



Lester Prairie Public School
Health & Emergency Form

**STUDENT'S
 LAST NAME** _____

SCHOOL YEAR - 2023-2024

MOTHER/GUARDIAN

FATHER/GUARDIAN

Name _____

Name _____

Address _____ PO Box _____

Address _____ PO Box _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Employer _____

Employer _____

Employer Phone Number _____

Employer Phone Number _____

Primary Language:

English Spanish Other _____

Primary Language:

English Spanish Other _____

Check all that apply:

- Lives with
- Contact Allowed
- Ed Rights
- Has Custody
- Mailings Allowed
- Enrolling Parent
- Release to
- Financial Responsibility

Check all that apply:

- Lives with
- Contact Allowed
- Ed Rights
- Has Custody
- Mailings Allowed
- Enrolling Parent
- Release to
- Financial Responsibility

Additional Emergency Contact:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Primary Language: English Spanish Other _____

- Lives with Contact Allowed Ed Rights Has Custody Mailings Allowed
 Enrolling Parent Release to Financial Responsibility

Optional Additional Emergency Contact:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Primary Language: English Spanish Other _____

- Lives with Contact Allowed Ed Rights Has Custody Mailings Allowed
 Enrolling Parent Release to Financial Responsibility



Lester Prairie Public School

Health & Emergency Form

Names of children in school	Gender	Grade	Date of Birth	Student Cell Number
	M or F			
	M or F			
	M or F			
	M or F			
	M or F			

Health Information

Student Name	Health Conditions/Allergies/Surgery or Injuries in past 12 months

I, the undersigned parent/guardian, give my consent for the above-named children to be released to me or my spouse or to the friend/relative I have so designated and/or to be taken to the nearest hospital in case of emergency.
 I understand that Lester Prairie #0424 does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school.
 I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.

Signature Parent/Guardian_____	Date_____
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*****If you have a change of address, phone number, email address, etc. please contact the office at 320-395-2521***

Lester Prairie Public School Enrollment Form

Legal Name: _____
Last First Middle

Date of Birth: _____ Age: _____ Boy Girl

Grade: _____ Resident of Lester Prairie District 424? Yes No

If not a resident of the Lester Prairie School District, please list your resident district:

Name and Address of Previous School: _____

Ethnicity:

American Indian

Asian

Black, not of Hispanic origin

Hispanic

Native Hawaiian or Pacific Islander

Two or more races

White, not of Hispanic origin

Date of enrollment: _____

Does your child have an IEP (Individual Education Plan)? Yes No

Does your child have a 504 Plan Yes No

Is your child currently in the Title Program? Yes No

Does your child attend daycare? If so, where? _____

If entering kindergarten:

Did your child complete Preschool Screening Yes No

Date of Screening: _____ Location of Screening: _____

LESTER PRAIRIE PUBLIC SCHOOL

**School District 424
131 Hickory Street North
Lester Prairie, MN 55354
(320) 395-2521 FAX (320) 395-4204**

**Melissa Radeke
Superintendent**

**Mike Lee
K-12 Principal**

Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$1.95; lunch costs \$ 2.55 High School and \$2.10 Elementary.

Your children may qualify for free or reduced-price school meals. To apply, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. At public schools, your application also helps the school qualify for education funds and discounts.

State funds help to pay for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help to pay for breakfasts for kindergarten students, so all participating kindergarten students receive breakfasts at no charge.

Return your completed Application for Educational Benefits to:

Kelly Elling
131 Hickory Street N
Lester Prairie, MN 55354

Who can get free school meals? 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 can get free school meals without reporting household income. Or children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

I get WIC or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance may be eligible for free school meals. 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 your children to qualify for free or reduced-price school meals.

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 information I give be checked? Yes, and 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 for school meal benefits, 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.

Please provide the information requested about children's racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits.

If you have other questions or need help, call [phone number].

Sincerely,

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2023-24 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions**, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2023 through June 30, 2024.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Add for each additional person	9,509	793	397	366	183

Step 1: Children

List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box if a child is in foster care (a welfare agency or court has legal responsibility for the child).

Step 2: Case Number

If any household member currently participates in SNAP, MFIP or FDPIR, write in the case number and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3.

