

2022-23 PROGRAM REPORT FOR NONPUBLIC PUPIL AIDS

TO: Minnesota Department of Education
Division of School Finance
400 NE Stinson Blvd
Minneapolis, MN 55413

FROM: Superintendent

District Name and Number: 2689, Pipestone Area Schools

DATE: _____

SUBJECT: Nonpublic Pupil Aids

The enclosed Pupil Reports (ED-01650-35) from the nonpublic schools and home schools in this district, showing the **actual** count of nonpublic pupils eligible to receive nonpublic materials and pupil support services during the 2022-23 school year, are forwarded for the computation of the Nonpublic Pupil Aids that may be authorized by this district.

In addition to the loan of textbooks, standardized tests, and individualized instructional materials; the following district pupil support service programs are available in the district.

Pupil Support Service

District Program

Is Available

Does Not Exist

Health Services

Secondary Guidance/
Counseling Service

Signature of Superintendent

Date

Enclosures

**REQUEST FORM FOR
TEXTBOOKS, STANDARDIZED TESTS, AND
INDIVIDUAL INSTRUCTIONAL MATERIALS**

School Year Ending June 2023

The State of Minnesota has authorized local public school districts to loan textbooks, standardized tests, and individualized instructional materials to pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries. These materials must be secular in nature, designed primarily for individual use by the pupil in a particular class or program in the school the pupil regularly attends, and must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15, 2022.**

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: _____ Grade Level: _____

Name of School: _____

I do request that textbooks, standardized tests, and individualized instructional materials be provided on loan to the above pupil this school year.

I **do not** wish to request the loan of any materials this school year.

Verification of Use: I hereby verify that the textbooks and individualized instructional material requested are to be used by the pupil named above in a course of instruction in that pupil's elementary or secondary school.

Signature of Pupil, Parent, or Guardian

Date

PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL WHEN COMPLETED.

**REQUEST FORM FOR
DISTRICT PUPIL HEALTH SERVICES**

School Year Ending June 2023

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries, access to the existing district Pupil Health Services program. These services must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15, 2022.**

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: _____ Grade Level: _____

Name of School: _____

I do request that the district's Pupil Health Services program be made available to the above pupil this school year.

I **do not** wish to request Pupil Health Services this school year.

Signature of Pupil, Parent, or Guardian

Date

PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL WHEN COMPLETED.

**REQUEST FORM FOR
DISTRICT SECONDARY GUIDANCE/COUNSELING SERVICES**

School Year Ending June 2023

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries, access to the existing district Secondary Pupil Guidance and Counseling Services program. These services must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15, 2022.**

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: _____ Grade Level: _____

Name of School: _____

- I do request that the district's Secondary Pupil Guidance and Counseling Services program be made available to the above pupil this school year.
- I **do not** wish to request Secondary Pupil Guidance and Counseling Services this school year.

Signature of Pupil, Parent, or Guardian

Date

PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL WHEN COMPLETED.