•AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS•

YELLOW MEDICINE EAST MIDDLE/HIGH SCHOOL - DISTRICT #2190
450 9TH AVENUE, GRANITE FALLS MN 56241-1399

Phone: 320-564-4081 ext. 100 Fax: 320-564-4782

Please indicate which records are to be released by placing a check mark beside the appropriate category or categories.

- ❑ Complete Transcript with grades to date
- ❑ Minnesota Basic Test Results
- ❑ Minnesota High Standards Progress Report
- ❑ Standardized Test Scores.
- ❑ Teacher, Principal and/or Counselor observations and ratings.
- ❑ Record of extracurricular activities.
- ❑ Health Records (Athletic Forms).
- ❑ Psychological Services Report/Special Education I.E.P./Records.
- ❑ The Student's MARSS number.
- ❑ Other (Please explain):_____

Office Notes:

I have reviewed the request identified above concerning the records of my student. Please release the records to the agency identified below. I authorize the release of the records indicated above for:

_____ _____ _____
Name of Student Current Grade Birthdate

_____ _____
Name of School Student Previously Attended School's Phone # if known

_____ _____
Complete Address of School School's Fax # if known

_____ _____
City/State/Zip Today's Date

Please send the above indicated information to the following school:

Attn: Student Records
Yellow Medicine East Middle/High School
450 9th Avenue
Granite Falls MN 56241-1399

Files can be emailed to:
kenninga@isd2190.org

According to Federal Law 99.31; MS 1234, parent signature is no longer required to release education records to be sent between schools.

FOR OFFICE USE ONLY: *Date Sent:*_____ *Date Received:* _____
Date Added to MARSS & Code #: _____ *Testing Records Entered:* _____

Yellow Medicine East MS/HS
450 9th Avenue
Granite Falls, MN 56241
MS/HS Office: 320-564-4081 x100
BRE Fax: 320-564-4782

STUDENT'S LEGAL NAME: Last, First, Middle (full)

_____

Legal Gender: ☐ **Male** ☐ **Female** **Date of Birth (mm/dd/yyyy):**_____ **Grade Entering**: _____

Country/City/State of Birth:_____
Please provide a copy of the student's birth certificate if available

STUDENT'S PRIMARY HOUSEHOLD:
Note: Please notify the school office and provide legal documentation if there is a custodial concern.

Student lives with (circle all that apply**)** ☐ **Mother** ☐ **Father** ☐ **Step-Parent** ☐ **Foster-Parent Other:**_____
Note: If the primary home address is outside YME District 2190, complete the General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education which may be obtained from the MS/HS office.

Parent/Guardian's Name:	**Second Parent/Guardian's Name (if applicable):**
Street Address:	**Mailing Address (if different):**
City:	**State/Zip Code:**
Cell Phone:	**Cell Phone:**
Work Phone:	**Work Phone:**
Email Address:	**Email Address:**

STUDENT'S SECONDARY HOUSEHOLD (if applicable, will be included in all (e)mailings):

Parent/ Guardian's Name:	**Second Parent/Guardian's Name (if applicable):**
Street Address:	**Mailing Address (if different):**
City:	**State/Zip Code:**
Cell Phone:	**Cell Phone:**
Work Phone:	**Work Phone:**
Email Address:	**Email Address:**

MCKINNEY VENTO HOMELESS EDUCATION ASSISTANCE ACT QUESTIONS:
Presently, are you and/or your family living in any of the following situations?

(Please check all that apply as you may be eligible for support.)

- ☐ **Staying in a shelter (family, domestic or youth) or FEMA trailer**
- ☐ **Waiting for foster care placement**
- ☐ **Sharing the housing of others due to loss of housing, economic hardship or similar reason**
- ☐ **Living in a car, park, campground, abandoned building, or other inadequate accommodation**
- ☐ **Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason**
- ☐ **Living alone as a minor student without an adult (unaccompanied youth)**

SPECIAL EDUCATION SERVICES INFORMATION: Does your child have an IEP? Y/N

If yes, which services have they received or are they currently receiving? Please circle all that apply.

