

Frazee-Vergas Public Schools

Independent School District No. 23

305 North Lake Street

Frazee, Minnesota 56544

Phone: 218-334-3181

Administration Fax: 218-489-8493

Elementary Fax: 218-489-8488

High School Fax: 218-489-8485

AUTHORIZATION FOR RELEASE OF Elementary SCHOOL RECORDS

TO WHOM IT MAY CONCERN:

Frazee Elementary School requests the release of school records for a student enrolled in our school to be sent to Frazee High School, 305 North Lake Street, Frazee, MN. 56544

Please Include:

1. Official Administrative Record Information: Identifying information such as name, address, date of birth, standardized test results, attendance records, and schools attended.
2. Discipline Records
3. Special Education records: IEP, assessments, psychological testing & reports
4. 504 Plan
5. Test recordsHealth & Immunization Records
6. MARSS# _____

I authorize the release of the records indicated above for:

Name of Student (First, Middle, Last)

Current Grade

Last School Student Attended

Address of School

Today's Date

Please fax/email the above information to: **Cindy Wischnak** cwischnak@frazee.k12.mn.us

FRAZEE-VERGAS SCHOOL DISTRICT STUDENT REGISTRATION FORM
2024-2025

<u>CHILD'S FULL NAME</u>	<u>GRADE</u>	<u>SOCIAL SECURITY #</u> (not required)	<u>BIRTH DATE</u>	<u>GENDER</u>
_____	_____	_____	_____	M F
_____	_____	_____	_____	M F
_____	_____	_____	_____	M F

CURRENT ADDRESS _____

GUARDIAN #1 NAME _____ CELL PHONE _____ HOME PHONE _____

MAILING ADDRESS (if different than above) _____

EMAIL _____

GUARDIAN #2 NAME _____ CELL PHONE _____ HOME PHONE _____

EMAIL _____

MAILING ADDRESS (if different than above) _____

STUDENT LIVES WITH: () FATHER () MOTHER () STEP-DAD () STEP-MOM () OTHER _____

PRESENT FAMILY STATUS

BOTH PARENTS TOGETHER _____

SEPARATED _____

DIVORCED _____ IF YES, WHO HAS CUSTODY? _____

OTHER ARRANGEMENTS _____

LAST SCHOOL ATTENDED _____ PUBLIC _____
NON-PUBLIC _____

SCHOOL ADDRESS _____

HAS YOUR CHILD RECEIVED SPECIAL EDUCATION SERVICES ____YES ____NO

HAS YOUR CHILD HAD A RECORD OF EMOTIONAL BEHAVIOR DISORDERS(EBD)? ____YES ____NO

HAS YOUR CHILD HAD A HISTORY OF STUDENT VIOLENCE? ____YES ____NO

DATE ENTERED AT FRAZEE _____

TRANSPORTED BY BUS - NO ____
YES ____ IF SO, WHAT NUMBER? _____

COUNTY OF RESIDENCE: BECKER ____ OTTERTAIL ____ OTHER ____

ENROLLMENT STATUS: (CHECK ONE)

RESIDENT OF DISTRICT _____

OPEN ENROLLMENT _____

OTHER _____

HAVE YOU RECENTLY MOVED TO THIS SCHOOL DISTRICT WITHIN THE LAST 36 MONTHS FOR
TEMPORARY OR SEASONAL AGRICULTURAL OR FISHING WORK? ____YES ____NO



FRAZEE VERGAS PUBLIC SCHOOLS
Annual Health Status Update- Emergency Information
2024 - 2025

Student Information

Full Name: _____ Grade: _____ Birthdate: _____ ☐ Male ☐ Female
Address: _____ Phone #: _____

Parent/Guardian # 1 _____ Parent/Guardian # 2 _____
Mailing Address(if different) _____ Mailing Address(if different) _____

Home # _____ Home # _____
Cell # _____ Cell # _____
Work # _____ Work # _____
Employer: _____ Employer: _____
Email: _____ Email _____

☐ Check here if any of your information has changed since last school year.

Student lives with (select all that apply):

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Grandmother ☐ Grandfather ☐ Foster Family ☐ Other _____

In the Event of Emergency

Please list TWO local friends or relatives who have agreed to and will assume responsibility of your child if the school is unable to notify parent/guardian in the event of an illness/ emergency who is able to come and pick child up from school. Please do not list members of the same household.

