

Annandale Public Schools **K-12 ENROLLMENT PACKET**



District Office

125 Cherry Ave N, Annandale, MN 55302

Mail: PO Box 190 Annandale, MN 55302

Phone: (320) 274-5602

Fax: (320) 274-5978



High School (Grades 9-12)

855 Hemlock Street E, Annandale, MN 55302

Phone: (320) 274-8208

Fax: (320) 274-2316



Middle School (Grades 6-8)

125 Cherry Ave N, Annandale, MN 55302

Phone: (320) 274-8226

Fax: (320) 274-5978



Elementary School (Grades K-5)

655 Park Street East, Annandale, MN 55302

Phone: (320) 274-8218

Fax: (320) 274-8470

Empower. Inspire. Achieve.



Annandale Public Schools

PERMISSION TO RELEASE SCHOOL RECORDS

Please include the following records:

Cumulative Records, Transcript, Grades, Attendance, Standardize Test Scores, Discipline, Immunizations, Current Sports Physical and Sports Eligibility and IEP and Eval, 504 Plan.

If your school district uses SpEd Forms due process system, please remotely send the student SpEd file to Crystal Torres, Annandale ISD876 (ctorres@isd876.org)

LEGAL Last Name	LEGAL First Name	LEGAL Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous School Most Recently Attended	Last Date Attended (MM/DD/YEAR)	
<input type="text"/>	<input type="text"/>	
Previous School's City	Previous School's State	Previous School's ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

The student above has enrolled at Annandale Public Schools and will tentatively begin on:

(MM/DD/YEAR)

Grade, Student Enrolling In

I AGREE

I, by selecting the "I agree" checkbox, am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document.

Date (MM/DD/YEAR)

Parent/Guardian Signature and/or Typed Full Name if signing electronically

High School (Grades 9-12)

855 Hemlock Street E, Annandale, MN 55302

Email: studentservices@isd876.org Fax: (320) 274-2316 | Phone: (320) 274-8208

Middle School (Grades 6-8)

125 Cherry Ave N, Annandale, MN 55302

Email: smjelde@isd876.org Fax: (320) 274-5978 | Phone: (320) 274-8226

Elementary School (Grades K-5)

655 Park Street East, Annandale, MN 55302

Email: KFahy@isd876.org Fax: (320) 274-8470 | Phone: (320) 274-8218

Note: According to section 7.0 and 7.2 of the Family Educational Rights Privacy Act of 1974, P.L.93-380, parent signature is not required to transfer student records to other school districts upon official request from school.

Annandale Public Schools

K-12 ENROLLMENT



Student Information

LEGAL Last Name

LEGAL First Name

LEGAL Middle Name

Preferred Name

Gender

Male

Female

Date of Birth (MM/DD/YEAR)

Grade Registering For

My child first learned:

English

If Other, Please Specify

My child speaks

English

If Other, Please Specify

My child understands
and has consistent
interaction with

English

If Other, Please Specify

Ethnicity, Please Check All That Apply

Hispanic/Latino includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.

White

Black/ African American

Native Hawaiian/
Pacific Islander

American Indian/
Alaskan Native

Asian

Has your student QUALIFIED for and PARTICIPATED in a Gifted and Talented Program in the Past?

Yes

No

N/A

Has your student QUALIFIED for and PARTICIPATED in a Title 1 Program in the Past?

Yes

No

N/A

Has your student ever had a 504 plan?

Yes

No

N/A

Does your student currently have an Individual Learning Plan (IEP)?

If Yes, in what area is the IEP in?

Learning Disabilities

Emotional/Behavior Disorder

Speech/Language

Developmentally/Cognitively Delayed

Yes

No

N/A

Has your student had an Individual Learning Plan (IEP) in the past?

If Yes, in what area is the IEP in?

Learning Disabilities

Emotional/Behavior Disorder

Speech/Language

Developmentally/Cognitively Delayed

Yes

No

N/A

Annandale Public Schools ENROLLMENT K-12



Student's Primary Household Information

This is where the student resides the majority of time.

For Office Use:
Check if this is an Open Enrollment Address.

Physical Address	City	State	Zip
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Mailing Address	City	State	Zip
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

We support families in transition, your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by answering the following three questions.