Learning Disabled **Emotional/Behavioral** **Speech/Language**

Hearing Impaired **Vision Impaired** **Occupational/Physical Therapy**

ADDITIONAL EDUCATIONAL SERVICES INFORMATION: Please circle all that apply.

504 Plan **Gifted & Talented** **English Language Learner (ELL)** **Title Support**
Other:_____

CENSUS: Please list all other children in the student's household

Full Legal Name	Date of Birth (mm/dd/yyyy)	Gender	Grade	Enrolling at YME (Y/N)

PICTURE/VIDEO PERMISSION

During the course of the school year, classroom teachers, student teachers, and/or the local newspaper may photograph students. Students may also be videotaped in the classroom or during special events. Pictures and videos may be published to the local newspapers, district newsletter, student yearbook, or on the district's social media and web pages, as well as any partner college/universities that we work with. Yellow Medicine East has policies defining the guidelines for what is acceptable to be published on our district website. If you have concerns with this, please let the office know.

Please indicate by checking "yes" or "no" whether or not you give permission for the enrolled child for the following:

May the child be videotaped or photographed for school website/social media? Yes_____ No_____

May the child's first name or initials be used on the school website? Yes_____ No_____

**These agreements will remain in effect for the duration of your student's enrollment at YME MS/HS. If your preference should ever change, please contact the MS/HS Office.*

EMERGENCY CONTACT INFORMATION:

This information is being collected to provide for the student's health and safety at school. In the event of an emergency, if the school is unable to reach the parent/guardian, the school will secure emergency services (medical, dental, paramedic, ambulance) for the student, at the parent/guardian's expense. It is the parent's responsibility to update the school with any changes of address, phone numbers and emergency release contacts.

1. Emergency Contact's Full Name/Relationship to Student:	2. Emergency Contact's Full Name/Relationship to Student:

Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

BIOLOGICAL PARENT/LEGAL GUARDIAN
I certify the information given is true and complete to the best of my knowledge.

Printed Name_____ Signature _____ Date_____

DEPARTMENT OF EDUCATION

Reset form

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

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.]

O **Yes** *[If yes, go to Question 1a.]* O **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
- ☐ Anishinaabe/Ojibwe
- ☐ Cherokee
- ☐ Dakota/Lakota
- ☐ Other North American Indian Tribal Affiliation
- ☐ Unknown

Go to Question 2.

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

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

O **Yes** *[Go to Question 3.]* O **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]

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

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

O **Yes** *[Go to Question 6.]* O **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]

O **Yes** O **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Print/Save

IF YOU HAVEN'T ALREADY DONE SO IN STEP 1, YOU MUST COMPLETE STUDENT INFORMATION DATA ELECTRONICALLY AT https://jmc.isd2190.org and click NEW ENROLLMENT IF YOUR STUDENT HAS NEVER BEEN IN THE YME SCHOOL DISTRICT.

***If your student is returning to the district please log in to your parent portal or contact the building office for login ID and password!**

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.

Yellow Medicine East School District

Student/Family Residence Questionnaire

Your child may be eligible for additional educational services. Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Presently, are you and/or your family living in any of the following situations? *Check all that apply.*

- ☐ A. Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
- ☐ B. Waiting for foster care placement
- ☐ C. Sharing the housing of others due to loss of housing, economic hardship or similar reason
- ☐ D. Living in a car, park, campground, abandoned building, or other inadequate accommodation
- ☐ E. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- ☐ F. Living alone as a minor student(s) without an adult (unaccompanied youth)

If you checked any box above please complete the remainder of this form and submit it to school personnel.
If you did not check any box above, you do not need to complete or submit this form.

2. Please list all children currently living with you.

First	Middle	Last	M/F	Birthdate	Grade	School Name

The undersigned parent/guardian certifies that the information provided above is accurate.

Print Parent/Guardian Name **Signature** Date

(Area Code) Phone number Street Address City State Zip

Your children have the right to:

- ✓ Continue to attend school in the school attended before you became homeless (school of origin).
- ✓ Receive transportation to the school of origin
- ✓ Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment.
- ✓ Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- ✓ Have enrollment disputes quickly addressed.

The McKinney Vento Homeless Education Assistance Act to ensure the educational rights above for students who are homeless. If you wish to have a copy of this document, please ask the staff person helping you today to make one.

