

Independent School District No. 821
Menahga, Minnesota 56464

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize _____

★ Please list
All Schools

to send the following information regarding _____

A student of grade _____ to _____ (Student name)

Menahga High School
Attn: Student Records
216 Aspen Ave. SE, P.O. Box 160
Menahga, MN 56464-0160
Phone # 218-564-4141
Fax # 218-564-5401

- ~ Transcript, including Elementary and/or Junior High Records.
- ~ Current report card
- ~ Health records, complete immunization records and updated sports physical
- ~ Psychological and special education reports. IEP's records and recommendations
- ~ Record of extra-curricular participation
- ~ Record of Minnesota High School League infractions, if any
- ~ MARSS information including Graduation Standards
- ~ All Disciplinary Records

Date

Signature _____

(Parent or Guardian)



Enrollment / Permanent Record Form

Menahga Public Schools #821

District Use Only	
MARSS# _____	<input type="checkbox"/> Food
Open Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Trans.
	<input type="checkbox"/> Trello

School Enrolling In: Menahga High School Menahga Elementary Preschool **Expected Start Date:** _____

School most recently attended by student:

School: _____ District: _____ Date Left: _____ Last Grade Completed: _____

Address: _____ Phone: _____ Fax: _____

First Name (Legal)	Middle Name (Legal)	Last Name (Legal)	Birthdate	Gender	Enrolling Grade
				<input type="checkbox"/> Male <input type="checkbox"/> Female	

Ethnicity/Race:

Is your student Hispanic/Latino? Yes No

Ethnic Background: *(Mark all that apply.)*

- American Indian or Alaska Native Hawaiian / Pacific Islander
 Asian White
 Black or African American

Current Address (Student):

House Number (Physical Address)	Unit #	City	State	Zip

(If applicable) P.O. Box#: _____ City: _____ State: _____ Zip: _____

Current Resident School District:

- Does parent/guardian completing this form have physical and legal custody of student? Yes No
- Do any court orders apply? Yes *(Provide Copy)* No
- Is student receiving special education services (has an IEP)? Yes No

If yes, what is your student's disability? *(Mark all that apply.)*

<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Speech/Language Impairments	<input type="checkbox"/> Specific Learning Disabilities
<input type="checkbox"/> Developmental Cognitive Disability	<input type="checkbox"/> Severely Multiple Impaired	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Emotional/Behavior Disorders	<input type="checkbox"/> Other Health Disabilities
<input type="checkbox"/> Deaf-Hard of Hearing	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/>
<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Physically Impaired	<input type="checkbox"/>

4. Title Reading Math

5. Does student have a 504 Plan? Yes No

6. Has this student been receiving English Language Learner (ELL) services? Yes No

Preschool Only:

7. Has this student had an Early Childhood Screening? No Yes Location: _____ Date: _____

Student lives with: Both Parents *(In same house.)* Mother & Stepparent Joint Physical Grandparent
(Mark all that apply.) Mother Father & Stepparent Joint Legal Other
 Father Foster Parent Other Relative Alone
 Guardian

Father / Guardian 1: Are you the legal guardian? Yes No

How would you like to be notified / contacted? *(Check below what type of messages you would like to receive.)*

By Phone Voice Text { Emergency Attendance Behavior General Food Service Priority Teacher

What would you like access to? *(Check all that apply.)*

Receive Mailings Access to IC Portal Email / Messenger

First Name	Middle Initial	Last Name	Relationship to Student		
Home Phone	Cell Phone	Work Phone	Email Address		
If different from above - House Number (Physical Address)		Unit #	City	State	Zip
<i>(If applicable)</i> P.O. Box #:		City:	State:	Zip:	

Mother / Guardian 2: Are you the legal guardian? Yes No

How would you like to be notified / contacted? *(Check below what type of messages you would like to receive.)*

By Phone Voice Text { Emergency Attendance Behavior General Food Service Priority Teacher

What would you like access to? *(Check all that apply.)*

Receive Mailings Access to IC Portal Email / Messenger

First Name	Middle Initial	Last Name	Relationship to Student		
Home Phone	Cell Phone	Work Phone	Email Address		
If different from above - House Number (Physical Address)		Unit #	City	State	Zip
<i>(If applicable)</i> P.O. Box #:		City:	State:	Zip:	

Emergency Contact 1 (Other than those listed above) :

First Name	Last Name	Relationship to Student
Cell Phone	Home Phone	Work Phone

Emergency Contact 2 (Other than those listed above) :

First Name	Last Name	Relationship to Student
Cell Phone	Home Phone	Work Phone

In case of an injury or illness, a parent/guardian or person designated by the parent/guardian will be notified. If we are unable to contact one of these people, the family physician will be contacted and their advice will be followed. 9-1-1 will be called if it is felt necessary.

****Pertinent Health Information will be shared with faculty members as needed.**

By signing, I am stating that I am the legal parent or guardian of this student.

