

Frazee-Vergas Public Schools

Independent School District No. 23

Frazee, Minnesota 56544

218-334-3181

Administration Fax: 218-489-8493

Elementary Fax: 218-489-8488

High School Fax: 218-489-8493

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

TO WHOM IT MAY CONCERN:

Frazee-Vergas ISD #23 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

Frazee-Vergas Elementary, West Hickory Avenue, Frazee, MN 56544

Please Include:

1. Official Administrative Record Information: Identifying information such as name, address, date of birth, standardized test results, courses taken, grades earned, grade completed, credits, attendance records, and schools attended.
2. Discipline Records
3. Special Education records: IEP, assessments, psychological testing & reports
4. 504 Plan
5. Test records: including all Grad Standards/MCA scores
6. Health & Immunization Records, Sports Physical
7. Athletic physical and eligibility records
8. 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/send the above information to:

Elementary (K-6th) -Cindy Wischnak cwischnak@frazee.k12.mn.us (218) 489-8488

High School (7th-12) -Emily Bachmann ebachmann@frazee.k12.mn.us (218) 489-8493

FRAZEE-VERGAS SCHOOL DISTRICT STUDENT REGISTRATION FORM
2025-2026

CHILD'S FULL NAME	GRADE	SOCIAL SECURITY # (not required)	BIRTH DATE	GENDER M OR F

Current Address: _____

Guardian #1 Name: _____ Phone Number: _____

Mailing Address (if different from above): _____

Email Address: _____

Guardian #2 Name: _____ Phone Number: _____

Email Address: _____

Mailing Address (if different from above): _____

Student Lives with: () Father () Mother () Step-Dad () Step-Mom () Other _____

Present Family Status:

_____ Both Parents Live 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 Schools: _____

Transported By Bus: _____ No, IF SO, What Number? _____

County Of Residence: Becker _____ Ottertail _____ Other _____

Enrollment Status: (Check One)

Resident 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
2025 - 2026

Student Information

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

Parent/Guardian # 1 _____ Mailing Address(if different) _____ Home # _____ Cell # _____ Work # _____ Employer: _____ Email: _____	Parent/Guardian # 2 _____ Mailing Address(if different) _____ Home # _____ Cell # _____ Work # _____ Employer: _____ Email _____
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☐ 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 the child up from school. Please do not list members of the same household.

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

Immunizations: Has your child been immunized since the beginning of last school year? ☐ NO ☐ YES (If YES, include updated list of immunizations)

For new enrollments, or recent immunization updates (including out of state), please bring an updated immunization record to meet Minnesota state requirements, and ensure your child's file is up to date.

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 2025-2026 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: _____

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

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.



Student Digital Equity Survey

Instructions

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



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 application may help the school qualify for education funds.

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

Equal Opportunity Employer

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2025–26 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, 2025 through June 30, 2026.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
Add for each additional person	10,175	848	424	392	196

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.

Mail or return completed form to: (School/District Information)

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 (v)
						☐
						☐
						☐
						☐
						☐

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)

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)

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
\$	☐	☐	☐	☐

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.		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	
		Weekly	Bi-weekly	2x Month	Monthly									
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	\$
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	\$
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	\$
		☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	\$

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

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

Address (if available)	Apt#	City	Zip
------------------------	------	------	-----

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 - Disability payments - 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: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - 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.

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 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.



Dear Parents/Guardians,

I hope that everyone has enjoyed their time during our summer break. We welcome you back into the new 2025-2026 school year. We encouraged you to take a few moments to review some important information from the health office. We look forward to working with you and your child to support a smooth and healthy transition, from summer into the school year. The health office team is here to assist in any way we can, to ensure your child's health needs are safely and appropriately supported in the school setting.

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.

Prescription Medications

If a child requires a prescription medication to be administered during the school hours, an "Authorization for Administration of Prescription" form must be signed by both the physician and the parent (form is available on the school website, under the Health Service department). A physician's signature is required on **all** prescription medications or 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 and to communicate any changes in the prescription. We will call when they are outdated or running low. 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 provider's name clearly labeled on it**. Prescription medications are not to be carried by the student, but left with the appropriate health office, or school district personnel. Exceptions to this requirement, could include; prescription asthma, self-administered medication with an inhaler, medications as noted in a written agreement between the school district and the parent, or as specified in an IEP (individualized education program), Section 504 plan, or IHP (individual health plan).