✓ YMESD staff assisting with this process: _____ _____ _____
Name Signature Date

Copies to: 1. YMESD Enrollment Office 2. School Social Worker 3. School Office

Yellow Medicine East
Migrant Survey

Parent/Guardian	Mother's Name	Address	Phone

Student	Grade	ID #	Date of Birth	Teacher

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 ***seek*** or ***obtain*** *seasonal / temporary agricultural work*?

YES_____ NO_____ Not Sure_____

If your answer is <u>YES</u>, please place a check in the appropriate box that best describes the work that was done (or sought) in

								Write Type Of Work:
Fruit, vegetable, soybeans, sunflower, cotton, wheat, grain, sugarbeets, agricultural farms, ranches, fields, and vineyards.	Food warehouse, processing plant or canneries, packing sheds, elevator and fertilizer plant, alfalfa, mill.	Dairies	Poultry Farms	Fisheries	Slaughter Houses, Beef, Pork, Poultry	Forestry industry. Plant Nurseries and Orchards.	Hauling from field to silo/ elevator, agricultural products (corn)	_____ _____ _____ _____
☐	☐	☐	☐	☐	☐	☐	☐	☐

YELLOW MEDICINE EAST- ISD2190
Health Information Form
K - 12

Please return this form to the School Health Office

Additional copies are available in the BRE and MS/HS offices if needed for more than one student.

Student_____ **Date of Birth**_____ **Grade** 12

Medical History:

Does your child have any known allergies (food, bee stings, medication, etc)? If so, please specify:

Allergy: _____ **Type of Reaction:**_____

Meal accommodations will only be made for medically verified allergies and food intolerances. A Special Diet Statement, signed by an authorized medical authority, is required. Dietary preferences, other than an approved fluid milk substitute, will not be accommodated.

Please check all that apply to your child:

- ☐ ADD/ADHD
- ☐ Alcohol/Drug Misuse or Abuse
- ☐ Anemia
- ☐ Anorexia/Bulimia
- ☐ Anxiety
- ☐ Arthritis/Joint Problems
- ☐ Asthma
- ☐ Blood Problem
- ☐ Bone/Skeletal Problem
- ☐ Cancer
- ☐ Communication Disorder
- ☐ Dental Problems
- ☐ Communication Disorder
- ☐ Dental Problems
- ☐ Depression
- ☐ Diabetes
- ☐ Earaches/Tubes
- ☐ Epilepsy/Seizure Disorder
- ☐ Fainting Spells
- ☐ Genetic Disorder
- ☐ Headaches
- ☐ Hearing Problems/Tubes
- ☐ Heart Disease
- ☐ Kidney/Bladder Disorder
- ☐ Learning Disorder
- ☐ Menstrual Problems
- ☐ Skin Disorder
- ☐ Sore Throats Frequently
- ☐ Speech Problems
- ☐ Stomach Aches
- ☐ Surgeries
- ☐ Tobacco Use
- ☐ Vaping/E-cigarette Use
- ☐ Vision Problems/Glasses
- ☐ Other: _____ _____

Has anyone in your family been diagnosed with dyslexia? ☐ Yes ☐ No *If yes, relationship to student* _____

Please explain any condition or other health concerns you may have:

_____

_____

If your child has a health condition that could result in a MEDICAL EMERGENCY, please contact the school nurse to schedule a meeting. An emergency care plan could be written for your child.

IS YOUR CHILD CURRENTLY USING ANY MEDICATION (including inhalers)? Yes___☐___ No___☐___
If so, please list name and for what purpose_____

_____

If your child needs medication at school (including inhalers), please complete a Medication Administration Consent Form. Both the parent/guardian and the child's healthcare provider must sign the form. Forms are available at the school. All medications must be brought to school in their original container. Medications will be kept locked in the health office unless a written agreement between the school and parent/guardian allows the student to carry it.
The information on this form may be shared with school staff and emergency personnel if appropriate.

Family Doctor_____ **Family Dentist**_____
Date of last physical exam_____ **Date of last dental exam**_____
Parent/Guardian Signature_____ **Date**_____

Thank you for completing this important information. Please contact the school nurse if there is a change to ANY of the above information.