1. Presently, are you and/or your family in any of the following situation? Check one box

- Staying in a shelter, trailer, or waiting for foster care placement.
- Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.
- Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
- Unknown nighttime residence.
- Student(s) is/are in temporary foster care.
- None of apply.**
Skip to Parent or Guardian I section below

2. Unaccompanied Youth: Not in the physical custody of a parent or guardian. Check one box

- Student(s) is/are in temporary foster care.
- Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult.

3. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? YES NO

Parent or Guardian I Section ****This is the primary parent/guardian for the student.**

Last Name	First Name
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Employer	Email Address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Home Phone	Relationship to Student:
<input style="width: 95%; height: 25px;" type="text"/>	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Cell Phone	<input type="checkbox"/> Foster Home <input type="checkbox"/> Step Parent
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Work Phone	Other, Please Specify
<input style="width: 95%; height: 25px;" type="text"/>	

■ Annandale Public Schools **ENROLLMENT K-12**

Parent or Guardian 2 ****Secondary parent/guardian for the student in the SAME household.**

Last Name

First Name

Employer

Email Address

Home Phone

Relationship to Student:

Parent

Legal Guardian

Cell Phone

Foster Home

Step Parent

Other, Please Specify

Work Phone

Student's Secondary Household Information

Only complete this section if both parents DO NOT live in the Primary Household.

Physical Address

City

State

Zip

Mailing Address

City

State

Zip

Parent or Guardian 1 ****This is the primary parent/guardian of the SECONDARY household.**

Last Name

First Name

Employer

Email Address

Home Phone

Relationship to Student:

Parent

Legal Guardian

Cell Phone

Foster Home

Step Parent

Other, Please Specify

Work Phone

Parent or Guardian 2 ****Secondary parent/guardian in the SECONDARY household.**

Last Name

First Name

Employer

Email Address

Home Phone

Relationship to Student:

Parent

Legal Guardian

Cell Phone

Foster Home

Step Parent

Other, Please Specify

Work Phone

■ Annandale Public Schools **ENROLLMENT K-12**



Student Custody Information

If this is not applicable to your student, skip this page.

You must provide the most current documentation regarding any schedule, custodial, or legal restrictions that are defined by the courts. Without such documents the school will assume joint legal and physical custody.

Who has CUSTODY of the student listed above?

Parent/Guardian #1 First Name

Parent/Guardian #1 Last Name

Address

Email Address

Phone Number

Custody Rights
Please Check
All That Apply

Legal Custody

Physical Custody

Parent/Guardian #2 First Name

Parent/Guardian #2 Last Name

Address

Email Address

Phone Number

Custody Rights
Please Check
All That Apply

Legal Custody

Physical Custody

1. Is there a living/visitation schedule defined by the courts?

Yes

No

2. Are there any restrictions regarding physical and legal custody defined by the courts?

Yes

No



Annandale Public Schools ENROLLMENT K-12



Emergency Contacts

Emergency Contact #1 First Name

Emergency Contact #1 Last Name

Phone Number

Relationship To Student

Emergency Contact #2 First Name

Emergency Contact #2 Last Name

Phone Number

Relationship To Student

Emergency Contact #3 First Name

Emergency Contact #3 Last Name

Phone Number

Relationship To Student

Siblings Please list all siblings of the student.

Sibling's First and Last Name

Grade

Sibling's DOB (MM/DD/YEAR)

Sibling's First and Last Name

Grade

Sibling's DOB (MM/DD/YEAR)

Sibling's First and Last Name

Grade

Sibling's DOB (MM/DD/YEAR)

Sibling's First and Last Name

Grade

Sibling's DOB (MM/DD/YEAR)

Sibling's First and Last Name

Grade

Sibling's DOB (MM/DD/YEAR)



Annandale Public Schools **ENROLLMENT K-12**

Student Health Information

Providing the following health information will assist the school nurse in providing a safe school environment for your student.

Student's First Name

Student's Last Name

Middle Name

DOB (MM/DD/YEAR)

Grade

Primary Health Care Provider (Optional)

Preferred Hospital (Optional)

Health Insurance (Optional)

Public Medicaid/Medicare

No Insurance

Private/ BCBS, Health Partners, Etc.



