LAST NAME2024-2025 SCHOOL YEAR								
MOTHER/GUARDIAN			FATHER/GUARDIAN					
Name	Name			Name				
Address/Po Box			Address/Po Box					
CitySt			City	_StZiρ				
Home Phone			Home Phone					
Cell Phone			Cell Phone					
Email			Email					
Employer			Employer					
Employer Phone Number			Employer Phone Numbe					
Primary Language: ☐ English ☐ Spanish ☐ Oth			Primary Language: □ English □ Spanish					
☐ English ☐ Spanish ☐ Oth Check all that apply:	er		Check all that apply:					
☐ Lives with ☐ Contact Allowed ☐ Ed Rights☐ Has Custody ☐ Mallings Allowed☐ Enrolling Parent ☐ Release to☐ Financial Responsibility			□ Lives with □ Contact Allowed □ Ed Rights □ Has Custody □ Mallings Allowed □ Enrolling Parent □ Release to □ Financial Responsibility					
Additional Emergency Contact:								
NameRela			onship					
Home Phone	Home PhoneCell							
Primary Language: □ English □ S		Other		Allewood				
□ Lives with □ Contact Allowed □ Ed Rights □Has Custody □ Mailings Allowed □ Enrolling Parent □ Release to □ Financial Responsibility				ngs Allowed				
Names of children in school	Gender Grade Date of Birth Student Cell Number							
	M or F							
	MorF							
	MorF							
	MorF							
	MorF							

Health Information

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

Clinic/Doctor

Clinic/Doctor	City	Phone Number

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.

Г		
,	Signature Parent/Guardian	Date

**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 1	Name: Last	First			Middle
Date o	of Birth:	Age:		Boy	Girl
	Resident of Lester a resident of the Lester Prairie School				No sident district:
Name	and Address of Previous School:				
Ethnic	city:				
	American Indian			Asian	
	Black, not of Hispanic origin			Hispanic	
	Native Hawaiian or Pacific Islande	r		Two or mo	re races
	White, not of Hispanic origin				
Date of	of enrollment:				
Does	your child have an IEP (Individual E	Education P	lan)?	Yes	No
Does	your child have a 504 Plan			Yes	s No
Is you	or child currently in the Title Program	n?		Yes	s No
Does	your child attend daycare? If so, wh	nere?			
If ente	ering kindergarten: our child complete Preschool Screer			Ye.	
Date	of Screening: Loc	ation of Scr	eening	;:	

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
	structions to District
in di	the digital equity Ed-Fi data elements and are not reported to MDE but may be useful to your local gital 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 exice access at this or another place?

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time. Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

	Student Information		
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:		
	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:	
1. My student first learned:	language(s) other than English English and language(s) other than English only English.		
2. My student speaks:	language(s) other than English English and language(s) other than English only English.		
3. My student understands:	language(s) other than English English and language(s) other than English only English.		
My student has consistent interaction in:	language(s) other than English. English and language(s) other than English. only English.		
	identify your student as an English learner. If a la for English language proficiency.	nguage other than English is indicated,	
	Parent/ Guardian Information		
arent/Guardian Name (printe	d):		

^{*} 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.