Step 3: Adult and Child Incomes / Last 4 Digits of Social Security Number

- **Social Security Number/Total Household Members.** An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- **Child Income.** If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- **Adult income.** Report the names of adult household members and income earned in this section.
 - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
 - **Gross Earnings from Work.** This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.
 - List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. For seasonal work, write in the total annual income.
 - **Are you Self-Employed or a Farmer?** List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
 - **Any Other Gross Income.** List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

Step 4: Signature and Contact Information An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

Optional: Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect approval for school meal benefits. The information helps to ensure we are meeting civil rights requirements and fully serving our community.



2023-24 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). Mail or return completed form to: (School/District Information)

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

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

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (v)
						<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, MFIP or FDIPIR? Medical assistance does not qualify. If NO > Go to STEP 3. If YES > Enter SNAP, MFIP or FDIPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3)

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

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

B. Child Income.

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

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

Are you Self-Employed or a Farmer?	Net income from Farm or Self-Employment. Do not duplicate elsewhere.			
Monthly	Yearly	Monthly	Yearly	Monthly
<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"/>

Any Other Gross Income	SSi, Unemployment, Public Assistance, Child Support, and other's on Page 2			
	Weekly	Bi-weekly	2x Month	Monthly
<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 give in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

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

Do Not Fill Out: For School Office Use

Conversions to Annualize All Income:

Category	Weekly	Bi-weekly	2x Month	Monthly	Annualize
X52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Size: Eligibility Free After Verified Reduced After Verified Denied After Verified

Determining Official Signature: _____ Date: _____

Confirming Official Signature: _____ Date: _____

Printed name of adult signing form _____ Daytime Phone _____

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

SIGN HERE: Signature of Household Adult _____ 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
<ul style="list-style-type: none"> Earnings from work Social Security Disability Payments 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 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: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA 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 the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, 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.

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.

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

Instructions to District

You may include additional questions that would become part of your local data. These are not included in the digital equity Ed-Fi data elements and are not reported to MDE but may be useful to your local digital inclusion efforts. Examples: Include the results from MN Broadband Speedtest if known: _____Mbps Upload, _____Mbps Download; What else would you like us to know about Internet or device access at this or another place?

Ethnic and Racial Demographic Designation Form

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

Date of Birth: _____ District: _____ School: _____

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

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

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

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

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

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

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

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

Go to Question 1.

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

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

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

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

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

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

Go to Question 2.

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

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

Yes [Go to Question 3.]

No [Go to Question 3.]

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

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

No [If no, go to Question 4.]

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

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

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

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

No [If no, go to Question 5.]

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

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

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

Yes [Go to Question 6.]

No [Go to Question 6.]

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

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____



General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education

The *General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education* is the required application for all Minnesota school districts. Please use this application for inter-district K-12 open enrollment and inter-district enrollment in Early Childhood Special Education (ECSE). Please use the *Statewide Enrollment Options Application for State-funded Voluntary Pre-Kindergarten and School Readiness Plus* for voluntary pre-kindergarten or school readiness plus open enrollment.

IMPORTANT NOTE: Do not disclose other information to the non-resident district until a seat is offered in writing. At that point, the district will request information such as special needs, birth date, race, ethnicity, academic and other records.

Section 1: To be Completed by One or Both of the Student's Parents or Guardians

Student Information

Student Last Name: _____

First: _____

Full Middle: _____

Will the student be at least age 5 and under age 21 by September 1 of the enrollment year or be applying for ECSE?

Yes No*

***If No, please read information in the [Statewide Enrollment Options Instructions](#) before proceeding.**

Student's current grade level (If applying for ECSE, write EC): _____

Grade Level Desired: _____

Student Resident District Information

Resident District Name: _____

District Number: _____

City: _____

District of Choice (non-resident school district)

District of Choice Name: Lester Prairie Public School

District Number: 0424

City: Lester Prairie, MN 55354

Identify the reason for the request to enroll in a nonresident district:

Site or Program Preferences

If the non-resident school district has multiple sites/programs that serve your child’s needs, you may rank sites/programs in order of preference (add more preferences if desired).

- 1. _____
- 2. _____
- 3. _____

Enrollment Timeline

When are you seeking to enroll your child?

- Immediately
- Not immediately, but sometime during the current school year
- Next school year.

Special Situations

Please check all that apply.

- Sibling preference: student has a sibling currently open-enrolled in this non-resident district.
- Employee child preference: Student has parent or legal guardian who is a Minnesota resident who is an employee of the non-resident district.