Emergency Contact _____ Emergency Contact _____
Relationship _____ Relationship _____
☐ Home # _____ ☐ Home # _____
☐ Cell # _____ ☐ Cell # _____

Please list siblings below:

Name	DOB	Grade	Lives in Home (yes/no)	Comments

Health Information

Health information is obtained and held in the health office in the event that your child is sick or is experiencing an emergency. The information is confidential but may be shared with those such as teachers, bus drivers, and others to ensure the health and safety of your child is being met. This information is only given out if it is needed and will not be given out otherwise.

Primary Doctor: _____ Date of last physical exam: _____

Has your child been immunized since the beginning of last school year? ☐ NO ☐ YES

Type of Immunization: _____ Date Given: _____

Allergies

Food allergies are not recognized unless we have a food allergy action plan signed by a physician listing the specific allergen. There is a **Special Diet Form** on the Frazee Vergas School website that can be signed by a MD if you would like any modifications made to your child's food selection. The cafeteria will also not recognize it as an allergy until form is brought into school and properly filled out.

Allergies (including food, environmental, etc) ☐ NO ☐ YES - if yes, _____

Treatment of Allergies: _____

Daily Medications

MN State Law 121A.22 requires written permission from a Health Care Provider and parent/guardian before any prescription medication can be given at school. Over the Counter (OTC) medications need written permission prior to administration by a school nurse and medications need to be provided to the school. Forms are available in the Health Office.

Does your child take any medication on a regular basis? ☐ NO ☐ YES

If yes, list medication(s) and reason: _____

Does this medication need to be given in school? ☐ NO ☐ YES --- if yes, the Medication Authorization Form must be filled out.

Life Threatening Medical Conditions

MN State Laws 121A.15-38 requires that students with life threatening health conditions, where conditions would "put a child in danger of death during the school day", have medication/ treatment orders and a nursing plan in place at school before your child can attend school. Forms are available in the Health Office. Please contact the school nurse if any apply to your child.

Life Threatening Conditions

(Requires Health Care Provider Orders + Healthcare Plan- please check all that apply)

- ☐ No ☐ Yes Severe Allergic Reaction to Nuts (list): _____
- ☐ No ☐ Yes Severe Allergic Reaction to Bee Stings (medication): _____
- ☐ No ☐ Yes Other Severe Allergies (list/medication): _____
- ☐ No ☐ Yes Severe Asthma (regularly takes medication for condition): _____
- ☐ No ☐ Yes Diabetes: _____
- ☐ No ☐ Yes Seizure Disorder: _____

Health Concerns

(Potentially life threatening condition that may require Health Care Provider Orders- check all that apply)

- ☐ No ☐ Yes Asthma (takes medication only when needed): _____
- ☐ No ☐ Yes Seizure (Type of Seizure/Date of last Seizure): _____
- ☐ No ☐ Yes Heart Condition: _____
- ☐ No ☐ Yes Behavioral/Emotional Concerns: _____
- ☐ No ☐ Yes Vision Concerns: ☐ Near Sighted ☐ Far Sighted ☐ Colorblind Wear glasses/contact lenses? ☐ Yes ☐ No
- ☐ No ☐ Yes Hearing Concerns: _____
- ☐ No ☐ Yes Other Health Concerns: _____

Does your child have any other conditions that would affect his/her classroom performance or P.E. activities?

☐ No ☐ Yes if yes, explain _____

All health information is considered confidential. By signing below I agree for information to be shared with staff, including bus drivers and teachers, but only as needed during the time your child is enrolled in Frazee Vergas School and is done so in order to ensure the health and safety of your child, unless otherwise requested by you in writing. In the event of an emergency, sudden injury, or illness I give my consent to treat my child at the nearest treatment facility. This consent is only good for the 2019-2020 school year. I acknowledge that I am responsible for all charges accrued in connection with any care and treatment given outside of the school. I understand that this consent can be terminated at my request, in writing. There will be no consequences for not providing any of the above information, however it may result in an incomplete health and safety plan for my child.

It is the responsibility of the parent to notify the school nurse in the event any information such as emergency contact, medications, health concerns, etc change during the school year.

Parent/Guardian Signature: _____ Date: _____

Appendix A: Minnesota Language Survey

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	
2. My student speaks:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	
3. My student understands:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	
4. My student has consistent interaction in:	☐ language(s) other than English. ☐ English and language(s) other than English. ☐ only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____
 Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [*Frequently Asked Questions: Ethnic and Racial Designation Form*](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select "yes" or "no" to this question.]