Reset form

Ethnic and Racial Demographic Designation Form

Student's First Name:	Middle N	ame/Initial: L	ast Name:
Date of Birth:			
Minnesota state law, Minnesota disag	ggregates each category into to answer the federal quest w requires schools to choose	o detailed groups to fur tions (in bold) for their e for you. This is a last	nt of Education. Because of recent changes to rther represent our student populations. r children. If you choose not to answer the resort—we prefer if parents or guardians this information for you.
This information helps improve teachicurrently underserved. The information learn more about the purpose of collected identified. The privacy notice can be for	on this form collects is considering this information, how	dered private informat it will be used and not	tion. You can review the privacy notice to used, and how the detailed groups were
Is the student Hispanic/Latino as of Mexican, Puerto Rican, South or Co	defined by the federal go entral American, or other	vernment? The fede Spanish culture or o	eral definition includes persons of Cuban, rigin, regardless of race. ¹
[You must select "yes" or "no" to this	question.]		
Yes [If yes, go to Question A.	J	O No [if n	o, go to Question 1.]
Optional Question A: If yes answered by school staff):	was chosen above, selec	t all that apply from	the list below (this question will not be
□ Decline to indicate□ Colombian□ EcuadorianGo to Question 1.	☐ Guatemalan ☐ Mexican ☐ Puerto Rican	□ Salvadoran□ Spaniard/SpanisSpanish-America	
[Select "yes" to at least one of the Qu	uestions (1-6) below.]	<i></i>	
state of Minnesota definition include	des persons having origin:	s in any of the origin	efined by the state of Minnesota? The al peoples of North America who on. [This question is needed to calculate
Yes [If yes, go to Question 1a.	J .	No [If no	o, go to Question 2.]
Optional Question 1a: If ye answered by school staff): Decline to indicate	s was chosen above, selec		the list below (this question will not be r North American Indian Tribal Affiliation
☐ Anishinaabe/Ojibwe	□ Dakota/Lako	ota 🗆 Unkr	nown
Go to Question 2.			

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

Question 2	2. Is the student America	ın Indian 1	rom South o	r Central Ame	rica?		
Yes [Go to Question 3.]			0	No [Go to Question 3.]			
origins in a	3. Is the student Asian as any of the original people China, India, Japan, Kore [If yes, go to Question 3a.	s of the Fa ea, Malays	ar East, South	neast Asia, or the Philippine	ne Indian subco	ntinent in d, and Vi	ncluding, for example, etnam. ¹
•	nal Question 3a. If yes wa red by school staff):	s chosen a	above, select	all that apply f	rom the list bel	ow (this	question will not be
0	Decline to indicate Asian Indian Burmese		Chinese Filipino Hmong	:: ::	Karen Korean Vietnamese	. 0	Other Asian Unknown
Go to (Question 4.						
Option answer	African-American Ethiopian-Oromo Question 5.	ny of the J s chosen a	above, select	all that apply f Ethiopian-Otl Liberian Nigerian	.1 No [If no, go to of the list be li	Question 5	guestion will not be Somali Other black Unknown
federal det	5. Is the student Native F finition includes persons s [Go to Question 6.]			f the original po		ii, Guam,	
	5. Is the student white as any of the original people			e East, or Norti		efinition i	ncludes persons having
Parent(s)/0	Guardian Name					Date	
Parent(s)/0	Guardian Signature					-	

Print/Save



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 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 Information

Student Resident District Information Resident District Name:_____ District Number:_____ **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). **Enrollment Timeline** When are you seeking to enroll your child? ☐ Immediately ☐ Not immediately, but sometime during the current school year

Special Situations

☐ Next school year.

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 <u>non-resident District</u> 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 <u>School District Non-resident Agreement for Inter-district</u> 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:
Date:
Please Note: districts may not modify this form, add data fields or create alternative formats.

-

LESTER PRAIRIE PUBLIC SCHOOL

School District 424 131Hickory 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 \$0.00; lunch costs \$ 0.00 High School and \$0.00 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:

Kim Dye 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,

Kim Dye

Complete the Application for Educational Benefits form for school year 2024–25 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 takehome 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, 2024 through June 30, 2025.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Add for each	9,953	830	415	383	192

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.



