

Elementary Campus
903 6th Ave Ct NE
Isanti, MN 55040
Phone: 763-444-0342



ISD #4227

www.artandscienceacademy.k12.mn.us

Middle School Campus
1005 7th Ave
Isanti, MN 55040
Phone: 763-444-0039

Welcome to ASA!

In preparation for the 2023-2024 school year, we are gathering information about our new students and families so we can provide an engaging, rigorous, and appropriate learning experience for all.

Below is a list of items we need from you as soon as possible, but please no later than **July 1st, 2023**.

- **Completed & Signed Consent for Release of Student Records (enclosed – please return ASAP)**
- Completed Student Enrollment Form (enclosed)
- Completed Ethnic & Racial Demographic Form (enclosed)
- Completed Authorization for Student Pick Up Form (enclosed)
- Copy of Student's Birth Certificate
- Completed Health Information Form (enclosed)
- Current Immunization Record or Notarized Waiver
- Authorization for Administration of Medication (enclosed – *complete only if needed*)
- Signed Student Media Use Policy and Agreement (enclosed)
- Completed Consent to Participate in Conferences... form (enclosed – *complete only if needed*)
- Completed Student Inventory Form (enclosed)
- Completed Acceptable Technology Use Form (enclosed)
- Completed Student Digital Equity Survey (enclosed)
- Completed Minnesota Language Survey (enclosed)
- Preschool Screening or Well Check/Physical (*Kindergarteners Only*)
- *Completed Registration Form for Before/After School Care (Optional)
- *Completed Application for Educational Benefits for Free/Reduced School Meals (Optional)

*Please note the before/after school care registration form and the Application for Educational Benefits will not be available until July 1, 2023. At that time, they can be found on our website, picked up at Art & Science Academy, or mailed to you upon request.

If your student is receiving special services and has an IEP/Evaluation Report or a 504 Plan, please get a copy to us as soon as possible. It can be dropped off, faxed to 763.444.0331, or emailed to lauri.mckinnon@asa.k12.mn.us.

We are looking forward to getting to know our new students and families and are eager to begin our journey together.

As always, should you have any questions or concerns, please feel free to contact the school directly.

Sincerely,

ASA Administration Team



CONSENT FOR RELEASE OF EDUCATIONAL RECORDS

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records created or maintained by a school that receives federal funds. Completion of this document authorizes the disclosure and use of education records as described below.

Completion also authorizes you to discuss this information with representatives of Art and Science Academy.

STUDENT INFORMATION:

Student Name: _____

Date of Birth: _____ Grade: _____

School: _____

City, State: _____

Parent/Legal Guardian Name: _____

Relationship to Student: _____

USE AND DISCLOSURE INFORMATION:

I, the undersigned, do hereby authorize _____
(name of agency or educational institution maintaining records)

to disclose and deliver the complete education records maintained under the above student's name including but not limited to the following:

- * Grades and transcripts
- * Psychological & Educational testing
- * Verbal Information
- * School health records
- * Special education records
- * Discipline

The education records described above shall be delivered to:

Art and Science Academy
903 6th Avenue Court NE
Isanti, MN 55040
Phone 763-444-0342 -- Fax (763) 444-0331
lauri.mckinnon@asa.k12.mn.us

PURPOSE:

This information is to be disclosed and used for the purpose of:

- Special Education Evaluation & Planning
- § 504 Evaluation & Planning
- Provision of Special Education Services
- Information for School Nursing

AUTHORIZATION FOR REDISCLOSURE:

Under federal law, the requestor (School District) may not re-disclose the information identified above to any other party without your prior consent.

APPROVAL:

My authorization for the use, disclosure of the information identified above is voluntary. I understand that the information to be disclosed may include individually identifiable health information. I understand that, upon my request, I am entitled to a signed copy of this authorization form and the records to be disclosed. A copy of this release shall be as sufficient to authorize release of information identified above as the original signed by me.

Parent/Legal Guardian Signature

Date: _____



Student Enrollment Form

To be completed by parent or guardian

Start Date _____

Student

Legal Name _____
First Middle Last

Primary Phone _____ Date of Birth (mm/dd/yyyy) _____

Gender: _____ Grade Entering: _____

Address _____
Street address City State Zip Code

With whom does the student reside? _____ Relationship: _____

Birthplace _____
City County State Country

Order for Protection/Custody Documents

Is there an Order for Protection? ☐ Yes ☐ No If so, date of expiration (mm/dd/yyyy) _____
Has the Order/Documents been provided to the school? ☐ Yes ☐ No

Parent/Guardian #1:

Legal Custody ☐ Y ☐ N

Legal Name _____
First Middle Last

Address (if different from student) _____
Street address City State Zip Code

Primary Phone _____ Secondary Phone _____

Employer: _____ Phone _____

Relationship to student _____

E-mail _____

Parent/Guardian #2:

Legal Custody ☐ Y ☐ N

Legal Name _____
First Middle Last

Address (if different from student) _____
Street address City State Zip Code

Primary Phone _____ Secondary Phone _____

Employer: _____ Phone _____

Relationship to student _____

E-mail _____

Student's *Legal* Name (First, Middle, Last) _____

Other Children in the Family

First	Middle	Last	Date of Birth	Gender	Lives at Home	Grade
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	

Previous School Enrollment Information

Has the student been enrolled in a Minnesota public school before? ☐ Yes ☐ No

List ALL Previous Enrollments (List the most recent *first*)