Parent/Guardian Signature _____ **Current Date:** _____

<p>Please include the following information when submitting enrollment paperwork:</p> <ul style="list-style-type: none"> • Copy of Birth Certificate • Enrollment/Permanent Record Form • Confidential Health Form • Transportation Form • Chromebook Agreement Form 	
<p>Menahga High School Attn: Lindsay Shepersky 216 Aspen Ave. SE P.O. Box 160 Menahga, MN 56464 lshepersky@menahga.k12.mn.us</p>	<p>Menahga Elementary School Attn: Susie Hillstrom 216 Aspen Ave. SE P.O. Box 160 Menahga, MN 56464 shillstrom@menahga.k12.mn.us</p>



**NOTIFICATION OF CHANGE IN STUDENT ENROLLMENT
 REQUEST FOR STUDENT STATE IDENTIFICATION NUMBER**

Method of Transmittal:

MAIL*:

FAX E-MAIL OTHER

*Please provide address for the Transfer District when checked

Date of Transmittal:	Number of Pages:
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PRIOR DISTRICT INFORMATION

**Routing: To: From:

MARSS Contact Person:	District Name:	District Number/Type:
Telephone Number:	Email Address:	Fax Number:

TRANSFER DISTRICT INFORMATION

**Routing: To: From:

MARSS Contact Person:	District Name:	District Number/Type:	Telephone Number:	Fax Number:
Email Address:	Address:	City:	State:	Zip:

****Routing: PLEASE CHECK THE APPROPRIATE BOXES.**

I have provided you with this student's name, birthdate, grade level, state aid code and status start date. Please provide me with the student's State Reporting Number. Please verify that the status start date I have recorded **does not** overlap with the status end date you have.

Student Name (Last, First, Middle)	State Reporting Number	Birthdate (MM/DD/YYYY)	Student Grade Level	State Aid Code	Status Start Date

Additional Transmittal Information:

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:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

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

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

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

Ethnic and Racial Demographic Designation Form

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

Date of Birth: _____ District: _____ School: _____

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

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

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

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

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

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

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

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

Go to Question 1.

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

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

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

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

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

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

Go to Question 2.

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

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

Yes [Go to Question 3.]

No [Go to Question 3.]

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

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

No [If no, go to Question 4.]

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

- | | | | |
|--|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Chinese | <input type="checkbox"/> Karen | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Vietnamese | |

Go to Question 4.

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

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

No [If no, go to Question 5.]

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

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Ethiopian-Other | <input type="checkbox"/> Somali |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Liberian | <input type="checkbox"/> Other black |
| <input type="checkbox"/> Ethiopian-Oromo | <input type="checkbox"/> Nigerian | <input type="checkbox"/> 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 _____

MENAHGA PUBLIC SCHOOLS

216 Aspen Avenue SE, PO Box 160, Menahga, MN 56464

218-564-4141

"Home of the Braves"



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:

Menahga Public Schools
216 Aspen Ave SE
PO Box 160
Menahga, MN 56464

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, please call the District Office at 218-564-4141.

Sincerely,

Jay Kjos

Superintendent



The Mission of Menahga School District #821 is to build strong partnerships with stakeholders to ensure all learners succeed.

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.

2025-26 Application for Educational Benefits

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

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

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If 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 (Y)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

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

If YES > Enter SNAP, MIFP or FPIPR 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
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs				Are you Self-Employed or a Farmer?		Any Other Gross Income				
	Weekly	Bi-weekly	2x Month	Monthly	Monthly	Yearly	Weekly	Bi-weekly	2x Month	Monthly	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Program as allowed by state law.

Printed name of adult signing form _____ Daytime Phone _____

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

SIGN HERE: Signature of Household Adult _____ Date _____

Do Not Fill Out: For School Office Use Conversions to Annualize All Income:	X52	X26	X24	X12	X1	Household Size:	Free After Verified	Reduced After Verified	Denied After Verified
All Total Income (Include child and adult income)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determining Official Signature:	Date: _____								
Confirming Official Signature:	Date: _____								

Attached Tracker	No change	Free After Verified	Reduced After Verified	Denied After Verified
<input type="checkbox"/> Verified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<ul style="list-style-type: none"> Earnings from work Social Security Disability payments <ol style="list-style-type: none"> Survivor's benefits Income from person outside the household Income from any other source 	<ul style="list-style-type: none"> 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 <ol style="list-style-type: none"> 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
<ul style="list-style-type: none"> Salary, wages, cash bonuses (before deductions or taxes) Net income from self-employment (farm or business) If you are in the U.S. Military: <ol style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FISA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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.

TRANSPORTATION AND CENSUS INFORMATION

Please include all school age and preschooler children living in your home.

Child's Name	Male/Female	Age and Birthdate	Grade

Mother's Name _____

Address _____

Telephone Home _____ Work _____ Cell _____

Father's Name _____

Address _____

Telephone Home _____ Work _____ Cell _____

Directions to your home from Menahga. Please be specific.

