reason.

Select  Yes or  No

### **PBIS SCHOOL CLIMATE STUDENT SURVEY (GRADES 3-12)**

Your student will be invited to participate in a survey during the fall and spring of the 2024-25 school year. This survey is anonymous and should take no more than 10-15 minutes to complete. The information collected from this survey will be used to identify how students feel at their school. School staff use the results to improve the school so that all students feel safe and that they belong. This survey will be administered at all Saint Paul Public Schools.

If you do NOT want your student to participate in this survey, please select that option below. If you have questions about this survey, contact your student's school.

- Yes, I do want my student to participate in the School Climate Survey.
- No, I do NOT want my student to participate in the School Climate Survey.

## 2024-2025 Back to School Forms

Student ID: \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Current School \_\_\_\_\_

### **HEALTH RELATED SERVICES REIMBURSEMENT NOTIFICATION AND CONSENT**

#### **NOTIFICATION AND CONSENT TO SEEK REIMBURSEMENT FOR HEALTH RELATED SERVICES AND FOR RELEASE OF RECORDS**

Dear Parent/Guardian:

Introduction: Minnesota school districts may seek reimbursement from insurers and similar third parties for school based health related services. Health related services may include assessments and services for nursing, speech/language/hearing, occupational therapy, physical therapy, personal care assistance, assistive technology devices, interpreter services, special transportation, and/or mental health. This notification and consent for reimbursement will apply to health related services received by students either with or without an IEP (Individual Education plan)/IFSP (Individual Family Service Plan). The District must obtain your consent to seek reimbursement for health related services from insurers and similar third parties.

**The purpose of this notice/form is:**

- To provide notification
- To obtain your signature for consent for reimbursement of health related services and release of records

**Notification:**

- Saint Paul Public Schools will seek reimbursement from insurers and similar third parties (Medical Assistance (MA) or MinnesotaCare (MC)) for school based health related services that your child receives (with or without an IEP/IFSP).
- The District will provide you annual notification of our intent to seek reimbursement for health related services.
- For IEP/IFSP health related services, **there will be NO cost to your family and this will NOT affect your insurance coverage** (including MA/MC coverage, TEFRA, waived programs, service limits or thresholds.)
- The District may not require you to sign up for MA/MC.
- You have the right to receive a copy of the education records the district shares with any third party (for example: Minnesota Department of Human Services (DHS) and the United States Department of Health and Human Services (DHHS))
- You may revoke your consent, in writing via [thirdpartyconsent@spps.org](mailto:thirdpartyconsent@spps.org), at any time without affecting your child's services. Revocation is not retroactive.

**Additional information:**

- For children age 3 and older consent may be obtained through either this school district consent form, or (when applicable) the Minnesota Health Care Program (MHCP) enrollment/re-enrollment form for medical assistance or MinnesotaCare, provided that: (1) you have completed the MHCP enrollment/re-enrollment form for MA or MC; (2) the District has provided you with an annual written notice; and (3) one year has passed since both (1) and (2) have occurred.
- St. Paul Schools will not bill your private insurance. If you have a combination of MA/MC and private insurance we will receive a denial from your insurance company, before billing MA/MC.

**2024-2025 Back to School Forms**

Student ID: \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Current School \_\_\_\_\_

**By selecting yes below:**

- I agree that Saint Paul Public Schools may access MA/MC for reimbursement of health related services.
- I agree Saint Paul Public Schools may release health related service records and other education records about my child to the Minnesota Department of Human Services (DHS) and the United States Department of Health and Human Services (DHHS), and their agents and contractors, for billing or audit purposes. Records that may be released include, but are not limited to IEP/IFSP plans, evaluation reports, and other IEP/IFSP related documents, diagnostic assessments, medical orders, diagnosis/ health conditions, service logs and attendance records.
- I understand that, except as allowed by law, these records may not be re-disclosed without my authorization on this consent form or the MHCP enrollment/re-enrollment form, as detailed above. This consent is retroactive one year from the date of the signature below.
- For children with an IFSP: My child has an IFSP and I have received a copy of the state system of payments policy, which includes: (1) Consent to Share Data and Seek Payment for IFSP Health Related Services; and (2) Written Annual Notice Related to Third Party Billing for IFSP Health Related Services. This policy will be provided to me each time my consent is required

Yes or  Request Paper Copy

**2024-2025 Back to School Forms**

Student ID: \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Current School \_\_\_\_\_

**2024/2025 PERMISSIONS AND RELEASES (ELEMENTARY ONLY)**

**SCIENCE SAFETY CONTRACT**

My child and I have read, understand and agree to follow these science safety procedures.