The School Immunization Law in MN requires all students enrolled in K-12 grades be up-to-date on their immunizations or provide an exemption form to the school. For immunization info or to print the exemption, visit: www.isd876.org/healthoffice

Section One: Chronic Disease Assessment

My student does not have any Chronic conditions. (Proceed to section two)

Is your student currently under treatment for (check all that apply):

Asthma (Please provide a copy of an Asthma Action Plan)

Food Allergies

Insects Allergies

Latex Allergy

Unknown Source of Allergy

Medication Allergy

List names of allergens:

Food Intolerance or Celiac Disease. (If yes, please provide a special diet statement)

History or risk of Anaphylaxis. (If yes, please provide an Emergency Allergy Plan)

Type 1 Diabetes Type 2 Diabetes (If yes, please provide a Diabetes Management Plan)

Seizures (If yes, please provide a Seizure Action Plan)

List type and frequency of seizures:

**All additional Health Plans are available online at:
www.isd876.org/HealthOffice**



Annandale Public Schools **ENROLLMENT K-12**

Section Two: Student Health Conditions

Please indicate other health conditions for your student by checking applicable boxes below.

My student does not have any health conditions.
(Proceed to Section Three)

- | | |
|--|---|
| <input type="checkbox"/> Anxiety/Emotional Concerns | <input type="checkbox"/> Bowel or Bladder problem (constipation, indigestion, feeding tube, catheter, etc.) |
| <input type="checkbox"/> ADHD (Attention Deficit Hyperactivity Disorder) | <input type="checkbox"/> Breathing problem or persistent cough |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Physical Disability (mobility or physical activity restrictions) |
| <input type="checkbox"/> Behavioral Concerns | <input type="checkbox"/> Neurological Concerns/Head Injury |
| <input type="checkbox"/> Developmental or Learning Concerns | <input type="checkbox"/> Feeding or swallowing concerns |
| <input type="checkbox"/> Skin Concerns (rash, hives, eczema) | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Hearing or Vision Concerns | <input type="checkbox"/> Headaches/Migraines |
| <input type="checkbox"/> Spinal Injury or Spina Bifida | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Depression, self harm or suicide concern | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bleeds easily | |

Section Three: Medications

Does your student take any medications routinely at home or school?

Yes

No

If YES, please complete the information below.
If NO, continue to the next page.

Name of medication(s)	Time(s) given	Given at School	Purpose
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Medications given at school require a medication form signed by parent/guardian and possibly the healthcare provider
Visit: www.isd876.org/HealthOffice



Annandale Public Schools ENROLLMENT K-12

School Specific Information

Please complete the section that pertains to the grade level your child will be entering.

All Grades:

There are occasions when we would like to video tape or take pictures of the students' school activities to share in the newspaper and online. We feel it is important to ask for permission.

I give permission to have my student's picture shared on the school/district's websites. Yes No

I give my permission to include my child's name along with the picture. Yes No

I give permission to video tape my student's school activities. Yes No



Annandale Public Schools will need a COPY of your child's birth certificate. Please include a copy with your enrollment packet.

Kindergarten - Grade 5

Has your child had early childhood screening? Yes No
If Yes, when and where?

Do you have any developmental concerns about your child? Yes No

Would you like information regarding Afterschool Childcare? Yes No

Grade 6 - Grade 8

Does your child wish to be in Band? NO YES If Yes, What instrument?

Has your child been in band previously? NO YES If Yes, For how long?

Does your child wish to be in Choir? NO YES

Grade 9 - Grade 12

Does your child wish to be in Band? NO YES If Yes, What instrument?

Has your child been in band previously? NO YES If Yes, For how long?

Does your child wish to be in Choir? NO YES

Does your child wish to be in Spanish? NO YES

What is the most recent math class taken?

Annandale Public Schools **TRANSPORTATION**



M & M Bus Service, Inc. | 10606 Hemlock St. NW Annandale, MN 55302 | 320-274-8313

Please complete this page regarding school bus transportation.
Annandale Public Schools contracts with M & M Busing for transportation.

Student First Name	Student Last Name	DOB (MM/DD/YEAR)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Student's Home Address	Grade
<input type="text"/>	<input type="text"/>

Parent/Guardian First Name	Parent/Guardian Last Name
<input type="text"/>	<input type="text"/>

Parent/Guardian Email Address	Parent/Guardian Phone
<input type="text"/>	<input type="text"/>

Please designate a morning and an afternoon address. If you are requesting drop off/pick up at your child's daycare provider it must meet one of the following criteria; childcare provider must live within the district's bus route area; The child must be dropped off at the same location five days a week; All special arrangements must be made through a written request with the bus company. Special requests are up to the bus company's discretion.