Do you live in the Menahga School District? _____

If not, what district do you reside in? _____

Number of miles from your home to the school. _____

MENAHGA PUBLIC SCHOOL - IND. SCHOOL DISTRICT NO. 821

Tel: (218) 564-4141 Fax: (218) 564-4502

Health Update Form

Student Name: _____ DOB: _____ Grade: _____

Complete one form per student. Please be thorough. This information is important for providing a safe and healthy environment for your child. Pertinent information will be shared with school staff that work directly with your child.

Medical History (Check all that apply)

Medical History grid with categories: Hematologic, Endocrine, Musculoskeletal, Gastrointestinal, Cardiovascular, Respiratory, Skin, Neurological, Genitourinary, Eyes, Ears/Nose/Throat, Dental, Psychiatric. Each category has a list of conditions with checkboxes.

Other:

If any of the above were checked, please explain: _____

Allergies _____ No Known Allergies

OR

(Check all that apply) _____ Environmental _____ Food _____ Drug _____ Skin _____ Pet _____ Insect Sting _____ Other

Please describe the specific trigger, reaction, and interventions you have found to be helpful: _____

Please submit a completed Allergy Action Plan to the health office prior to the first day of each school year for any student who requires medical care related to allergies.

Medication Is medication required for any condition? At home? _____ Yes _____ No At school? _____ Yes _____ No

The school prefers that all medication be given at home, if possible. If medication is required during school hours, please complete the Authorization to Administer Medication form available in the school health office. Medication orders must be updated each school year.

Other Medical Information Please list any operations, injuries, hospitalizations, or prolonged illnesses with dates: _____

Please describe any restrictions or modifications needed (Gym, recess, etc...): _____

Please list any other information that you feel will help the school staff to better understand and work with your child (use back side if needed):

Parent/Guardian Release of Information and Consent

The information on the front and back of this form may be released to school personnel as needed to provide a safe and healthy learning environment for my child.

Parent/Guardian Signature: _____ Date: _____

Phone Number(s): _____

Reviewed by Health Office (Initial): _____



Menahga Public Schools Device & Usage Handbook

2025-2026

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Mission Statement:

District Vision:

The Menahga School District exists to engage all learners on a lifelong path to success.

District Mission:

The mission of the Menahga School District is to build strong partnerships with stakeholders to ensure all learners succeed.

The Menahga School District recognizes that today's students need different sets of skills than have been required in the past. We are committed to preparing our students to succeed in the changing societal landscape. It is essential that the District provide our students with the 21st century skills that they need to be self-directed learners. We believe that effective teaching and learning includes the effective use of technology to best prepare each student for the world in which they will live. In order to accomplish this vision, the Menahga School District will provide students with learning opportunities with 1:1 devices in the K-12 setting.

Receiving Your Device

Parent/Guardian Signatures

- All parents/guardians are required to sign the Menahga Public Schools Device Policy Agreement before a device can be issued to their student.

Returning Your Device

● End of the Year

Devices and all issued peripherals will be returned during the final week of school. Failure to turn in the assigned device will result in the student being charged the full new replacement cost. The district may also file a report of stolen property with the Wadena County Police Department.

● Transferring/Withdrawing Students

Students who transfer out of, or withdraw from, the Menahga Public School District must turn in their device and peripherals on their last day of attendance. Failure to do so will result in the student being charged the full new replacement cost.

Device Identification

Each student device will be labeled with both a library barcode and also a sticker with the student's name. Students are not to remove any identification stickers from devices. **If tags are removed or fall off the student should bring the device and the original tags to the High School Media Center, to have replacements made as soon as possible.**

Taking Care of Your Device

Students are responsible for the general care of the device they have been issued by the school. Devices that are broken or fail to work properly must be taken to the Technology Office/HSMC for an evaluation of the equipment. If a loaner device is needed, one will be issued to the student until their device can be repaired or replaced.

General Precautions:

- Your student's device is school property and all users must follow this device policy and the Menahga Internet Acceptable Use Policy
- Keep food or drink away from your device while it is in use.
- Only use a clean, soft cloth to clean the screen, **never cleansers of any type.**
- Cords and cables must be inserted carefully into the device to prevent damage.
- Devices must remain free of any writing, drawing, stickers, or labels that are not the property of the Menahga School District.

- Devices must never be left unattended - in an unlocked locker, unlocked car or any unsupervised area.
- Devices should be shut down when not in use to conserve battery life.
- Students are responsible for keeping their device's battery charged for school each day.
- Devices should never be shoved into a locker or wedged into a bookbag as this may break the screen.
- Heavy objects should never be placed on top of a device.
- Do not expose devices to extreme temperatures. Students should not leave the device in any location where the temperature falls below freezing or exceeds 95 degrees. If the device is cold, it should be allowed to warm up to room temperature before use. A device exposed to direct sunlight or high temperatures may overheat during use and must be allowed to cool down.