YME Emergency Information Update

In case of an emergency our school procedure will be to contact the parent at home or at work. If unable to contact the parent, we will contact your physician, if necessary, or the designated person listed below.

Cassie Suter- YME School Nurse

Student: _____ Grade: _____
Student: _____ Grade: _____
Student: _____ Grade: _____
Student: _____ Grade: _____

FAMILY INFORMATION

Home Address: _____

Mailing Address (if different from above): _____

Primary Phone: _____ Primary Email: _____

WITH WHOM DOES THE STUDENT(S) LIVE? (check one): ☐Father & Mother ☐Mother & Stepfather ☐Father & Stepmother ☐Father only ☐Mother only ☐Mother & Mother ☐Father & Father ☐Legal Guardians(s) ☐Foster Parent(s) ☐Grandparent(s) ☐Other: _____

PARENT/GUARDIAN	PARENT/GUARDIAN
Name: _____	Name: _____
Relationship: _____	Relationship: _____
PHONE (Home)_____	PHONE (Home)_____
(Work)_____	(Work)_____
(Cell)_____	(Cell)_____

EMERGENCY CONTACT

Person that may be contacted in the event that a parent/guardian cannot be reached.

Name: _____ Relationship: _____

Phone (home) _____ (Cell) _____ (Work) _____

Name: _____ Relationship: _____

Phone (home) _____ (Cell) _____ (Work) _____

WEATHER RELATED TRANSPORTATION

Person or home where RURAL student can stay if buses do not transport students home.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Updated 3/11/26

YELLOW MEDICINE EAST

Middle/High School Principal's Office - 450 9th Avenue - Granite Falls MN 56241
Phone: 320-564-4081 ext. 100 - Fax: 320-564-4782 - www.ISD2190.org

Parent/Guardian of Native American Students,

If your child/children identify as having Native American heritage, they are possibly eligible to be counted in Title VI Indian Education funding. Below is information to help you understand more about American Indian Education, and the federal definition. Also, you will find Title VI ED 506 Indian Student Eligibility Certification Form/s to complete and return if you choose to do so.

What is Indian Education, Title VI:
The Indian Education Act provides financial assistance to Title VI programs to meet the educational and culturally related needs of students in public elementary and secondary schools. In order to apply for an Indian Education, Title VI grant schools must determine the number of American Indian children enrolled. Any child who meets the following definition may be counted for this purpose.

An Alaska Native or American Indian is defined as:

- A member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands, terminated since 1940, and those recognized by the state in which the tribe or band reside; or
- a descendant in the first or second degree (parent or grandparent) as described in (1); or
- considered by the Secretary of the Interior to be an Indian for any purpose; or
- an Eskimo or Aleut or other Alaska Native; or
- a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994

The Title VI ED 506 Indian Student Eligibility Certification Form serves as the official record of the eligibility determination for each child included in the student count that will determine funding for Native American students. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under Title VI Indian Education.

Currently, at Yellow Medicine East, tutor/liaison support services for Native American students are maintained using Title VI funding. If you choose to complete the Title VI ED 506 Form; fill out the form with as much information as you have, complete a separate form for each child, and return the form/s to Yellow Medicine East MS/HS. Your form is safely kept on file in the Yellow Medicine East American Indian Education Program office and not shared with anyone. If you have any questions, please call 320-564-4081 ext.189

Thank you,

Roberta Bjerkeset

Roberta Bjerkeset, Indian Education Director

OMB Number: 1810-0021 Expiration Date: 05/31/20XX

U.S. Department of Education
Office of Indian Education
ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program**. This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School_____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation.)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership:_____

The Tribe or Band is (select only one):

_____ Federally Recognized
_____ State Recognized
_____ Terminated Tribe (Documentation required. Must attach to form)
_____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band, is :

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name_____ Address _____

City_____State_____Zip Code_____

ATTESTATION STATEMENT:

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City_____State_____Zip Code_____

Email Address_____ Date_____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized**- an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe**-a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group**- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 05/31/20XX.

Chromebook Student/Parent Agreement

*Must be completed for each student receiving a Chromebook

By signing below I understand and agree to adhere to the YME School District #2190 Chromebook Acceptable Use Policy as outlined above.