If your child is from a split household that and will need additional pick up/drop off sites, please contact M & M Bus Service by phone: 320.274.8313

MORNING PICK UP ADDRESS	CITY	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian Home	Daycare Provider & Phone #	Relative's Home & Phone #
<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>

Check if your child does not require morning bus transportation.

AFTERNOON DROP OFF ADDRESS	CITY	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian Home	Daycare Provider & Phone #	Relative's Home & Phone #
<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>

Check if your child does not require afternoon bus transportation.

By accepting bus services, I save the School District and Bus Company harmless for any damage resulting from granting this request.

<input type="checkbox"/>	<input type="text"/>
I Agree	Signature and Date

By selecting the "I agree" checkbox, am signing this document electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature on this document.

FOR OFFICE USE ONLY:

<input type="checkbox"/> Drivers Notified	<input type="checkbox"/> Open Enrollment Address	<input type="checkbox"/> School Notified	<input type="checkbox"/> Student Record Changed
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Annandale Public Schools Technology Acceptable Use Contract

Name _____ Building _____
Date _____ Graduation Year (if applicable) _____

The technology at Annandale schools can provide great educational benefits to students and staff and is intended to support learning. Access to school computers, network, and the internet is a privilege for users who agree to act in a considerate and responsible manner. We require that all Annandale users read this document and then sign below, agreeing to the Annandale acceptable use policy. All provisions of the policy are subject to local, state and federal laws.

1. Use of the internet and technology **is for educational purposes only** and will be tied to classroom assignments or approved independent study. The school will attempt to filter out all inappropriate material, but ultimately the responsibility is on the individual for appropriate use. **Annandale Schools does not guarantee the reliability of the data connections and does not verify the accuracy of information found on the Internet.**
2. Network storage areas are the property of the school district, and users should not expect that files are private. **All information sent or received from a school computer is school district property and should not be considered confidential.** Technology administrators may review files and communications at any time. The district is not liable for personal property used to access school district computers, networks or online resources.
3. Users are responsible for good behavior in the use of technology. General school rules for behavior and communications apply.
4. The following are not permitted:
 - Sending or displaying offensive messages or pictures.
 - Using obscene language.
 - Harassing, insulting, or attacking others.
 - Damaging computers, computer systems or computer networks.
 - Downloading materials, installing software, adding files to a computer or violating copyright laws.
 - **Attempting to bypass or bypassing the school's filtering system.**
 - **Sharing account information or attempting to use or change another's password.**
 - Trespassing in another person's folders, work or files.
 - Intentionally wasting resources, such as excessive printing, sending to "mailing lists", etc.
 - Using school access to make purchases or other commercial purposes.
 - Revealing the personal name, address, phone number or other information about yourself or any other person.
 - Accessing any inappropriate materials for any reason.
 - **Participating in any other activity that is detrimental to students, the school or school officials.**
5. Violations may result in **the termination** of technology privileges at Annandale schools, as well as other appropriate disciplinary or legal action.

I have read the rules for acceptable online behavior, understand the rules, and agree to comply with the above stated rules. Should I violate the rules, **I understand that termination of usage and/or appropriate disciplinary or legal actions will occur.**

User Signature

Date

Students Under the Age of 18: As the legal guardian of the student signing above, I grant permission for the above student to use technology equipment and internet access at Annandale schools. I understand that some materials could be objectionable, but I accept responsibility for providing guidance to the above student on acceptable use both inside and outside of school—setting and conveying standards for the above student to follow when selecting, sharing, or exploring information and media

Parent or Guardian Signature

Date

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

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

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

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

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

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

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

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

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

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

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

No *[If no, go to Question 2.]*

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

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

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

Yes [Go to Question 3.]

No [Go to Question 3.]

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

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

No [If no, go to Question 4.]

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

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

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

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

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



Student Digital Equity Survey

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.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

Student Information

First name: _____

Last name: _____

Grade: _____

Student Primary Address: _____

Digital Device Access

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

No (skip to question 2)

Yes (continue to 1a)

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

(select ONLY one)

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

b. Is the electronic device (from 1a) provided by the school?

- Yes
- No

c. Is the electronic device shared with anyone else in the home?

- Yes
- No

Internet Access

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

- No – Internet is **not** available at home (skip to end of survey)
- No – Internet is **not** affordable at home (skip to end of survey)
- No – Other (skip to end of survey)
- Yes (continue to 2a)

a. 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.

b. 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