Carrying Devices:

- Always transport devices with care.
- Never lift devices by the screen.
- Never carry devices with the screen open.

Screen Care:

- Device screens can be damaged if subjected to rough treatment. The screens are particularly sensitive to damage from excessive pressure on the screen.
- Do not put anything between the screen and keyboard and shut the lid of the device.
- Do not put pressure on the top of the device when it is closed.
- Do not place anything in the carrying case that will press against the cover.
- Make sure there is nothing on the keyboard before closing the lid (e.g. pens, pencils)
- Clean the screen with a soft, dry microfiber cloth or anti-static cloth.
- Do not "bump" devices against lockers, walls, car doors, floors, etc as it will break the screen.

Using Your Device at School

Students are expected to bring a **fully charged** device to class every day and bring their device to all classes unless specifically advised not to do so by their teacher.

Devices Left at Home

- Just like pens, pencils, notebooks, and textbooks, students are expected to bring their device to school every day.
- In the event a student forgets his/her device, the student should call home and have it brought to school.
- If it cannot be brought to school the student is responsible for getting the course work completed as if they had their device present.

Charging Devices

- Devices must be brought to school each day with a full charge.
- Students should charge their device either at home or at school EVERY EVENING.
- **The school WILL NOT have extra chargers available for checkout.** If a student loses their charger, they will be charged \$25 and issued a different one.
- Having a dead battery will not be accepted as a reason for failing to complete work or turn in assignments.

Devices Left at School

- **If a family chooses to leave the device at school, the school will provide a safe place for the student to check out and check in the device daily. See option three on the MHS Device Signature Page.**

Device Undergoing Repair

- Loaner devices may be issued to students when they leave their device for repair in the High School Media Center. Loaner devices may not be a current model. There will be a limited amount of loaner devices available to students. There may be a delay in getting a device should the school not have enough to loan.
- A student using a loaner device is equally responsible for what happens to that device as to the original device issued to them.

Logging onto a Device

- Students will log onto their device by using their school-issued Google for Education (@g.menahga.k12.mn.us) account

Using the Device Camera

- The device comes equipped with both camera and video capacities. As with all recording devices at Menahga, ask permission before recording an individual or group and notify the individual or group if the image will be posted online. **Device cameras may never be used in a locker room or restroom per state statute.**

Screensavers/Background Photos

- While personalized screensavers or backgrounds are permitted, inappropriate or provocative images including but not limited to pornographic images, guns, weapons, inappropriate language, threatening language, drug, alcohol, or gang-related images are not permitted and will be in violation of this policy.

Sound, Music, Games, and Photos

- Sound must be muted at all times unless permission is obtained from the teacher for instructional purposes.
- Students may load music and photos on their District-owned device as long as all content complies with the Acceptable Use Policy. The use of music on devices during instructional time will be at the discretion of the classroom teacher. The presence of inappropriate music or photos may result in the loss of the device and/or other disciplinary actions.
- **Non-educational Internet games are not allowed on the device in school. Use of games on devices are only allowed with teacher approval and supervision.**

Home Internet Access

- Students are allowed to set up wireless networks on their device. **Menahga provides internet filtering on the district's network. These filters do not apply in any other locations. It is the family's responsibility to monitor the student's use of the internet outside of the school setting.**

Training

Students will receive training annually to address the care and usage of their device as well as usage of Google Apps (g.menahga.k12.mn.us account). Digital Citizenship/Responsibility training will also be provided during the school year to address respectful, responsible, and ethical use of the internet and digital tools. CCY, Win with Social, Administration, and HSMC staff will work together to provide training.

Device Monitoring and Security

No Expectation of Privacy

Students should have no expectation of confidentiality or privacy with respect to any usage of a school-issued device, regardless of whether that use is for district-related or personal purposes, other than as specifically provided by law. The district may, without prior notice or consent, log, supervise, access, view, monitor, and record use of student devices at any time for any reason related to the operation of the district. By using a school-issued device students agree to such access, monitoring, and recording of their use.

Inspection

- Student devices will need to provide their device for inspection. The purpose for inspection will be to check for proper care and maintenance as well as inappropriate material being carried into the school. These may be done monthly as time allows.
- Menahga maintains the right to delete any content that is not appropriate for student use.

Monitoring Software

Teachers, school administrators, and the technology department staff may use monitoring software, like GoGuardian or some other similar product, that allows them to view the screens and activity on student devices

Content Filter

The district utilizes an internet content filter that is in compliance with the federally mandated Children's Internet Protection Act (CIPA).

Repairing or Replacing Your Device

Repair/Troubleshooting

All devices in need of repair must be brought to the Media Center as soon as possible.

Students will be held responsible for ALL damage to their devices including, but not limited to: broken screens, cracked plastic pieces, inoperability, etc. Lost items will be charged the actual replacement cost.