2024-25 Application for Educational Benefits

4

6

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

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). STEP 1: 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	st Nan	Je				School	- 0		Grade	 a	æ	Birthdate	92	Foste	Foster Child (v)
	-											H		22			0
	H																
	t																
	H																0
																	0
STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance does not qualify. If NO > Go to STEP 3. If YES >Enter SNAP. MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number)	tly part se Nun	icipate i	n one tween	or more 4-9 digi	of the ts, do n	ollowing assistance progran ot report EBT card number)	ns: SNAP,	MFIP	or FDPIR	? Medica	assistan	ce does then go	not qua	lify. if 4 (Do	NO > G	ce does not qualify. If NO > Go to STEP 3. then go to STEP 4 (<u>Do not complete STEP</u>	(Fi)
STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	nis step	if you a	nswer	ed 'Yes'	to STEF	2)											
A. Last Four Digits of Social Security Number (SSN) of <u>Adult</u> Household Member: XXX-XX	dult Ho	usehold	Mem	er: XX	Š.	Or Check if Adult has No SSN:	c if Adult	nas No	SSN:		Number	of A⊪ H	ouseho	d Men	nbers (C	Total Number of All Household Members (Children + Adults)	dults)
Ö							L							-			
Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the	e incor	ne, such not inclu	as fro	m a par	t time j	b or SSI. Please include the vigor adults in the box to the rigor	: zht.	Total II	come P	eceived	Total Income Received by All Children	dren	Weekly		Bi-weekly	2x Month	h Monthly
	i						1	5								0	0
C. All Adult Household Members (including yourseif). 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" with the Child Income section and All Adult Household Members section.	For each is no ir ld Men	h Housel ncome to	hold North	lember t. Not s	listed, i ure wh	they do receive income, rel It income to include here? F	port total	gross i ge and	ncome review	only. If th "Sources	ey do not of Incom	receive e" for ir	income	from "S	any sou ources	rce, write 'O of Income" v	or leave any vill help you
Names of All Adult Household Members (First and Last)	E E	L	ق	Gross Ear	nings fr	Earnings from Working at Jobs	[• 	re you	Self-Em	ployed o	Are you Self-Employed or a Farmer?	~		₹	y Othe	Any Other Gross Income	ще
	I		L	H	L		L T	H	-			Τ	l	L	ŀ	100	
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.	ing ing	Meekly	Bi-weekly	Zx Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).		Monthly	Yearly or m	net income from Farm or Self- mployment. Do no	Net income from Farm or Self- Employment. Do not duplicate elsewhere.	ى سو	МеекIV	Bi-weekly	VidinoM x2	Public Child S other	Sol, Unemployment, Public Assistance, Child Support, and others on Page 2
						\$			\$							s,	
					0	·s	ļ	_	\$				0	_		\$	
					0	<			\$				0			\$	-
				0		\$			\$							\$	
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	fy (pror	mise) th	at all ir	formati	on on t	nis application is true and th	at all inc	ome is	reporte	i. I under	stand tha	t this in	formation	n is gi	ve in co	nnection wi	th the receipt
Federal funds, and that school officials may verify (check) the information. I am aware that if I mirrosely give false information, my children may lose meal benefits, and I may be	the inf	formatio enefits, a	in. Lan	aware ay be	that if			2360	7	1	z	٥	☐ Verified?	2		Free Reduced	ed.
prosecuted under applicable State and Federal laws."	n share	ed with				Do Not Fill Out: For School Office Use Conversions to Annualize All Income:	ool Office ze All Inco	Use ome:	SX.	zx zx	TX	4 5	Attach Tracker			<u> </u>	
Minnesota Health Care Program as allowed by state law.									еķţλ	lou th sekly	ythtr			leano;	leano Villid	. vəə	paon
Printed name of adult signing form		Daytin	Daytime Phone	ne L		All Total Income (Include child and adult income)	me ult incom	(e)					Household Size:	Categ	18113	19	
Address (if available)	Apt#	Çţ	2	Zip		S											
						Determining Official Signature:	gnature:				2				٠	Date:	

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Confirming Official Signature:

Date

SIGN HERE: Signature of Household Adult

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.