Select  Yes or  No

**EARLY LEARNING SCHOLARSHIP- PATHWAY II APPLICATION (PK ONLY)**

**Information**

[What is an Early Learning Scholarship?](#)

An Early Learning Scholarship – Pathway II can help your child attend high-quality child care and early education to help your child get ready for kindergarten. A program is eligible to receive Pathway II funds if they are Parent Aware Four-Star Rated. Parent Aware is a rating tool to help parents select high-quality early childhood programs. For more information, visit the Parent Aware website (ParentAware.org). Note: Children may only receive one scholarship within a 12-month period and cannot receive a Pathway I and Pathway II scholarship at the same time.

[Where can my child use a scholarship?](#)

Early Learning Scholarships – Pathway II are awarded to families by an eligible Parent Aware Four-Star Rated program. Pathway II early childhood programs receive scholarship funds from the Minnesota Department of Education. These programs then use their funds to award scholarships to families whose children attend the Pathway II program. The scholarships must be used at the awarding Pathway II program. The funding stays with the program to support other children if your child leaves.

*Funding provided by the Minnesota Department of Education using state funding to support administration of early learning scholarships, Minnesotata Statutes, section 124D.165.*

Is this student in Foster Care?  Yes  No

How did you hear about Early Learning Scholarships? (Select all that apply)  My Program  Friend or Family  Another Family in Program  Area Administrator

Community Partner (i.e. library)  Social Media  Online Research  Parent Aware / Child Care Aware  Tribal, County or State Service Provider  Flyer/Advertisement

Other

What is the highest level of education you have completed? (select one)  Less than high school  High school or GED  Some college or no degree  College Degree

What is your current employment status? (select one)  Employed full-time  Employed part-time  Unemployed seeking  Unemployed not seeking

## 2024-2025 Back to School Forms

Student ID: \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Current School \_\_\_\_\_

**What language does your family speak at home? (Select one)**  English  Hmong  Somali  Spanish  Vietnamese  Karen  Other

**Do you need an interpreter?**  Yes  No

### Agreement to Comply with Requirements

By submitting this application, you are confirming that you have read, understand and agree to the Early Learning Scholarships Program requirements and the items listed below:

- The information on this application is true, and all household members' incomes are reported. If I purposely give false information, my child may lose the scholarship and I may need to reimburse the state for funds paid.
- **My 3 to 5 year old** must complete and Early Childhood Screening within 90 calendar days of attending a selected program using a scholarship. If my child receives a scholarship between age 0 and 2, they must complete the screening within 90 days of their third birthday.
- My child will remain eligible to receive a scholarship through August 31 of the year he/she is age-eligible for kindergarten, or 5 years old on September 1, as long as state funding is available.
- I will notify the Pathway II program when my child stops attending the program where we are using a scholarship.
- I will notify the Pathway II program if I move or my contact information changes.
- Regular and consistent attendance is expected. Early Learning Scholarships cannot pay for more than 25 absent days, 10 planned closure days and 11 program holidays. Absent days over 25 will not be covered by scholarships and charges must be paid at my own expense.
- If the program is no longer participating in Parent Aware, I may not be able to continue to use the Early Learning Scholarship for that program.
- If I am a family child care provider participating in Parent Aware, I understand that I am not able to use my own child's Early Learning Scholarship at my licensed family child care.

### Required Consent to Share Your Information

By submitting this application, you are confirming that you have read, understand and consent to all the following statements to participate in the scholarship program.

- The Scholarship/Area Administrator may share my child's/children's name, address, date of birth and gender, and my name and address as listed on the application, as well as any scholarship amount my child is eligible for and the award date, with the program I choose. This is needed to ensure accuracy between the application and the information retained by the program.
- The Scholarship/Area Administrator may share my child's/children name, address, date of birth and gender, and my name and address as listed on the application with: (1) my local school district, for purposes of assigning my child a unique Statewide Student Identification (SSID) number to be used by the Scholarship/Area Administrator, and (2) the Minnesota Department of Education (MDE) to identify my child and validate scholarship payments.
- The Minnesota Department of Education (MDE) may share information about me and my child's/children's eligibility for and use of scholarships with other governmental agencies and programs including, but not limited to: the Child Care Assistance Program (CCAP), county or Tribal social agency workers, MFIP, SNAP, Head Start, free and reduced-price lunch, and the Child and Adult Care Food Program. These agencies can also share information about me and my child's eligibility for and use of assistance with the Minnesota Department of Education. This information may be used to verify my family's income eligibility for scholarships and to monitor the use of scholarships and other public assistance programs. I understand that consent to share my information remains in effect for six months after my scholarship ends.
- Scholarship/Area Administrators may share information from this application with MDE including name and address; demographic information; parent education; income information; my child's eligibility for and the amount of any Early Learning Scholarship; the program where I am using the scholarship; my child's SSID number; and whether or not I have complied with program requirements. This information is required to review eligibility, program implementation, and is necessary to comply with the state laws authorizing the program.