The Menahga School District recognizes that with the implementation of the device initiative there is a need to protect the investment by both the District and the Student/Parent. The following outlines the various areas of protection:

Theft, Vandalism and Other Criminal Acts

In cases of theft, vandalism and other criminal acts, a police report will be filed. In the case of fire, a fire report **MUST be filed by the student or parent** for the protection coverage to take place. A copy of the police/fire report must be provided to the principal's office.

Intentional Damage

Students/Parents are responsible for **full payment** of intentional damages to their individual device or to another student's device if they are found negligent. **Warranty, Accidental Damage Protection, or School District Device Protection DOES NOT cover intentional damage of the devices.**

Accidental Damage

As part of the 1:1 device initiative at Menahga Public Schools, we are recommending the purchase of accidental damage insurance prior to the deployment of a school-issued device to your child. Menahga Public Schools will be the sole provider of this insurance. Under this insurance agreement, the devices are protected against accidental damage. The Menahga School District will require that a police report be submitted in cases of theft. Fraudulent reporting of theft will be turned over to the police for prosecution. A student making a false report will also be subject to disciplinary action as outlined by the district wide student disciplinary policy.

This insurance policy does not cover loss of the device and/or its accessories, cosmetic damage, or damages caused by intentional misuse and abuse. Menahga Public Schools will assess the damage and repair or replace the device if the damage is determined to be accidental and within the protection guidelines. **Parents/students will be charged for full replacement cost of a device that has been damaged due to intentional misuse or abuse.**

Estimated Costs (subject to change)

The following are estimated costs of device parts and replacements:

- Full Replacement Cost - Chromebook... \$400.00
- Keyboard/touchpad \$ 50.00
- Screen - Chromebook..... \$ 40.00
- Charger \$ 25.00

Some items may be covered by your homeowners/renters policy. Please check with your insurance agent.

Device Protection Insurance Plans

Menahga Public Schools strongly recommends that insurance be purchased prior to the deployment of a device for your child. **The insurance cost is \$40 annually with a family maximum of \$100 per school year.** If a student withdraws from Menahga Public Schools and then re-enrolls later in the current school year, the coverage purchased at the student's initial registration will be reinstated. The Menahga Public School District is offering families a choice of three protection insurance plans. Parents must choose one of these three options for their student to participate in the use of a device.

Personal Insurance: You will cover the device under your own insurance policy, you agree to pay the District the amount received from your insurance company plus any additional amount needed to cover the device replacement not to exceed \$400. Proof of the insurance will be provided to the high school BEFORE a device is checked out to your student. Most insurances only provide in-home coverage. Your policy must provide coverage wherever your student takes the device (home, school, car, etc) Please consult with your insurance agent for details about your personal coverage of the district-issued device.

School District Protection Insurance: School District Protection Insurance is available for students and parents to cover accidental damage. **The protection cost is \$40.00 per device per school year, with a maximum cost of \$100.00 per family per school year.** Parents will need to purchase this insurance through the Menahga High School offices before your student is allowed to check out a device.

- **5th & 6th Grades:** No School District Protection Insurance needed. If the student is deemed responsible for damages to his/her device, the student/family will be assessed a \$40 fee towards the necessary repairs or replacement parts.
- **High School 7-12:** School District Protection Insurance of **\$40.00/year/student**. This allows students to have his/her own charger to use during the school year. If damage occurs to the device and is found to be intentional or vandalism the student/family is responsible for the cost of replacement or device parts.

Check in and out: Students may turn in their device to an assigned location at the end of each day and pick it up at the beginning of each school day. Students/parents will not pay any amount if the device is never lost or damaged. However, students who check their device in and out are still responsible for damages incurred.

- **5th & 6th Grades:** These grades will have charging stations in their teacher’s classroom to store and charge their devices daily.
- **High School 7-12:** Carts will be provided for storage and charging of devices left at school.

School District Protection Insurance Notes:

- Insurance will only be available to be purchased up to the end of the first week of school or within 1 week of the student starting.
- Insurance is non-refundable if a student withdraws early.
- Taking the unit apart or tampering with the unit will void insurance coverage and result in loss of insurance premium and deductibles as well as may incur a fee to repair the device.
- Intentional abuse will void all insurance coverage and students will be charged for full replacement.
- Insurance does not cover loss due to theft or misplacement.
- All previous year charges must be paid prior to a student being issued a device.

Device Purchase Program

Graduating seniors can buy their school device if they choose. They can buy the device for \$40. PSEO Laptops are not available for purchase.

Individual school devices and accessories must be returned to the Media Center at the end of each school year. Students who withdraw, are expelled, or terminate enrollment at Menahga for any other reason must return their individual school device on the date of termination. In the case of a suspension, students will turn in their device to the Menahga High School Office on the date of suspension.