☐ **Yes** [If yes, go to Question A.]

☐ **No** [If no, go to Question 1.]

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

- | | | | |
|--|---------------------------------------|--|--|
| ☐ Decline to indicate | ☐ Guatemalan | ☐ Salvadoran | ☐ Other Hispanic/Latino |
| ☐ Colombian | ☐ Mexican | ☐ Spaniard/Spanish/
Spanish-American | ☐ Unknown |
| ☐ Ecuadorian | ☐ Puerto Rican | | |

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

☐ **Yes** [If yes, go to Question 1a.]

☐ **No** [If no, go to Question 2.]

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| ☐ Decline to indicate | ☐ Cherokee | ☐ Other North American Indian Tribal Affiliation |
| ☐ Anishinaabe/Ojibwe | ☐ Dakota/Lakota | ☐ Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

☐ **Yes** [If yes, go to Question 3a.]

☐ **No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate
- ☐ Asian Indian
- ☐ Burmese

- ☐ Chinese
- ☐ Filipino
- ☐ Hmong

- ☐ Karen
- ☐ Korean
- ☐ Vietnamese

- ☐ Other Asian
- ☐ Unknown

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

☐ **Yes** [If yes, go to Question 4a.]

☐ **No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate
- ☐ African-American
- ☐ Ethiopian-Oromo

- ☐ Ethiopian-Other
- ☐ Liberian
- ☐ Nigerian

- ☐ Somali
- ☐ Other black
- ☐ Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Print/Save

Digital Equity Survey

The Minnesota Department of Education requires us to gather information regarding each student's access to the internet and devices at home. Please fill out the attached survey at your earliest convenience. If you have multiple students in your household, please include all of their names in the survey.

Student full Name(s):

Date:

Has Internet at home:

☐ Yes - Internet access in residence

☐ No - Not available

☐ No - Not affordable

☐ No - Other

Internet access type:

☐ Residential Broadband

☐ School provided Hot Spot

☐ Dial-up

☐ Cellular Network

☐ Satellite

☐ Other

☐ None

Internet Performance:

☐ Yes - No issues

☐ Yes - But not consistent

☐ No

Digital Device:

☐ Desktop/Laptop

☐ SmartPhone

☐ Tablet

☐ None

☐ Chromebook

☐ Other

Digital Device Provider:

☐ Personal Device

☐ School-owned device

☐ Other

Device Access:

☐ Shared

☐ Not shared



Anderson Coach of Frazee, Inc.

PO Box 98

Frazee, MN 56544

Phone: (218) 334-3171

Michelle Anderson

If you are in need of busing for your child or your child's busing schedule changes, please reach out to Michelle at Anderson Bus and Coach.



FRAZEE-VERGAS

PUBLIC SCHOOLS | ISD# 23

305 North Lake Street | Frazee, MN 56544

Phone: 218-334-3181 | www.frazee.k12.mn.us

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:

Frazee-Vergas Public Schools

305 North Lake Street

Frazee, MN 56544

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 218-334-3181.

Sincerely,

Sarah Wallin-Prellwitz, Food Service Department

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.

WAIVER OF CONFIDENTIALITY

Sharing Information with Other Programs

Dear Parent/Guardian: _____ Date: _____

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

- ☐ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with **The Activities Department for Related Fees**
- ☐ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with **The Early Childhood Department for Related Fees**
- ☐ Yes! I DO want school officials to share information from my Free and Reduced-Price School Meals Application with _____

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Frazee-Vergas Public Schools** at **218-334-3181**

Return this form to **your child's school office** or to:

Frazee-Vergas Public Schools
305 North Lake Street
Frazee, MN 56544

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD3027) at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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: (School/District Information)

STEP 1: List ALL Household Members who are Infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Read How to Complete the Application for Educational Benefits for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (v)
						☐
						☐
						☐
						☐
						☐

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

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

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

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

B. Child Income.

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

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$				

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

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs				Are you Self-Employed or a Farmer?		Any Other Gross Income						
	Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).	Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	☐	☐	☐	☐	\$	☐	☐	\$	☐	☐	☐	☐	\$
	☐	☐	☐	☐	\$	☐	☐	\$	☐	☐	☐	☐	\$
	☐	☐	☐	☐	\$	☐	☐	\$	☐	☐	☐	☐	\$
	☐	☐	☐	☐	\$	☐	☐	\$	☐	☐	☐	☐	\$