## 2024-2025 Back to School Forms

Student ID: \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Current School \_\_\_\_\_

### Screening Location

In order to verify screening has taken place, the Scholarship/Area Administrator has my permission to contact the school district office of the child to verify the screening location and date.

My 3-to-5 year old child's screening was completed at the location I have entered here. \_\_\_\_\_

Note: *I do not have to consent to sharing my information, but if I choose not to, I understand my child/children will not be eligible to receive an Early Learning Scholarship. Information to be release does not include supporting documents.*

### Screening Date

Please enter screening date. \_\_\_\_\_

### Tennessee Warning from the Minnesota Department of Education

This notice applies to all information collected for the Early Learning Scholarships program. It explains what information we will collect and why we are collecting it.

**What information are we requesting?** We are requesting all information on the Early Learning Scholarship - Pathway II program application, some of which is collected using iUpdate, some is considered private data under Minnesota law.

**Why do we ask you for this information?** Information on this application is required to apply for an Early Learning Scholarship. We will use the information collected here, and any additional related information, to determine eligibility for funding. This information is necessary to comply with the state law authorizing the program.

**Am I required to provide this data?** There is no legal obligation for you to provide the data requested; however, without it, we cannot determine your child's eligibility and your child will not receive a scholarship.

**Who else may see this information?** As described elsewhere in the application, with your required informed consent we will share your information with the program that you choose, your resident school district, and the Minnesota Department of Education. If you provide your optional consent, a third-party entity will make use of your information when evaluating the effectiveness of the scholarship program for the state. All of these entities, including the evaluator, are bound by Minnesota's data practices and privacy laws and will not share your private data except as described here and in the consent. The evaluator must not share your data with anyone except MDE. We may also give the date you have provided to the Legislative Auditor, the Minnesota Department of Human Services, and/or other agencies with the legal authority to access the information, or anyone authorized by a court order.

**How else may this information be used?** We may use or release this information only as stated in this notice, unless you give us your written permission to release the information for another purpose or to another individual or entity. The information may be used for another purpose if the U.S. congress or the Minnesota Legislature passes a law allowing or requiring other uses.

**How long will my data be kept?** Your data will be kept for a minimum of seven years.

**2024-2025 Back to School Forms**

Student ID: \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Current School \_\_\_\_\_

**Optional Consent: Release Information and Participate in an Evaluation**

Please indicate that you have read, understand and agree to the following:  Yes  No

Scholarship/Area Administrator or MDE may share information from my application, my child's eligibility for and amount of any Early Learning Scholarship, and the program where I use my scholarship, with MDE-authorized program evaluators for purposes of analyzing how funds are spent, how families are informed about the program, the program's impact on child development or school readiness, the quality of early learning programs where scholarships are used, and other evaluations deemed relevant by MDE. No public report will include specific identifying information about any individual child.

**PARENT/GUARDIAN SIGNATURE**

By selecting yes, you agree and verify the following:

I verify that I am the parent or legal guardian, all information on this application is true, and the incomes of all adult household members are reported. I understand that if false information is given, my child/children may lose the scholarship and I may need to reimburse the state for funds already paid.

I agree to the program requirements described on the Agreement to Comply with Requirements page.

I agree to have my information and/or my child's information shared as described on the Required Consent to Share Your Information.

I agree that I have read and understand the Tennessee Warning.

I understand that, under Minnesota law, my electronic signature has the same force and effect as a handwritten signature. By selecting **Yes** on this application, I understand and agree to all of the information and terms set forth in the scholarship application.

Yes  No

**2024-2025 Back to School Forms**

Student ID: \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Current School \_\_\_\_\_

**2024/2025 PERMISSIONS AND RELEASES (6-8 ONLY)**

**SCIENCE SAFETY CONTRACT**

My child and I have read, understand and agree to follow these science safety procedures.

Select  Yes or  No

**2024-2025 Back to School Forms**

Student ID: \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Current School \_\_\_\_\_

**2024/2025 PERMISSIONS AND RELEASES (9-12 ONLY)**

**BILINGUAL SEALS (10th, 11th, 12th Grade only)**

Students who speak and write in a language other than English can earn a Bilingual Seal and college credit through a qualifying language proficiency test. Would you like to receive more information about the bilingual Seal and spring testing opportunities?

- Yes, I am interested in receiving information about Bilingual Seals.  No, I am not interested at this time.

**RELEASE OF STUDENT DATA NOTICE TO PARENTS OF HIGH SCHOOL STUDENTS – MILITARY RECRUITMENT**

In the Saint Paul Public Schools, the following information about students is public.

Name    School    Birth Date    Dates of Enrollment    Grade    Awards    Extra-Curricular Information (including height and weight of athletes)

Both the Minnesota Legislature and the United States Congress have passed laws requiring us also to release addresses and telephone numbers of students in high school to military recruiters. You have the option of refusing to release this information regarding yourself/your student. If you do not want Saint Paul Public Schools to release information about yourself /your son or daughter to military recruiters, please fill out the form below and return it to the school.