If a student fails to return the device at the end of the school year, or upon termination of enrollment at Menahga, that student will be subject to criminal prosecution or civil liability. The student will also pay the replacement cost of the device or, if applicable, any insurance deductible. Failure to return the device will result in a theft report being filed with the Wadena County Police Department.

Appropriate Uses and Digital Citizenship

School-issued devices should be used for educational purposes and students are to adhere to the Menahga Public Schools Device Policy and Usage Handbook (this document) and the [Internet Acceptable Use and Safety Policy \(Menahga District Policy 524mL\)](#) at all times.

While working in a digital and collaborative environment, students should always conduct themselves as good digital citizens by adhering to the following:

1. **Respect Yourself** - I will show respect for myself through my actions. I will select online names that are appropriate. I will use caution with the information, images, and other media that I post online. I will carefully consider what personal information about my life, experiences, or relationships I post. I will not be obscene. I will act with integrity.
2. **Protect Yourself** - I will ensure that the information, images, and materials I post online will not put me at risk. I will not publish my personal details, contact details, or a schedule of my activities. I will report any attacks or inappropriate behavior directed at me while online. I will protect passwords, accounts, and resources.
3. **Respect Others** - I will show respect to others. I will not use electronic mediums to antagonize, bully, harass, or stalk people. I will show respect for other people in my choice of websites. I will not visit sites that are degrading to others, pornographic, racist, or inappropriate.
4. **Protect Others** - I will protect others by reporting abuse and not forwarding inappropriate materials or communications. I will avoid unacceptable materials and conversations.
5. **Respect Intellectual Property** - I will request permission to use copyrighted or otherwise protected materials. I will suitably cite all uses of websites, books, media, etc. I will acknowledge all primary sources. I will validate information. I will use and abide by the fair use rules.
6. **Protect Intellectual Property** - I will request to use the software and media others produce. I will purchase, license, and register all software or use available free and open source alternatives rather than pirating software. I will purchase my music and media and refrain from distributing these in a manner that violates their licenses.

Student Discipline/Digital Citizenship

If a student violates any part of the above policy, he/she will be put on the following disciplinary steps:

- 1st Offense: Loss of device or login for a minimum of one (1) week.
- 2nd Offense: Report to Principal & loss of device or login for a minimum of one (1) quarter.
- 3rd Offense: Report to Principal & Loss of device or login for the remainder of the school year.

***Keep in mind that depending upon the severity of the offense committed, other disciplinary action could be necessary, even for a first-time offense.**



Student & Parent/Guardian Responsibilities

Menahga School District Technology Use Policy

Using the Menahga School District's technology is a privilege, not a right. This privilege cannot be transferred to anyone outside the district and ends when a student leaves the district. This policy outlines the responsibilities for using these resources ethically and lawfully. Violating these terms can result in losing access, disciplinary action, and application of the Student Code of Conduct, which can lead to suspension or expulsion.

Parent/Guardian Responsibilities:

- Discuss with your children the values and standards for using devices and the internet, similar to how you discuss other media like TV, cell phones, movies, and radio.

School Responsibilities:

- Provide internet and email access.
- Block inappropriate materials online.
- Offer data storage through student Google accounts.
- Inspect and monitor devices, with no expectation of privacy for students.
- Guide students in research and ensure compliance with the acceptable use policy.

Student Responsibilities:

- Use devices responsibly and ethically.
- Follow general school expectations for behavior and communication when using devices.
- Report any security issues to an administrator.
- Power down and secure devices after use.
- Report inappropriate or abusive emails.
- Return devices to the Technology Office at the end of the school year or upon leaving the district.

Prohibited Student Activities:

- Installing or transmitting copyrighted materials illegally.
- Any actions violating Board policy or public law.
- Bypassing the web filter with a proxy.

Legal Compliance:

- Adhere to trademark and copyright laws and all license agreements.
- Avoid plagiarism; give credit to all sources, including graphics, movies, music, and text.
- Do not use or possess hacking software; violators face consequences under the Student/Parent Handbook and possible criminal prosecution.

Student Pledge for Device Use:

Take excellent care of the device.

Always keep the device attended.

Keep the device for personal use only.

Charge the device daily to ensure it's ready for use.

Use the device responsibly and for educational activities.

Keep the device clean and free from decorations.

Remember the device is school property and may be inspected at any time.

Follow all the rules outlined in the Student Handbook

For more details, refer to the Menahga Public Schools 2024-2025 Device & Usage Handbook.

I understand the replacement costs are as follows.

Estimated Costs (subject to change)

The following are estimated costs of device parts and replacements:

- Full Replacement Cost - Chromebook... \$400.00
- Keyboard/touchpad \$ 50.00
- Screen - Chromebook..... \$ 40.00
- Charger \$ 25.00



Menahga Device Handbook Signature Page

I understand if the device is lost or damaged beyond repair due to negligence, the student and family will be responsible for the replacement cost of the device.