___YES, I want the available insurance policy for the Chromebook at the rate stated in the agreement.

___ No, I choose not to pay the fee. I understand that I/we are responsible for all repairs and the device cannot leave the YME Middle/High School building.

Student Printed Name: _____

Student's' Signature: _____

Parent/Guardian Printed Name: _____

Parent/Guardian's Signature:_____

Date: Student Grade

I have wireless Internet access at home for the Chromebook.

____ YES ____ NO

_____

Complete when you receive your device

____ I acknowledge that I have received the following school items:

Chromebook, Power Supply and Cord, and Chromebook Case

======== Office Use Only ==========

_____$10 Insurance fee has been received

Date paid:_____ [ ] check #_____ [ ] cash ____ [ ] Online

_____ Family/Guardians have chosen not to pay the fee and accept responsibility for all repairs. _____(Staff initials)

Chromebook Issued on:

Yellow Medicine East - ISD 2190

450 9th Avenue - Granite Falls, MN 56241

320-564-4081 www.isd2190.org

Dear Parent/Guardian:

Our school offers healthy meals each day. All students can get one breakfast and one lunch free of charge each day at school. Although no application is required to receive this free meal benefit, filling out the Application for Educational Benefits is still important! Your application may help the school qualify for education funds.

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

Marlys Lacroix/Food Service Director
Yellow Medicine East School
450 9th Ave
Granite Falls, MN 56241

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 320-564-4081 ext. 174.

Sincerely,

Marlys Lacroix/Food Service Director

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2026-27 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), 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, 2026, through June 30, 2027.

Maximum Total Income

Household size	$ Per Year	$ Per Month	$ Twice Per Month	$ Per 2 Weeks	$ Per Week
1	29,526	2,461	1,231	1,136	568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
Add for each additional person	10,508	876	438	405	203

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 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 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 eligibility. The information helps to ensure we are meeting civil rights requirements and fully serving our community.

2026-27 Application for Educational Benefits

Mail or return completed form to: Yellow Medicine East – Attn: Marlys Lacriox – 450 9th Avenue – Granite Falls, MN 56241

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 children in the household 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 (√)
						☐
						☐
						☐
						☐
						☐

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance **does not** qualify. **If NO** > Go to STEP 3.
If YES >Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) ___ ___ ___ ___ ___ ___ ___ ___ ___ then go to STEP 4 (Do not complete STEP 3)

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

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

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

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

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				
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.	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
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$

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 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 Programs 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 that we use information from this application to see who qualifies for free or reduced-price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

At public school districts and charter schools, each student's eligibility status also is recorded on a statewide computer system used to report student data to MDE as required by state law.

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/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.

YELLOW MEDICINE EAST SCHOOL

Serving Clarkfield, Echo, Granite Falls, Hanley Falls, Hazel Run and Upper Sioux Community
Marlys Lacroix – Food Service Director
450 9th Avenue Granite Falls, MN 56241
Phone: 320-564-4081 ext. 174

WAIVER OF CONFIDENTIALITY

Sharing Information with Other Programs

Dear Parent/Guardian: _____ Date: _____

To save you time, the information you provided on the Application for Educational Benefits may be shared with other programs for which your children may qualify. We must have your permission to share your information with the specific programs listed below. Returning this form will not change your benefit status.

☐ Yes! I DO want school officials to share information from my Application for Educational Benefits with Activity Department

☐ Yes! I DO want school officials to share information from my Application for Educational Benefits with Little Stingers Preschool

☐ Yes! I DO want school officials to share information from my Application for Educational Benefits 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 Marlys Lacroix – Food Service Director at 320-564-4081 ext.174 or email at mlacroix@isd2190.org.

Return this form to: Marlys Lacroix – Food Service Director by September 2nd, 2025

YELLOW MEDICINE EAST SCHOOL

Serving Clarkfield, Echo, Granite Falls, Hanley Falls, Hazel Run and Upper Sioux Community
Marlys Lacroix – Food Service Director
450 9th Avenue Granite Falls, MN 56241
Phone: 320-564-4081 ext. 174

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3. Email: program.intake@usda.gov

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