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	

Do Not Fill Out: For School Office Use	Conversions to Annualize All Income:	X52	X26	X24	X12	X1	Verified? Attach Tracker	No change	Free After Verified	Reduced After Verified	Denied After Verified									
All Total Income (include child and adult income)	Weekly	☐	Bi-weekly	☐	2X Month	☐	Monthly	☐	Annualize	☐	Household Size:	☐	Categorical Eligibility	☐	Free	☐	Reduced	☐	Denied	☐
Determining Official Signature:	Date:																			
Confirming Official Signature:	Date:																			

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility. 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
- Earnings from work - Social Security a. Disability Payments b. Survivor's Benefits - Income from person outside the household - Income from any other source	- A child has a regular full or part-time job where they earn a salary or wages - A child is blind or disabled and receives Social Security - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits - A friend or extended family member regularly gives a child spending money - A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
- Salary, wages, cash bonuses (before deductions or taxes) - Net income from self-employment (farm or business) - If you are in the U.S. Military: a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) b. Allowances for off-base housing, food and clothing	- Cash Assistance from State or local government - Supplemental Security Income - Unemployment benefits - Worker's compensation - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security - Disability benefits - Regular income from trusts or estates - Annuities - Investment income - Rental income - Regular cash payments from outside household

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

Nondiscrimination statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiocassette, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.



Dear Parents/Guardians,

I hope that everyone has enjoyed their time during our summer break and I welcome you back into the new 2023-2024 school year. I wanted to take the time to review some important information with the health office. I am looking forward to working with you and your child to ensure a smooth, healthy transition from the summer break back into the new school year. I am here to assist in any way that I can to ensure the health of our children is being met in the school setting.

I have listed some information below that should help answer questions you may have regarding my role and the operation of the nurse here at Frazee Vergas Schools in regards to the health of your child.

Communicable Diseases

Frazee Vergas School requires that students must stay home on days that they are ill, especially with communicable diseases. I have attached a form called "Am I well enough to go to school?" which will assist in deciding if your child is appropriate for the school setting. If your child is not feeling well with things such as anxiety, frequent headaches, etc. and it is not something that could spread to their peers there are often several interventions that I can provide in school to ensure their health needs are being met and they are still able to learn throughout the day. Many times administering ibuprofen, tylenol, or turns and allowing for a short rest period will allow the child to feel better while still being able to learn throughout the day.

Prescription Medications

If a child requires a prescription medication to be administered during the school hours, a "Prescription Medication" form must be signed by both the physician and the parent. (Form is available on the school website under District Forms). A physician's signature is required on all prescription medications and medications given for longer than a 2-week period of time on a routine basis. It is the responsibility of the parent to provide all medications to the school to keep them updated. I will call when they are outdated or running low. The medication that is given to the school needs to be in the original container. A prescription medication needs to be in the original pharmacy container and pharmacy label with the child's name, medication name, administration time, medication dosage, and healthcare providers name clearly labeled on it. Ideally these medications would be hand delivered to the school by an adult. If this accommodation is difficult please contact me so an alternative route can be made.

Over the Counter Medications

In order for myself to give over the counter medications I need the medication to be brought into the health office and a "Over the Counter Medication" form to be signed by a parent/guardian with specific instruction on how you would like for me to administer the medications. (Form is available on the school website under District Forms). We no longer need a signature from a physician for over the counter medications given as needed but I do require a signed authorization form within 2 school days of a verbal permission given to administer over the counter medications. If I give an as needed medication to your child in school the child will be sent home with a note stating the date and time or I will reach out to you via telephone. Over the counter medications also need to be provided in their original container with the name of the medication and an expiration date clearly labeled. Please contact me in advance to arrange for medication to be brought into school.

Accommodations to Student Diet

If your child has allergy or sensitivity to any food product, including dairy please fill out a "Special Diet Form" (also found on intranet under District Forms). If the allergy is beyond a dairy milk substitute (ex. soy, almond milk) the form must be signed by a physician. The cafeteria will also not recognize it as an allergy until the Special Diet Form has the appropriate signatures. This is very important to have filled out prior to the start of school.

AM I WELL ENOUGH TO GO TO SCHOOL?