**Either the student or the parent may choose not to release information to military recruiters. That choice will remain in effect until the parent submits a written request to the school allowing the release of information to military recruiters.**

For more information regarding Student Records and Your Rights, please visit [spps.org/student records](http://spps.org/student records).

- I, the parent/guardian of the above named student, request that his/her name, address and telephone number **NOT** be released to military recruiters by the Saint Paul Public Schools.
- I do not want to opt out.

## 2024-2025 Back to School Forms

Student ID: \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Current School \_\_\_\_\_

### **DIRECT ADMISSIONS MINNESOTA (12th Grade only)**

Dear Parent/Guardian:

Saint Paul Public Schools is participating in a new state pilot program called Direct Admissions Minnesota. Direct Admissions Minnesota is designed to make sure all high school seniors know that they have options for education and training after high school through Minnesota's colleges. We want to reduce anxiety surrounding college admissions by connecting students to the colleges where they have met admission standards, waive all application fees, and streamline the admissions process. Saint Paul Public Schools participating in Direct Admissions Minnesota program are: AGAPE, Central HS, Como Park HS, Creative Arts, Gateway to College, Gordon Parks, Harding HS, Highland Park HS, Humboldt HS, Johnson HS, LEAP, Open World Learning, SPPS Online HS and Washington HS. Based on a review of your student's 11th grade transcript (grade point average and course grades), you and your 12th grade student will receive communication this Fall indicating the colleges to which your student has met the admissions criteria. Your student will then be asked to select which colleges they would like to be directly admitted. By selecting yes to be directly admitted to one or more participating colleges, the following information is collected by the school and shared with the Minnesota Office of Higher Education:

- Name
- MARSS number
- Academic information
- High school transcript
- Contact information
- Gender
- Birthdate
- Colleges selected by your student for direct admissions.

This data will be used by the school or district, and the Minnesota Office of Higher Education staff to notify colleges of your student's direct admissions participation, waive application fees at the colleges, and provide colleges with your student's contact information to complete the admissions process. Your student is not required to provide this information and may choose to apply to any of the participating colleges using the standard application links they provide on their website; however, application fee waivers are not guaranteed.

In addition, the Office of Higher Education will ask your student to volunteer additional contact information to facilitate the college admissions process (e.g. contact information, anticipated date of college enrollment, parent or guardian name and contact information). Your student is not required to submit the personal contact or anticipated enrollment information requested. If your student does not provide the personal contact or anticipated enrollment information, your student may still participate in Direct Admissions and the colleges your student selected will be instructed to reach out to your student for this information via the admissions application form or other means.

Information your student provides and information about your student as part of Direct Admissions Minnesota is available only to you, our school and district staff, the Office of Higher Education, the colleges your student selects, the Office of the Legislative Auditor, and upon court order. There are 55 Minnesota colleges participating in the program.

Would you like your student to participate in the Direct Admissions program?

Yes, I give my permission to participate in the Direct Admissions program.

No, I do not give permission.

**2024-2025 Back to School Forms**

Student ID: \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Grade \_\_\_\_ Birth Date \_\_\_\_\_ Current School \_\_\_\_\_

**ACHIEVE TWIN CITIES RELEASE INFORMATION**

In Saint Paul Public Schools, the following information about students is considered directory information or public:

Name Birth Date Grade School Dates of Enrollment Awards Received Extra-Curricular Information

Through a data sharing agreement, the district is allowed by state and federal law to share other information to improve educational outcomes for students.

Saint Paul Public Schools is working with Achieve Twin Cities in your high school to provide career and college readiness programs and opportunities for all students. Through this partnership, Achieve Twin Cities stores student data in an external proprietary database to personalize communication and services.

Specifically, the following data elements are being sent to Achieve Twin Cities on a quarterly basis:

- Student number · Gender · Home Primary Language · Race/Ethnicity · Free/Reduced Price Lunch Status · English Language Learner Status
- Special Education Status · Enrollment Status · Student GPA · Class Rank · Credits Earned · Highest ACT score · Attendance (days enrolled/absent)
- Postsecondary information on college enrollment for any graduating students · Student Email · Student Phone · Parent Email

You have the option of refusing to release information regarding yourself/your student. If you do not want Saint Paul Public Schools to release information about yourself/your student to Achieve Twin Cities, please indicate OPT OUT below. Either the student or the parent/guardian may choose not to release information to Achieve Twin Cities. That choice will remain in effect until the parent/guardian submits a new request allowing the district to release information.

(OPT OUT) I, the parent/guardian of this student, request that information not be released to Achieve Twin Cities by Saint Paul Public Schools.

I do not want to opt out.