Over the Counter Medications

In order for the health office to give over the counter medications, we need the medication to be brought into the health office, and an "Authorization for Administration of Non-Prescription Medication" form to be signed by a parent/guardian with specific instructions (form is available on the school website under the Health Service department). One form per student needs to be filled out. We cannot accept one form per family, as each student has their own file. We no longer need a signature from a physician for over the counter medications given as needed, but we do require a signed authorization form within 2 school days of a verbal permission given to administer over the counter medications. Over the counter medication also needs to be provided in the original container with the name of the medication and an expiration date clearly labeled. Please contact the health office in advance, to arrange for medication to be brought into school.

Accommodations to Student Diet

If your child has an allergy or sensitivity to any food product, including dairy please fill out a "Special Diet Statement Form". 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 Statement Form has the appropriate signatures. This is very important to have filled out **prior** to the start of school.

Medical Concerns

If your child has any medical conditions that may impact their health, safety, or learning at school, please notify us as soon as possible. Examples include: ADHD, food or insect allergies, asthma, diabetes, seizure disorders, or other chronic health conditions. In many cases, an individualized health or action plan, signed by your child's provider, may be required to help us provide the safest and most supportive environment for your child.

Medical Appointments

If your child is being seen by their medical provider, please notify the school nurse in advance to the appointment if the appointment pertains to their health which could affect them in school. At times there may be forms that the nurse needs the MD to sign. Also, in the event that your child is to get any immunizations at their appointment, please let us know, so we can keep their student health file up to date. Communication between the health office and parents/guardians is vital to the health of the student and the school. Healthy kids are better learners.

Emergency Contacts

Please make sure the emergency contact form is completed, signed, and returned to the school. Please complete *one (1) form* per child **even if you are in the same household**. We need to keep records of each child, and if you do not fill out a form for each child, some children will have incomplete records, and in the event of an emergency, we may not have all the information we need for your child. Also, in the event that any information changes, such as emergency contacts or phone numbers, please ensure that our records are kept up to date.

Vision and Hearing

Students are screened for vision and hearing at select grade levels during the school year. If a problem is detected, a referral form will be sent home with the student. It is important that the parent has the child professionally screened if a concern is noted, after screening the student at school.. The health office will follow up with the parents within an appropriate time frame, as a child who can not see or hear well will have difficulty with learning.

Extra Clothing

At times children have accidents, spills, or torn clothing and we try to provide a change, when possible. We have a very limited amount of clothing options, and therefore we may need to request that you drop some off, if there are not any available for your child. If your child is prone to accidents, please make sure you provide them with a complete change of clothing to keep in their locker.

Appropriate outdoor clothing is essential during the winter months. Please make sure your child arrives at school each day with a coat, gloves, hat, boots, and snow pants. Due to infection control practices, the school is unable to provide winter gear for students. Your support in ensuring your child is dressed for the weather, helps keep them safe, warm, and ready to learn.

We look forward to partnering with you to support your child's health and well-being this school year. If you have questions or concerns, please feel free to contact the health office at 218-334-3181 ext 4601 (Elementary), Ext 5214 (High School) or my email is tnewling@frazee.k12.mn.us.

Thank you,

Tina Newling, BS, RN, PHN, LSN

RELEASE OF INFORMATION

Frazee-Vergas Public Schools
Health Office



STUDENT:

(Name of Student)

(Today's Date)

(Street Address)

(Students Date of Birth)

(City, State, Zip Code)

RELEASE PROTECTED INFORMATION TO:

Frazee Vergas School District

ATTN: Tina Newling, BS, RN, PHN, LSN

305 Lake Street North

Frazee, MN 56544

P: 218-334-3181 ext 4601

F: 218-489-8488

AUTHORIZES:

(Name of Provider)

(Street Address)

(City, State, Zip Code)

Dates of Service: --

REASON FOR DISCLOSURE:

- ☐ Qualification for Individualized Education Plan
- ☐ School Related Health Information
- ☐ At the Request of the Individual

- ☐ Further Medical Information Needs
- ☐ Other

INFORMATION TO BE RELEASED:

- ☐ Official Student Academic/Admin Report
- ☐ IEP Team Evals & Related Reports
- ☐ Social Work Report
- ☐ Appropriate Agency Reports
- ☐ Progress Notes
- ☐ Info. Needed for Continued Care
- ☐ History and Physical

- ☐ Discharge Summary
- ☐ Operative/Procedure Report
- ☐ Immunizations
- ☐ EKG/EMG/EEG
- ☐ PT/OT/SP
- ☐ Labs
- ☐ Other

In compliance with MN Statutes that requires special permission to release otherwise privileged information, please release records pertaining to:

- ☐ Mental Health/ Psych Reports
- ☐ Mental Health/ Psych Tests Results
- ☐ Drug Abuse Test Results