- Family move: The student’s resident district changed after December 1 prior to the school year requested, waiving deadlines.
- Student is a resident of City of Edina but the resident school district for the student’s Edina home is not Edina Public Schools. Student seeks enrollment in Edina Public Schools.
- Student is requesting a move into and/or a move out of a district that receives [Achievement and Integration Revenue](#), waiving deadlines. You can check here if you do not know the answer to this:
- Student is currently expelled under Minnesota Statutes, section 121A.45 for a reason listed in [Minnesota Statutes, section 124D.03, Subdivision 1](#), which allows but does not require the non-resident district to deny the application.

Parent/Legal Guardian Information

The student must live with at least one parent/guardian who lives in Minnesota.

Minnesota Parent/Guardian 1

Last Name: _____

First Name: _____

MI: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Parent/Guardian 2:

Last Name: _____

First Name: _____

MI: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Physical Signature of at Least One Parent/Guardian is Required

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

Signature of parent/legal guardian 1: _____

Date: _____

Signature of parent/legal guardian 2 (optional): _____

Date: _____

Submission Information

For priority consideration, please complete this application and send it to the Superintendent's Office in the [non-resident District](#) by **January 15** before the first fall enrollment. Please do not send this application to the Minnesota Department of Education. Use one application per student per requested district.

Applications received by the non-resident district after the January 15 deadline may qualify for exceptions to deadline or, if not, districts may voluntarily agree to allow enrollment through a voluntary [School District Non-resident Agreement for Inter-district Enrollment](#).

Section 2: To be Completed by the Non-resident District

Non-resident District: Notify parents/guardians of application approval or disapproval in writing by **February 15 or no more than 90 days after receiving applications** that come later through an Achievement and Integration School Choice Program. If rejected, you must let families know legal reason for denial. Reminder: ECSE open enrollment applications cannot be denied solely due to lack of capacity to provide special education services. (See Minn. Stat. § 124D.03, subd. 6).

Please expedite any requests for open enrollment into Early Childhood Special Education Services.

Families must accept or decline the offer by **March 1 or 45 days after notification that their application has been approved**. After receiving the commitment to attend, the non-resident district must notify the resident district by March 15 (or 30 days after initial receipt if form filed after January 15) of the student's intent to enroll. Districts must report all counts of rejected applications and reasons to the Minnesota Department of Education by July 15 or each year.

Date Application Received: _____

District Name: Lester Prairie Public School

District Number: #0424

District Contact Name: Dr. Melissa Radeke

Title: Superintendent

Phone: 320-395-3001

Email Address: radeke@lp.k12.mn.us

Does the January 15 deadline apply?

- Yes, the deadline applies and it was met.
- Yes, but it was not met. **If this is the case, contact the superintendent's office in the resident district immediately regarding Section 3 of this form to determine whether the resident district and your district will agree to a Non-resident Agreement to serve the student prior to open enrollment becoming available.**
- No, one or both districts receive Achievement and Integration funding from MDE.
- No, family moved to resident district on December 1 or later.

- No, the commissioner of education and commissioner of human rights have determined the resident district's policies, procedures or practices are in violation of Title IV of the Civil Rights Act ([Minn. Stat. §124D.03, subd.7](#)).

Will the student have priority in a lottery? No Yes, based on:

- Sibling of currently open-enrolled student in this district.
- MDE-approved Achievement and Integration with specific school choice plan involving the districts.
- Child of Minnesota resident who is a district employee.
- City of Edina resident whose resident school district is not Edina Public Schools, seeking entry to the district.

Approval/Disapproval of Open Enrollment Application

APPROVED

APPROVED BUT WITH A NON-RESIDENT AGREEMENT for upcoming year that is mutually agreed upon by both districts. Enrollment will continue in subsequent years as open enrollment provided that a lottery is not needed for the student's grade level in the first fall enrollment or the grade level has not been closed by board action. Students will be entered into lottery if one is held. (Non-resident district: keep documentation of the agreement. Districts may document agreement using Section 3 or another format of their choosing.)