Device Protection Plan

Menahga Public Schools strongly recommends that insurance be purchased prior to the deployment of a device for your child. The school district protection insurance cost is **\$40 annually per student with a family maximum of \$100 per school year.** If a student withdraws from Menahga Public Schools and then re-enrolls later in the current school year, the coverage purchased at the student's initial registration will be reinstated. The Menahga Public School District is offering families a choice of three protection insurance plans. Parents must choose one of these three options for their student to participate in the use of a device.

Protection Plan Options:

- Option 1: SCHOOL DISTRICT PROTECTION INSURANCE – A check for amount due, should be made out to Menahga Public Schools. This must be done before a device is issued.** *(This allows students to have his/her own charger to use during the school year. If damage occurs to the device the student/family is responsible for a \$20 deductible for the first occurrence, \$40 for the second occurrence, and \$60 for any additional occurrences. Occurrences will carry over from year to year.)*
(Office Only) Initial to verify a check has been provided _____ ck# _____
- Option 2: PERSONAL INSURANCE – You must provide proof of insurance before a device will be issued.**
(Office Only) Initial to verify a copy has been provided _____
- Option 3: CHECK-IN AND OUT - Choose not to pay the fee. (Student) _____ will check their device out each morning and check it in at the end of the school day. I agree to the stipulations set forth in the above documents including the Device Policy, Procedures, and Information; the Acceptable Use Policy; Device Protection Plan; and the Student Pledge for Device Use.**
- Option 4: COMPLETED ONLINE LUNCH APPLICATION**
(This allows students to have his/her own charger to use during the school year. If damage occurs to the device the student/family is responsible for a \$20 deductible for the first occurrence, \$40 for the second occurrence, and \$60 for any additional occurrences. Occurrences will carry over from year to year.)
(District Office Only) Initial to verify completed lunch application _____

Student Name (Please Print): _____ Grade: _____

Student Signature: _____ Date: _____

I have read the school district policies relating to safety and acceptable use of the school district computer system and the Internet. I understand that this access is designed for educational purposes. The school district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the school district to restrict access to all controversial materials and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____



Emergency Contact Information

Parent/Guardian Name : _____ Home: _____
(Call First)

Cell: _____ Business: _____

Parent/Guardian Name: _____

Cell: _____ Business: _____

If my child becomes ill, and I cannot be reached, please call:

1. _____ Phone No. _____

2. _____ Phone No. _____

Parent/Guardian Signature: _____ **Date:** _____

By signing this form, you are giving consent for this information to be shared with school staff who teach, interact or work with your child during the school day.
Notify the school if your address or telephone number changes.

The welfare of your child is the first priority of school authorities. In case of a **serious emergency**, the school will contact emergency services, then contact you. In less serious instances, you will be called first. You will be contacted in either event.

It is your responsibility to make arrangements for proper care of your child should he meet with an accident or become too ill to remain in school at a time when you are not home. Please complete this form and promptly return it to the school.

List all students in the household:

Complete a separate ***Health Update Form*** for any new student or any student with a new health condition.
Health Update Forms will be entered into the student health record.

1. Name: _____ DOB: _____ Grade: _____

Check any that apply: Allergies Asthma Medical Condition Medication at School

If checked, please explain: _____

2. Name: _____ DOB: _____ Grade: _____

Check any that apply: Allergies Asthma Medical Condition Medication at School

If checked, please explain: _____

3. Name: _____ DOB: _____ Grade: _____

Check any that apply: Allergies Asthma Medical Condition Medication at School

If checked, please explain: _____

4. Name: _____ DOB: _____ Grade: _____

Check any that apply: Allergies Asthma Medical Condition Medication at School

If checked, please explain: _____

Last Name: _____

5. Name: _____ DOB: _____ Grade: _____

Check any that apply: Allergies Asthma Medical Condition Medication at School

If checked, please explain: _____

6. Name: _____ DOB: _____ Grade: _____

Check any that apply: Allergies Asthma Medical Condition Medication at School

If checked, please explain: _____

7. Name: _____ DOB: _____ Grade: _____

Check any that apply: Allergies Asthma Medical Condition Medication at School

If checked, please explain: _____

8. Name: _____ DOB: _____ Grade: _____

Check any that apply: Allergies Asthma Medical Condition Medication at School

If checked, please explain: _____

9. Name: _____ DOB: _____ Grade: _____

Check any that apply: Allergies Asthma Medical Condition Medication at School

If checked, please explain: _____

10. Name: _____ DOB: _____ Grade: _____

Check any that apply: Allergies Asthma Medical Condition Medication at School

If checked, please explain: _____

Students in Grades 6-12 ONLY

Over-the-Counter **Non-Prescription** Medication Permission

I give permission for my child[ren] in grades 6-12: _____, to self-administer over-the-counter medication[s] such as acetaminophen, ibuprofen, naproxen, tums, etc... at school. The medication must be used in a manner consistent with labeling instruction and not shared with any other student. **No products containing ephedrine or pseudoephedrine are allowed.** The privilege to self-administer non-prescription medication will be revoked if the student does not follow the above guidelines.