	White
	Native Hawaiian or Other Pacific Islander
	يا
	Black or African America
atino	Asian
or Lati	
dispanic or Latino 🔲 Not Hispanid	American Indian or Alaskan Native
Ī	
Step One: Ethnicity (check one):	Sten Two: Race (check one or more):

INSTRUCTIONS: Sources of Income

Sources of Income for Children

	Sources of Child Income		Examples			Earı
•	Earnings from work	•	A child has a regular full or part-time job where they	•	Š	Salary, wa
•	Social Security		earn a salary or wages	_	ъ	deduction
-	a. Disability Payments	•	A child is blind or disabled and receives Social	•	Z	Net incom
_	b. Survivor's Benefits		Security		Ξ	(farm or b
•	Income from person outside	•	A Parent is disabled, retired, or deceased, and their	·	=	If you are
	the household		child receives Social Security benefits		ė	Basic
•	Income from any other source	•	A friend or extended family member regularly gives a			NOT
_			child spending money			or pri
_		•	A child receives regular income from a private	-		allow
			pension fund, annuity, or trust		q	. Allow
_		_		-		7004

Sources of Income for Adults

	Caracian on feed and Minate		Public Assistance / Alimony		All Othor Income
	Editings from Work		/ Child Support		All Ourer income
•	Salary, wages, cash bonuses (before	•	Cash Assistance from State or	•	Social Security
	deductions or taxes)		local government	•	Disability benefits
•	Net income from self-employment	•	Supplemental Security Income	•	Regular income from
	(farm or business)	•	Unemployment benefits		trusts or estates
•	If you are in the U.S. Military:	•	Worker's compensation	•	Annuities
	a. Basic pay and cash bonuses (do	•	Alimony payments	•	Investment income
	NOT include combat pay, FSSA	•	Child support payments	•	Rental income
	or privatized housing	•	Veteran's benefits	•	Regular cash payments
	allowances)	•	Strike benefits		from outside
	 b. Allowances for off-base housing, 				household
	food and clothing				

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 /ou 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.

Nondiscimination 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.

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 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,

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 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, To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online 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.



Chromebook/Chrome Tablet Handbook and Policy Manual 2024-25

Lester Prairie School Mission Statement

"To develop every learner to the learner's maximum potential, to succeed and continue to learn in a changing world."

Lester Prairie Schools has implemented a 1:1 K-12 technology program.

Students in grades 2^{nd} - 12^{th} will be issued their own Chromebook. Students in Kindergarten and 1st grade will be issued a Chrome Tablet. Before receiving the device, students and parents must sign a user agreement and pay the Required User Insurance Fee.

- > Students in grades 4-12 will be expected to take their Chromebook home daily.
- > Students in grades K-3 may be required to take home their Chromebook/Chrome Tablet occasionally during the school year.

These devices are not replacing textbooks or other educational materials, but are meant to supplement and enhance the student's learning experience.

Lester Prairie Schools Chromebook/Chrome Tablet 1:1 Program

The Chromebook/Chrome Tablet 1:1 Program facilitates:

- Access to digital educational resources
- > Availability beyond the school day
- > Individual learning
- Creativity and innovation
- > Critical thinking and problem solving
- > Communication and collaboration
- > Technology literacy skills
- College and career readiness

The information within this document applies to the 1:1 Chromebook/Chrome Tablet Program for students that attend Lester Prairie Schools. Please note that teachers may set additional requirements for use in their classrooms.

Throughout the handbook when the word Chromebook is used, it refers to both a Chromebook and Chrome Tablet.

Chromebook Title

At all times, the legal title to the Chromebook is maintained by Lester Prairie Schools. A student's right to possession and use is limited to and conditioned upon full and complete compliance with the Lester Prairie Chromebook Handbook, Chromebook Use Agreement, Student Handbook, and the Internet Acceptable Use and Safety Policy #524.

Chromebooks are for educational purposes only. Lester Prairie Schools has the right to inspect Chromebooks at any time. Chromebooks will only work with an @lp.k12.mn.us user account. Chromebooks include Internet filters to block inappropriate websites when connected to the WiFi network at school.