- ☐ Sexually Transmitted Diseases
- ☐ Other

Redisclosure Notice: I understand that the information used or disclosed based on this authorization may possibly be re-disclosed by the recipient and/or no longer protected by Federal Privacy Standards.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION- I understand that I have the right to inspect or copy the health information to be used and disclosed by this authorized form. This authorization is voluntary. Refusal to sign will not affect treatment, payment, enrollment, or benefits except for : No Exceptions

Exceptions:

RIGHT TO RECEIVE COPY OF THIS AUTHORIZATION- I understand that I am under no obligation to sign this form. The information that I authorize to be released may be redisclosed by the recipient of the records only if allowed by law. If information is redisclosed, the recipient of the redisclosed information may be controlled by different laws. I recognize that these records, once received by the school district, may not be protected by the HIPAA Privacy Act and may become education records protected by the Family Educational Rights Act (FERPA) with additional protection afforded by Minnesota Statutes 13:43 I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain healthcare.

RIGHT TO REVOKE- I may revoke this authorization, in writing, at any time except for information already released as a result of this authorization. The written revocation must be given to the agency/organization I authorized to release information. Unless revoked, this authorization will remain in effect for one year.

EXPIRATION DATE- This authorization is valid for one year from the date signed. A copy of this form is as effective as the original. I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

As evidenced by my signature, I hereby authorize disclosure of records to the person(s) or agency(s) specified above.

SIGNATURE: Student	DATE SIGNED:
SIGNATURE: Other Person Legally Authorized to Consent to Disclosure	Title or Relationship to Individual who is the Student

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 information is intended to help with this decision.

GENERAL PRACTICE:

1. If a student has had a fever of 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.
Fifth Disease (Parvovirus)	Bright red rash on face "slapped cheeks". Rash can also appear on the chest, back, buttocks, arms and legs. Can run fever, and have flu-like symptoms, joint pain	4-14 days	No restrictions, if other rash-causing illnesses are ruled out by a health care provider. Persons with fifth disease are no longer infectious once the rash begins.	Spread through respiratory particles, and blood products.
Hand, Foot, and Mouth Disease	Fever, sore throat, painful mouth sores that blister, rash commonly found on hands and feet.		Excluded from school until fever is gone, and the child is well enough to participate in routine activities. (sores may still be present)	Respiratory droplets. Contaminated objects, and surfaces. Fluid from blisters and feces.
<u>Health Condition</u>	<u>Symptoms</u>	<u>Incubation Period</u>	<u>School Action</u>	<u>Transmission</u>

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 24 hours after treatment and sores are drying or improving. 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.
Mononucleosis	Include fever, sore throat, swollen lymph glands (neck), fatigue	Probably 2-6 weeks	Restrict only according to doctor orders. Period of communicability unknown.	Viruses spread by respiratory route. Kissing and drinking from the same glass may facilitate spread among young adults.
Lice (Pediculosis)	Infestation of the head hair or other part of the body or clothing with lice or nits. Pubic lice usually infest the pubic region. Scratching causes rash-like reddened areas. Nits are tiny white eggs, stuck to hair, close to the scalp commonly at the neckline and/or behind ears.	Variable eggs hatch in 1 week.	Parents will receive a call from the health office notifying them of infestation. There are no restrictions but treatment is recommended before returning to school. Will need to be treated again 7-9 days later. Health office to re-examine students one week after treatment.	Louse transmitted primarily by direct contact with the infected person. Lice can also be transmitted through combs, brushes, bedding, wearing apparel and upholstered furniture.
Pink Eye	Redness of conjunctiva. May or may not have purulent discharge. Eye irritation. .	24-72 hours	No exclusion, unless the child has a fever or is not healthy enough to participate in routine activities. Refer for medical diagnosis and treatment.	Most are viral in etiology: some bacterial. May be spread through hand eye contact. Redness or eye pain may also be the result of allergic reaction.
Ringworm (Tinea corporis)	Ring-shaped or irregular lesion with elevated vesicular or scaly borders. May show central clearing. May become inflamed and crusted.	1-3 weeks	Excluded from school until verification of treatment. No participation in gym, swimming, or other close contact activities if lesions cannot be fully covered or until 72 hours after treatment has begun.	Contact with human or animal infected with the fungus or its spores, and by contact with contaminated articles.
Scabies	Itching, scratch marks or burrow marks. Common sites are thighs, beltline, wrists, elbows, webs or fingers. Scratching may cause secondary infections or rashes.	Days to weeks	Excluded from school until 24 hours after treatment has begun. Communicable until treated. Family should be examined.	Mite is transferred by direct contact with an infected person, and to a limited extent undergarments or soiled sheets freshly contaminated by an infected person.
Strep Throat	Sore throat, fever, headache, nausea, vomiting (If associated with rash it is called Scarlet Fever)	1-3 days	If culture is positive for strep, exclude from school until 12 hours after antibiotic treatment started and clinically well.	Bacteria spread directly from nose and throat discharges or infected persons.