**Students must provide their own medication in the original container.
The school does not provide any medication.**

This permission is valid for students in **grades 6-12** for the current school year only.

Please list OTC Medication(s): _____

Parent/Guardian Signature: _____ Date: _____

Are Your Kids Ready?

Minnesota K-12 Immunization Law

Students are required to receive certain vaccines for school or submit an exemption. This requirement applies for all public, private, online, and home schools in Minnesota. Look for your child's grade in the chart below and see how many total doses of each vaccine are needed for their grade.

Required Immunizations	Kindergarten to Sixth Grade	Seventh Grade to Eleventh Grade	Twelfth Grade
Hepatitis B (Hep B)	3 Doses	3 Doses	3 Doses
Polio (IPV)	4 Doses	4 Doses	4 Doses
Measles, mumps, rubella (MMR)	2 Doses	2 Doses	2 Doses
Varicella (Chickenpox)	2 Doses	2 Doses	2 Doses
Diphtheria, tetanus, and pertussis (DTaP)	5 Doses	5 Doses	5 Doses
Tetanus, diphtheria, and pertussis (Tdap)		1 Dose	1 Dose
Meningococcal ACWY (MenACWY)		1 Dose	2 Doses

Note: The number of doses may be different if your child is behind schedule. If your child has fallen behind on their vaccinations it is not too late to catch-up, talk to their health care provider.

Recommended but not required for school

Influenza (flu), COVID-19, Human Papillomavirus (HPV), Meningococcal B (MenB) and other vaccines are recommended for children to ensure they are fully protected. Talk to your health care provider about when your child should receive these immunizations. For more information visit [CDC: Vaccine Schedules For You and Your Family \(www.cdc.gov/vaccines/imz-schedules/index.html\)](https://www.cdc.gov/vaccines/imz-schedules/index.html).

Tips for parents and guardians

- Make sure your child has received all of the required immunizations before their first day of school or submit an exemption.
- Submit a copy of your child's immunization record to their school. You can get a copy of their record from the clinic or find their record on [Find My Immunization Record \(www.health.state.mn.us/people/immunize/miic/records.html\)](https://www.health.state.mn.us/people/immunize/miic/records.html).
- Please complete the reverse side if your child requires an exemption for medical reasons or if you are opting for a non-medical exemption due to personal beliefs.



[Vaccines for Infants, Children, and Adolescents \(www.health.state.mn.us/people/immunize/basics/kids.html\)](https://www.health.state.mn.us/people/immunize/basics/kids.html)

Medical and non-medical exemptions

Instructions for documenting medical or non-medical exemptions and history of chickenpox (varicella)

Follow steps 1 and 2 below to document a medical exemption, non-medical exemption, or history of chickenpox.

1. Place an X in the box to indicate a medical or non-medical exemption. If you are exempting your child from more than one vaccine, mark each vaccine you are exempting them from with an X.
2. Obtain signatures for exemptions or history of chickenpox disease.

Required Immunizations	Medical	Non-Medical
Hepatitis B (Hep B)		
Polio (IPV)		
Measles, mumps, rubella (MMR)		
Varicella (Chickenpox)		
Diphtheria, tetanus, and pertussis (DTaP)		
Tetanus, diphtheria, and pertussis (Tdap)		
Meningococcal ACWY (MenACWY)		

Medical exemption: A health care provider must review and sign a medical exemption. A health care provider includes a licensed physician, nurse practitioner, or physician assistant.

By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____
(of health care practitioner)

Date: _____

Non-medical exemption: A parent/guardian must sign for a non-medical exemption and the form must be signed and stamped by a notary. A child is not required to have an immunization that is against their parent or guardian's beliefs. Choosing not to vaccinate may put the health of your child or others they are around at risk. Unvaccinated children who are exposed to a vaccine preventable disease may be required to stay home from school and other activities for up to 21 days to protect themselves and others.

By my signature I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs and I understand that they may be required to remain out of school and other activities for up to 21 days if exposed to a vaccine preventable disease.

Signature: _____ Date: _____
(of parent/guardian)

Non-medical exemptions must also be signed and stamped by a notary:

Notary Stamp

This document was acknowledged before me on

_____ (date),

by _____
(name of parent or guardian)

Notary Signature: _____

State of _____
County of _____

History of chickenpox (varicella) disease: If a child has previously had chickenpox, they are not required to receive the varicella vaccine. A health care provider must sign this form if the disease happened after Sept. 1, 2010. If the child had chickenpox before Sept. 1, 2010, a parent or guardian may sign this form.

My signature below means that I confirm this child does not need the varicella vaccine because they had chickenpox in the month and year _____

Signature: _____ Date: _____
(of health care practitioner, representative of a public clinic, or parent/ guardian)