Students will be issued a specific Chromebook which will remain theirs throughout their time at Lester Prairie Schools or until the Chromebook is updated (every 3-4 years). At the end of every school year, the Chromebook will be returned to the school before the last student day for routine maintenance and storage over the summer break. The same Chromebook will be re-issued to the student at the beginning of the next school year.

Chromebook Required User Insurance Fee

Lester Prairie Schools require that a signed copy of both the Student-Parent Agreement and payment of the Required User Insurance Fee are received.

Required User Insurance Fee	\$35.00 per school year
Family maximum	\$80.00 per school year
Free/Reduced Price (FRP) Fee Free/Reduced (FRP) Family maximum	\$20.00 per school year \$45.00 per school year

Students and parents must comply at all times with the Lester Prairie Schools' Student Handbook and the Internet Acceptable Use and Safety Policy #524. Failure to comply may result in the termination of the student's rights of possession immediately and Lester Prairie Schools may repossess the loaned property with no Required User Insurance Fee refund.

There is a \$55 deductible repair fee for <u>each repair</u> that needs to be sent to Trafera.

Insurance does not cover repairs to the Chromebook due to neglect, misuse, and/or intentional damage. The student and parents of the assigned device are responsible for the entire amount of the repair or replacement of the Chromebook.

If the power adapter is damaged or lost the student and parents are responsible for the replacement cost.

Chromebook Power Adapter Replacement	\$35.00
Chrome Tablet Case Replacement	\$30.00
Chromebook Case Replacement	\$20.00
Chromebook Replacement (lost/negligent or intentional damage)	\$319.00
Chrome Tablet Replacement (lost/negligent or intentional damage)	\$265.00

Theft or Loss

All Chromebooks are monitored. If a Chromebook is lost, the student must report the loss immediately to the Tech Department to potentially track and recover the device. A police theft report is required for the replacement of the Chromebook. If a student has a Chromebook stolen and does not file a theft report, the full replacement cost will be required.

Repair and Liability

Students and parents are responsible for district-owned technology property that is issued to them. If the Chromebook is damaged, it must be reported to the Technology Department as soon as possible. Students will be issued a "loaner" Chromebook until the repairs are completed upon receipt of the deductible repair fee. Students and parents of the assigned device are responsible for the deductible repair fee as required by the Student-Parent Chromebook Use Agreement. If the Chromebook is damaged by an intentional or purposeful act, the student and parents will be responsible for the entire amount to repair or replace the Chromebook.

Terms of Agreement

The right to use and possess the Chromebook terminates no later than the last day of the school year. Rights may be terminated earlier by Lester Prairie Schools or upon withdrawal from the district. The failure to return the Chromebook in a timely manner will be considered unlawful appropriation of Lester Prairie Schools property and appropriate legal action will be taken.

Chromebook Use

Chromebooks are intended for use at school each day. In addition to teacher expectations of Chromebook use, school messages, announcements, calendars, and schedules may be accessed using the Chromebook. Students are responsible for bringing their Chromebooks to all classes unless specifically instructed not to do so by the teacher.

Each student will be issued a power adapter for charging his or her Chromebook. It is the student's responsibility to bring their Chromebook fully charged to school each day.

If a student leaves his/her Chromebook at home, the student is responsible for getting the coursework completed as if the Chromebook were present.

General Use

- > Chromebooks are to be used for educational purposes only.
- > Only use your Lester Prairie-issued user account with the Chromebook:@lp.k12.mn.us
- > Keep your user account login and password secure.
- > Do not share/lend/borrow Chromebook to others.
- > Use caution when eating or drinking near the Chromebook.
- > Cords, cables, and removable storage devices must be inserted carefully into the Chromebook to prevent damage.
- > Do not stack any books, heavy materials, etc. on top of the Chromebook in your locker or backpack.
- > Do not close the Chromebook with anything inside it. This may damage the screen or hinges.
- > Do not expose the Chromebook to extreme temperatures or direct sunlight for extended periods of time.
- > Chromebooks should not be left unattended during school unless securely locked up in your locker or in a teacher-designated area.
- > Chromebooks should be taken home every night to be fully charged.
- ➤ Chargers should be left at home.