As always, if there are questions or concerns regarding your child's health please contact the school nurse, Tina Newling at 218-334-3181 ext 4601 (Elementary) or ext 5214 (High School).



Authorization for Administration of Prescription Medication

Student Name: _____ Date of Birth: _____

Parent/Guardian: _____

Physician's Order

I have prescribed the following medication(s) for this student and request that the medication be given during school hours.
The medication is to be administered by the School Nurse or school personnel that have been delegated to administer medications.

	<u>MEDICATION</u>	<u>DOSAGE</u>	<u>TIME</u>	<u>DURATION</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Diagnosis/Medical Reason for Medication _____

Other medication student is taking: _____

Allergies: _____

Recommendations/ Side Effects: _____

*Physician Signature: _____ Phone # _____

Clinic _____ Fax# _____

Parent/Guardian Authorization

1. I request the above medication to be given to my child during school hours as ordered by the student's physician.
2. I will immediately notify the school of any changes in the medication or the physician's orders including dosage changes, frequency, or duration of the medication.
3. I give permission for the school nurse to communicate with other school personnel about the action and side effects of the medication.
4. I give permission for the school nurse to consult with my child's physician concerning any questions that arise with regard to the above listed medication, medical condition, or side effects of medication.
5. Field trips- I give permission for a teacher or designated adult to administer the medication on a field trip, as necessary, following school procedures.
6. I have instructed my child as to the reason and importance for taking this medication and have informed my child of the time the medication is to be taken.
7. I release all school personnel, ISD #23 and any responsible adult administering the medication from any and all liability in the event of any adverse reaction resulting from the use or administration of this medication.
8. I understand that I must provide this medication in a properly labeled pharmacy bottle with clearly labelled name, medication, expiration date, and physician information.

Parent/Guardian Signature: _____

Daytime Phone: _____ Date: _____



Elementary Health Office
Phone: 334-3181 ext 4601
Fax: 218-489-8488

High School Health Office
Phone: 334-3181 ext 5214
Fax: 218-489-8485

Authorization for Administration of Non- Prescription Medication

Student Name: _____ Date of Birth: _____

Parent/Guardian: _____

Teacher/Grade: _____

(A physician order may be requested upon the Licensed School Nurses' discretion.)

To School Personnel:

I hereby request and authorize you to administer the following non-prescription medication to be given during the school day to be administered by the School Nurse or school personnel that have been delegated to do so by the School Nurse. I understand that I need to supply the medication.

	<u>MEDICATION</u>	<u>DOSAGE</u>	<u>TIME</u>	<u>DURATION</u>
1.	_____			
2.	_____			

Reason for medication: _____

Other medication student is taking: _____

Allergies: _____

Student's Physician: _____

Clinic: _____ Phone # _____

Parent/Guardian Authorization

1. I request the above medication to be given to my child during school hours.
2. I understand that I must provide this medication in its original labeled container.
3. I will immediately notify the school of any changes to this medication dosage, frequency, or duration of administration.
4. I give permission for the school nurse to communicate with other school personnel about the action and side effects of this medication.
5. I give permission for the school nurse to consult with my child's physician concerning any questions that arise with regard to the listed medication, medical condition or side effects of this medication.
6. I have instructed my child as to the reason and importance for taking this medication and have informed my child of the time the medication is to be taken.
7. I release all school personnel, ISD #23 and any responsible adult administering the medication from any and all liability in the event of any adverse reaction resulting from the use or administration of this medication.

Parent/Guardian Signature: _____

Daytime Phone: _____ Date: _____



FRAZEE-VERGAS

PUBLIC SCHOOLS | ISD# 23

305 North Lake Street | Frazee, MN 56544
Phone: 218-334-3181 | www.frazee.k12.mn.us

Boozhoo Parents/Guardians,

I hope you have all had a wonderful summer break. The new school year is fast approaching. I am the Native American Program Education Coordinator, and I look forward to the new 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. If your child is Native American please fill out the 506 form and return it to the school office.

Sincerely,

Danielle Adams
Native American Education Coordinator
dadams@frazee.k12.mn.us
218-334-3181, #4208 (elementary) and #5340 (high school)

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant 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 level _____

Name of School _____ School District _____

Tribal MembershipThe individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparentIf the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above: _____

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

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, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. 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. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number 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.

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 3W238, Washington, D.C. 20202-6335