STUDENT ASSIGNMENT SITE/PROGRAM: On the basis of information provided in the above application, and with respect to district policies and procedures, the above student will be assigned to:

School Building Name: Lester Prairie Public School

Starting Date: _____

Grade Level: _____

NOT APPROVED

The non-resident district has denied the request for open enrollment because of the following reason(s) allowed in Minnesota Statutes, section 124D.03. Reminder: ECSE open enrollment applications cannot be denied based on special education program capacity. Check all that apply:

- The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See Statewide Enrollment Options Instructions or Minnesota Statutes, section 124D.03, subdivision 3.
- Statutory enrollment cap has been reached for open enrollment. ([Minn. Stat. § 124D.03, subd.2](#))
- Grade is closed district-wide by board action. ([Minn. Stat. § 124D.03, subd. 2 and subd.6](#))
- District has denied the application because of specific expulsion reasons allowed in law. ([Minn. Stat. § 124D.03, subd.1](#))

NOTIFICATION TO RESIDENT DISTRICT

Non-resident district must notify resident district or last district of attendance by March 15 or 30 days later of the pupil's intent to enroll in the non-resident district. The same procedures apply to a pupil who applies to transfer from one participating non-resident district to another participating non-resident district.

Name of Superintendent/Responsible Authority: _____

Signature: _____

Date: _____

Please Note: districts may not modify this form, add data fields or create alternative formats.

LESTER PRAIRIE SCHOOL
SCHOOL SUPPLY LIST – 2023-2024
(Please label with students' first & last name)

PRESCHOOL:

- Backpack, labeled with first and last name
- Extra set of clothes, labeled in Ziploc baggie (these will stay in the school bag)
- Folder, labeled with first and last name
- Pencil box labeled with first & last name
- Scissors, labeled with first and last name, make sure your child can open & close the scissors on their own
- 1 Spiral Bound Notebook, labeled with first and last name
- 1 Box of 24 count crayons, label just the box
- 1 Box of Classic Colored Markers, label just the box

KINDERGARTEN:

- School Bag
- 2 boxes of 24 count regular size CRAYOLA crayons
- Old shirt to protect your clothes when painting
- 1 Box CRAYOLA broad-tip washable markers (classic colors)
- 2 Plastic pocket folders
- 2 Bottles of Elmer's glue (4or 8 oz.)
- 6-8 Glue sticks
- 1 Child's Fiskars scissors (blunt end)
- 1 Box quart size slider-type baggies (Last name A-L)
- 1 Box gallon size slider-type baggies (Last name M-Z)
- 1 wide-lined ruled spiral notebook (about 8 ½" x 10 ½")
- 1 Package of low odor dry erase markers
- 2 Highlighters
- 1 Box of tissues
- 1 Set of headphones in a gallon size slider baggie (not earbuds or folding style)
- 1 Pair of tennis shoes for P.E.
- 1 Box of colored pencils
- 1 Canister of disinfectant wipes
- Your health form from the doctor

GRADE 1:

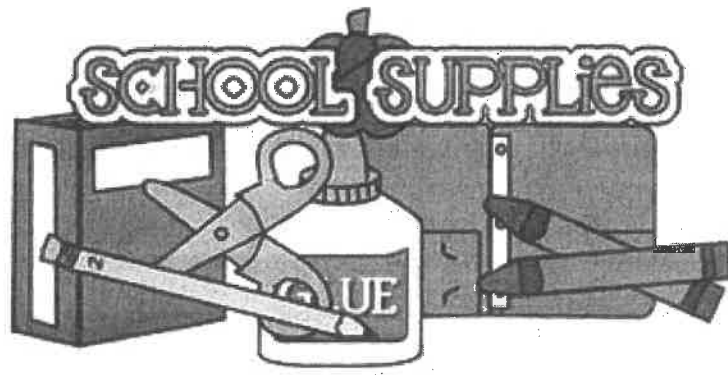
- School Bag
- 1 box of 24 Crayola crayons
- 1 Box of broad-tip washable markers in CLASSIC colors
- Small pencil box (about 5"x 8")
- A box of pencils (sharpened would be great!)
- 1 Large Eraser
- 3 Wide-lined spiral notebooks
- 1 Pack of glue sticks
- 2 Four oz. bottles of white Elmer's glue
- Headphones (not earbuds) in a labeled gallon-size baggie
- 2 Highlighters
- 3 Sturdy pocket folders with pocket on bottom (not sides) and ONE needs to be three-hole punched to be put in a binder (no prongs)
- 1 Pack of skinny dry-erase markers
- 1 Box of colored pencils
- A child's scissors
- Tennis shoes for Phy. Ed.
- Paint shirt (optional)
- 1" Clear view 3 ring binder
- 1 Box of tissues (Last name A-L)
- One canister of disinfectant wipes (Last name M-Z)
- Filled water bottle with your child's name on it each day

GRADE 2:

- Backpack
- Box of 24 Count CRAYOLA Crayons
- Box **classic color** broad-tip washable markers
- Box of skinny CRAYOLA markers
- Child's Fiskar's scissors
- 1 Bottle of white glue (4 oz.)
- 2 **wide-lined** spiral notebooks
- 1" Clear view 3 ring binder
- Pencil box (approximately 5" x 8")
- 1 container Clorox wipes
- 2 Highlighters
- Water Bottle
- 6 Glue sticks
- 1 Composition Notebook
- Pencils (#2, good quality that sharpen easily, already sharpened would be great)
- Hand held pencil sharpener with shavings catcher
- Erasers
- 2 Pocket folders with pockets on the bottom, not sides (**One needs to be three-hole punched**)
- Tennis shoes for P.E.
- Box of colored pencils
- Headphones in a Ziploc baggie with name
- Last Name A-L: Gallon Sized Ziploc Bags
- Last Name M-Z: Quart Sized Ziploc Bags

GRADE 3:

- Backpack
- 1 box of 24 count Crayola crayons
- 2 large erasers
- 1 set of small scissors
- 1 Box of 24 yellow #2 pencils (bring sharpened)
- At least 4 large glue sticks
- Headphones (no ear buds, please!)
- 1 Box of classic color washable markers
- Girls: 1 container of disinfectant wipes
- Boys: 1 box of quart sized Ziploc bags
- At least 2 large chisel tip dry-erase markers
- 1 Pencil box (5" x 8")
- 1 red folder, 1 blue folder, 1 yellow folder, 1 green folder (3 pronged)
- 1 one inch 3-ring binder
- 1 red spiral notebook, 1 blue spiral notebook, 1 choice color/design spiral notebook – Wide Ruled
- 1 Composition Notebook
- At least 1 box of tissues
- Tennis shoes
- Reusable water bottle



GRADE 4:

- 24 count Ticonderoga #2 pencils
- 2 Pens (1 red, 1 black)
- Erasers
- Colored Pencils
- 2 Large wide-lined spiral notebooks (red, blue)
- 4 folders - Red, Green, Blue and one of your choice. All with 3 holes and NO prongs
- Scissor
- A-M: Kleenex Box
- N-Z Hand Sanitizer
- Shoes for gym
- Pencil box or pouch
- One 2" three ring binder with a clear cover insert
- 4 pack primary colored whiteboard markers
- Whiteboard eraser **OR** a clean sock
- 24 count crayons
- Wired Headphones or earbuds in a **labeled bag**
- 2 Glue Sticks

GRADE 5:

- 2 Composition notebooks
- 12 Pencils (keep some in locker for later)
- Colored Pencils
- 4 Pack whiteboard markers
- Whiteboard eraser or old, clean sock
- Pencil box or pouch
- 1 pair of Scissors
- 2 glue sticks
- Headphones
- Accordion Style Folder
- 2 Pens (blue or black)
- Last Name A-L: Box of Kleenex
- Last Name M-Z: Clorox Wipes

GRADE 6:

- Headphones or earbuds
- Accordion Style Folder with at least 8 pockets
- Colored Pencils
- 12 pencils (keep some at home or in locker for later)
- 5 Pens (blue, black, and/or red)
- 4 - One Subject notebooks
- Tennis shoes to be used only in gym class and kept at school
- Pencil pouch or box for pencils, pens, etc.
- 4 pack primary colored whiteboard markers
- Whiteboard eraser or old, clean sock

GRADES 7 & 8:

- Headphones or Ear buds
- Big pack of pencils
- Change of clothes and tennis shoes to be used only in gym class and kept at school
- 1 Subject notebook (one for each class)
- Jumbo Size Book Covers
- 2-pocket folders (one for each class)
- Mrs. A. Smith's math students need an additional composition notebook for math, along with a 1 Subject notebook
- Pack of glue sticks for Mrs. Smith's math classes

GRADES 9-12:

- Pencils
- Mr. Wawrzniak's math students need 3-ring binder for notes & notebook or loose leaf paper
- Mr. Wawrzniak's **and** Mrs. Malady's math students need a scientific calculator - You do not need to purchase a graphing calculator. Graphing calculators are good investments if you plan to take future math classes at a post-secondary institution but they are not required.
- 1 Subject notebook (one for each class)
- Folders
- Book covers (One for each class that has a textbook.)
- 2-pocket folders (one for each class)
- Change of clothes and tennis shoes to be used only in gym class and kept at school
- Mrs. Malady's math students need a 100-page composition notebook and a pack of glue sticks