Chromebook Camera and Microphone

Chromebooks come equipped with audio and video recording capabilities through a built-in microphone and camera. All electronic recordings created with the device must comply with district policies and state and federal laws. District policy prohibits the use of electronic devices in a manner that compromises the privacy interests of other individuals (#524). District policy prohibits harassment and bullying (#514). Students are required to use the Chromebook in a manner that complies with these and other district policies. Use of the Chromebook in a manner that violates district policies may result in revocation of the device and/or further disciplinary consequences.

Use of the Chromebook and any other devices with audio and video recording capabilities during instructional time is at the discretion of the teacher and the student must obtain prior approval to use the device for such purposes. Any electronic recordings obtained with the recording device are for instructional/educational purposes and individual use only. Electronic recordings obtained with the Chromebook may not be shared, published, or re-broadcasted for any reason by the student without permission from all parties involved.

Chromebook users should be aware that state and federal laws in many instances prohibit secret or surreptitious recording undertaken without the knowledge and consent of the person or persons being recorded. Violations of state and federal recording laws may be reported to the proper authorities and may result in criminal prosecution.

Media, Sound, and Games

All Photos (including desktop backgrounds) and videos must follow district policies and guidelines. Media that violates Lester Prairie Chromebook Handbook, Chromebook Use Agreement, Student Handbook, and Internet Acceptable Use and Safety Policy (guns, weapons, pornographic materials, inappropriate language, alcohol, drug, gang-related symbols, etc.) will result in disciplinary actions and may result in the loss of Chromebook privileges.

Managing Files and Saving Work

Students may save documents to their Google Drive found on their "@lp.k12.mn.us" account. Saving to Google Drive will make the file accessible from any computer with Internet access. Students using Google Drive to work on their documents will not need to save their work, as Drive will save each keystroke as the work is being completed. It is the responsibility of the student to maintain the integrity of his/her files and keep proper backups.

Home Internet Access

Students are allowed to set up access to home wireless networks on their Chromebooks. This will allow students to access resources needed to complete schoolwork. Contact your Internet provider if you have trouble connecting to your home network.

Chromebooks are content filtered (blocked from pornography, hate, violence, most social media) on the school's network. Any student who attempts to bypass the content filter is in violation of the Acceptable Use Agreement and subject to disciplinary action.

Students who do not have home Internet access: documents, worksheets, videos, and content needed for homework can be downloaded to Google Drive and can be accessed offline without access to the internet. For information about working on Google Drive files offline on your Chromebook, go to:

http://support.google.com/chromebook/answers/2809731

Chromebook Care

The Chromebook will update automatically every time the device is connected to the Internet. If the Chromebook does not appear to be working correctly, is running slow, or has trouble connecting to the school's network, turn it into the Tech Department for maintenance. You will receive a "loaner" while yours is repaired.

While the cost of the Chromebooks are significantly less than those of many laptops and tablets, we encourage students to properly care for them to avoid unnecessary replacement costs.

- > Do not place Chromebooks on uneven surfaces where they might be subject to an accidental fall.
- > For optimal performance, do not block airflow when the device is on. Do not leave it on top of blankets, beds, sofas, pillows, etc. while on and in use.
- > Avoid eating or drinking near Chromebooks.
- > Avoid exposure to extreme temperatures below freezing or above 90 degrees
- > Avoid placing or dropping heavy objects on top of the Chromebook.
- > School-owned case must be used.
- > Chromebooks and Chromebook Cases must remain free of any decorative writing, drawing, stickers, paint, tape, or labels that are not property of Lester Prairie Schools.

Chromebook Cleaning

Never use any product containing alcohol, ammonia, or other strong solvents to clean the Chromebook.