Many parents and students are frequently concerned about when students should stay home or attend school. The following formation is intended to help with this decision.

GENERAL PRACTICE:

1. If a student has had a fever over 100 degrees or more, the student should stay home for 24 hours after temperature returns to normal without medications.
2. If a student has vomited or had diarrhea, the student should stay home 24 hours after the last episode.
3. If a student has any rash that may be disease related or the cause is unknown, check with your family physician before sending the student to school.
4. If a student is ill, please notify the school daily to report his/her absence.

<u>Health Condition</u>	<u>Symptoms</u>	<u>Incubation Period</u>	<u>School Action</u>	<u>Transmission</u>
Chicken Pox	Low grade fever, general feeling of illness, rash that initially resembles water blisters, appearing over 3-4 days, comes in "crops". Scabs appear later.	2-3 weeks	Exclude from school until all scabs are dry and crusted. Contagious 1-2 days before eruption and not more than 6 days after the last crop of vesicles.	Viruses spread directly from a person through discharge from the nose and mouth. Also spread by discharge from skin and mucous membranes of infected persons. Readily communicable. One attack usually confers immunity. Children on immunosuppressive drugs are at high risk.
Cold Sores	Vesicles usually on lips but may occur anywhere on skin or in mucous membranes. May be confused with Impetigo.	2-12 days	No restriction. May be communicable as long as seven weeks after lesions appear.	Virus is transmitted by direct contact with infected persons, a majority of whom have no apparent infection.
Common Cold	Acute upper respiratory signs, including watery eye, sneezing, runny nose, general feeling of illness, low-grade fever, congestion.	12 hours- 3 days	No restriction unless ill. Communicable 24 hours before onset and for 5 days after nasal involvement.	Viruses spread directly through coughing, sneezing, and explosive manner of speech in which droplets are cast; indirectly through articles freshly soiled by discharge of infection.
Influenza	Chills, body aches, headache, high fever, sore throat, followed by cough, congestion	24-72 hours	Exclude from school until well- usually 2-7 days	Viruses spread directly through coughing, sneezing, and contact with nose or throat discharges of infected persons. Possibly airborne.
Impetigo	Blisters, pustules are rapidly covered with honey-colored crusty drainage. May be confused with cold sores. Usually seen first near the mouth or nose and can spread rapidly.	1-6 days occasionally longer	Excluded from school until verification of treatment or until lesions are dry. Contagious until lesions are healed.	Bacteria spread by direct contact with persons or with discharges from the nose or throat of a patient; airborne transmission also occurs.



FRAZEE-VERGAS

PUBLIC SCHOOLS | ISD# 23

305 North Lake Street | Frazee, MN 56544

Phone: 218-334-3181 | www.frazee.k12.mn.us

Danielle Adams
Indian Education Coordinator
Frazee-Vergas Schools

Dear Parents/Guardians,

I hope you have all had a wonderful summer break. The new school year is fast approaching. I am the new Indian Education Coordinator, and I look forward to meeting you this school year.

Did you know that if your family has any degree of Native American ancestry, your child/children could qualify for additional services? I encourage you to learn more about our Title VI Indian Education Program in the Frazee-Vergas Schools. Culture is a filter through which people perceive, view and evaluate the world around them. With so much diversity reflected in our society, we feel it is important that culture is integrated into your child's education here at Frazee-Vergas Schools. Fun hands-on activities will be provided along with short movies, and study time. As your child grows, so will the opportunities to witness first hand their heritage in action through field trips and guest speakers.

We provide academic assistance that includes: tutoring, monitoring of attendance and grades. We also have school supplies on hand in my classroom at the elementary level and my office at the high school. We also offer emotional support through encouragement, in house self awareness, and self-esteem building activities, as well as referrals to outside resources.

Our active parent committee provides assistance and guidance to the Frazee-Vergas School District in ensuring effective programs and cultural services for our American Indian Students. We encourage you to join this program. In order for your child to be a part of this program, you must indicate having American Indian ethnicity on the student enrollment forms. Please note, there is never any pressure to participate but truly hope you consider checking it out. If you have any questions, do not hesitate to reach out to me. I look forward to the opportunity of getting to know you and your child. Enjoy your last few weeks of summer break.

Sincerely,

Danielle Adams
Indian Education Coordinator
dadams@frazee.k12.mn.us
218-334-3181