- > Create a gentle cleaning solution composed of 75% water and 25% white vinegar or just water.
- Disconnect the Chromebook from power and ensure it is off.
- > Apply the solution to a cotton cloth, lint free, microfiber, chamois, or some other very soft cloth. New use paper towels or tissues. **Never apply the solution directly on the Chromebook.**
- ➤ Wipe the cloth against the screen of the Chromebook in a circular and consistent motion. Rapid circular movements tend to eliminate streaking. Ensure that you apply even pressure to the cloth, but not so much as to cause damage to the screen.
- > Repeat these steps for cleaning the outer case and keyboard of the Chromebook.

Parent/Guardian Guide

Talk to your child about values and proper conduct he/she should follow while using the Internet.

Be an active participant in your child's digital life. Have your child show you what sites he/she is navigating, apps used, and current assignments/projects/research.

The following resources will assist in promoting positive conversation(s) between you and your child regarding digital citizenship.

NetSmartz: http://www.netsmartz.org/Parents

Common Sense Media: http://www.commonsensemedia.org/

All policies and handbooks referred to in this document can be found on the Lester Prairie Schools' website.

Grade:
2024-2025 Chromebook/Chrome Tablet Usage Agreement Form
Student's Name: Print First and Last Name Print First and Last Name
Print First and Last Name Print First and Last Name
Student Agreement
 I will not leave my Chromebook/Chrome Tablet unattended or unsecured at any time. I will not lend/share/borrow my Chromebook/Chrome Tablet to anyone. I will bring my Chromebook/Chrome Tablet to school charged and ready for use each day. School district Chromebook/Chrome Tablet & charger may be sent home unless the parent refuses in writing. I will not disassemble, repair, hack, or subvert the security of school devices or networks. I have read or will read and understand the Lester Prairie Schools Chromebook/Chrome Tablet Handbook and Policy Manua Internet Acceptable Use and Safety Policy #524, and Lester Prairie Schools Student Handbook. I agree to abide by all Lester Prairie policies governing the use of my technology usage in school & home. I understand that my technology devices are subject to inspection by Lester Prairie staff at any time, and school-owned devices remain the property of Lester Prairie Schools. The use of a school device is a privilege that can be revoked. Inappropriate use or neglect of a device can result in limits to oloss of use of the Chromebook/Chrome Tablet or any other technology device. I understand that I am responsible for any intentional or negligent damage to both personal and school-owned devices and networks. I will file a report with the school office in the event of loss/theft or damage/of equipment or failure of the Chromebook/Chrome Tablet. I will return the school device and charger in working order as directed by the technology staff.
Parent/Guardian Agreement
 I have read and understand all terms of Chromebook/Chrome Tablet Handbook and Policy Manual and the Lester Prairie Student Handbook policies and agree to allow my child to participate in the Chromebook 1:1 Program. I have discussed the technology expectations with my child and will support the school in guiding my child in using school electronic devices at home and school as an educational tool. I am responsible for monitoring and guiding my child's activity on any home technology usage. Damage to school devices or loss (including power charger) will be paid by the parent/guardian of the student-issued device to the district.
User Insurance Fee is Paid before receiving Chromebook/Chrome Tablet. Deductible Repair Fee of \$55 for each repair/claim needing to be sent for repair at Trafera. The Deductible Repair Fee is only for accidental damage, not for deliberate or negligent damage or theft.
Office use: Mark when Paid Required User Insurance Fee \$35 Required User Insurance Fee (yearly)/\$80 Family Max Cash: Check: \$20 FRP Required User Insurance Fee (yearly)/\$45 Family Max Staff Initials:
320 FRI Required Osci Insurance Tee Gently), etc 2 and 3
By signing, we agree to the stipulations set forth in this document as well as the Lester Prairie Schools' Chromebook/Chrome Tablet Handbook and Policy Manual, Internet Acceptable Use and Safety Policy #524, and Lester Prairie School Student Handbook.
Student Signature: Date:

Date: _____

Parent/Guardian Signature:

INTERNET USE AGREEMENT - STUDENT

STUDENT

listened computer system and the Internet an	district policies relating to safety and acceptable use of the school dagree to abide by them. I further understand that should I commit revoked, school disciplinary action may be taken, and/or appropriate
User's Full Name (please print):	
User Signature:	
Date:	
PARENT OR GUARDIAN	
use of the school district computer system educational purposes. The school district has also recognize it is impossible for the school hold the school district or its employees or an exact full responsibility for supervision if	ave read the school district policies relating to safety and acceptable and the Internet. I understand that this access is designed for as taken precautions to eliminate controversial material. However, I district to restrict access to all controversial materials and I will not agents responsible for materials acquired on the Internet. Further, I and when my child's use is not in a school setting. I hereby give and certify that the information contained on this form is correct.
Parent or Guardian's Name (please print):	
Parent or Guardian Signature:	
Date:	

Lester Prairie School District #424 2024-2025 Calendar

August 2024						
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Aug. 14	Paraprofessional Conference
Aug. 26	New Teacher Workshop Day

Oct. 4	K-6 Early Dismissal 11:30 (READ Act
Oct. 10 &14	Parent Teacher Conf. 3:30-7:30
Oct. 17-18	MEA Break—No School

Nov. 1	End of 1st Quarter 11:30 Dismissal—half day Staff Development
Nov. 27 Nov. 28-29	K-6 Early Dismissal 11:30 (READ Act) Thanksgiving Break –No School

Dec. 20 Dec. 23-Jan. 1	Winter Break—No School

Jan. 2 Jan. 17	First Day back from Break Last day 2nd Quarter—End of Semester 11:30 Dismissal—half day Staff Development

Feb. 14	Staff Development—No School
Feb. 17	President's Day—No School
Feb. 20	Parent Teacher Conf. 3:30-7:30
Feb. 24	Parent Teacher Conf. 3:30-7:30

11:30 <u>Dismissal</u> —half day Staff Development	March 21	End of 3rd Quarter 11:30 <u>Dismissal</u> —half day Staff Development
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May 16	Graduation
May 23	Last Day for Students
May 26	Memorial Day
14-1-07	No School Staff Days

May 26	Wemoriai Day
May 27	No School—Staff Development Teacher Day

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QTR 1	41.5 (K-6: 41)
QTR 2	44.5 (K-6: 43.5)
QTR 3	42.5 (K-6: 42.5)
QTR 4	43.0 (K-6: 42.5)
TOTAL:	171.5 (K-6: 169.5)

Since	icite Duyo	
QTR 1	41.5 (K-6: 41)	
QTR 2	44.5 (K-6: 43.5)	
	42.5 (K-6: 42.5)	1
QTR 4	43.0 (K-6: 42.5)	١
OTAL: 1	71.5 (K-6: 169.5)	
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ğ	New Teacher Workshop
	NO School/Prof Development Day
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First Day of Classes

Boarder School Day-Evening	
Conferences 3:30 -7:30	Regular School Day-Evening

Conferences 5.50 -7.50	
Graduation	

į	Holiday/No	School	Days
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End of Quarter

K-6	Early	Dismissa!	1	1:3	C

Paraprofessional Co	onference
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ı	Aug. 27	Staff Dev. (1)
ı	Aug. 28	Staff Dev. (1.5)
ı	Aug. 29	Staff Dev. (0.5)
ı	Oct. 10 & 14	Conferences (1)
ı	Nov. 1	Staff Dev. (0.5)
ı	Jan. 17	Staff Dev. (0.5)
ı	Feb. 14	Staff Dev. (1)
ı	Feb. 20 & 24	Conferences (1)
1	March 21	Staff Dev. (0.5)
ı	May 27 & 28	Staff Dev. (2)

READ Act Staff Training:

Oct. 4
Nov. 1
Nov. 27
Dec. 20
Jan. 17
Feb. 14
March 21
April 17

February 2025										
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	July 2025									
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