School #1

School District Name _____

School Name _____ State _____

Grade(s) Enrolled _____ Withdraw Date: _____

School #2

School District Name _____

School Name _____ State _____

Grade(s) Enrolled _____ Withdraw Date: _____

Does the Student have an **IEP (Individualized Education Plan)**? ☐ Yes ☐ No

If YES, what is the student's primary disability? (Check all that apply)

- ☐ Autism Spectrum Disorders
- ☐ Developmental Cognitive Disability
- ☐ Developmental Delay
- ☐ Deaf/Hard of Hearing
- ☐ Emotional/Behavioral Disorders
- ☐ Other Health Disorders
- ☐ Physically Impaired
- ☐ Specific Learning Disability
- ☐ Speech/Language Impairment
- ☐ Traumatic Brain Injury
- ☐ Visually Impaired

If your student's disability was not listed above, or if you feel more explanation is necessary at this time, please describe:

(Please feel free to include your student's most recent IEP with the enrollment documents.)

Student's *Legal* Name (First, Middle, Last) _____

Does the student have a **504 Education Plan**? ☐ Yes ☐ No

(Please include your student's most recent 504 Plan with the enrollment documents.)

Is the student currently enrolled in a Gifted/Talented program? ☐ Yes ☐ No

Has the student ever been expelled from a previous school? ☐ Yes ☐ No

Has the student ever been arrested resulting in a charge? ☐ Yes ☐ No

**Racial/Ethnic Information – please complete the Ethnic and Racial Demographic
Designation Form located at the end of the Enrollment Form**

Home Language Information:

This information is used to determine if your student is eligible for the English Learner Program (EL). In order to help your student learn, your student's teachers need to determine which language your student uses most.

What languages, other than English, are spoken in the home? _____

Which language did the student learn first? ☐ English ☐ Other (specify) _____

Which language is most spoken at home? ☐ English ☐ Other (specify) _____

Which language does your student most often speak? ☐ English ☐ Other (specify) _____

Does your student currently receive EL services? ☐ Yes ☐ No

Immigration Information:

This information is used to determine eligibility for supplemental funding for the education of immigrant students.

What is the student's country of birth? _____

If NOT in the United States, when did the student enter the United States? _____
(MM/DD/YYYY)

Residency Information:

This information is used to determine if the student qualifies for migrant education services.

Have you moved to the school district in the last 36 months for temporary or seasonal agriculture or fishing work? ☐ Yes ☐ No

*The following information is used to ensure the educational rights and protection of students experiencing homelessness. A homeless individual is one who: (1) lacks a fixed, regular and adequate nighttime residence includes: (a) children and youths are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (b) children or youths who have a primary nighttime residence that is a public or private place not designated for, or ordinarily used for, a regular sleeping accommodation for human beings; and (c) children or youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. You are not required to complete the information in this section of the form. If you choose not to complete this section, there may be a delay in the provisions of services. Teachers, school leaders, and the Minnesota Department of Education (MDE) will have access to this information.

Student's *Legal* Name (First, Middle, Last) _____

Is the student homeless? ☐ Yes ☐ No

If the student is homeless, what district and school did the student attend prior to becoming homeless?

If the student is considered homeless, what district and school is currently serving the location where the student is temporarily living? _____

If your child becomes ill at school, or if the school closes for an emergency, please list someone who can care for your child if we are unable to reach parent/guardians.

Emergency Contact #1 – Other than Parent/Guardian

Last Name: _____ First Name: _____

Relationship: _____ Phone: _____

Emergency Contact #2 – Other than Parent/Guardian

Last Name: _____ First Name: _____

Relationship: _____ Phone: _____

The information provided above is current and represents information about the student.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Ethnic and Racial Demographic Designation Form

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

Date of Birth: _____ District: _____ School: _____

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

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

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

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

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

☐ **No** *[If no, go to Question 1.]*

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

- | | | | |
|--|---------------------------------------|--|--|
| <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/ | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | Spanish-American | |

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 _____



2023-2024 School Year Authorization for Student Pick-up

I, parent/guardian of _____,
authorize the following people to pick up my student during the 2023-2024 school year:

1. Name _____

Phone number _____

Phone number _____

Relationship _____

Is this person an additional emergency contact? ☐ Yes ☐ No

2. Name _____

Phone number _____

Phone number _____

Relationship _____

Is this person an additional emergency contact? ☐ Yes ☐ No

3. Name _____

Phone number _____

Phone number _____

Relationship _____

Is this person an additional emergency contact? ☐ Yes ☐ No

NOTE: Additional contacts may be added on back side of form.

Parent/Guardian Printed Name _____

Signature _____ Date _____



STUDENT HEALTH FORM 2023-24

Student's Name _____ Birthdate ____ / ____ / ____ Gender ____ Grade (2023-24) ____

Dear Parent/Guardian: The American Academy of Pediatrics recommends children receive a physical examination annually. Health information is vital in planning and supporting students while attending school. Please provide us with current health information each school year. State Law (M.S. 123.70 & M.S. 144.29) requires your child be immunized & receive a comprehensive physical examination before entering Kindergarten or elementary school.

HEALTH CONCERNS: Please X if the student has any of the following and ***submit an emergency action plan** for starred conditions.

____ **NO HEALTH CONCERNS**

____ **Allergies*** to _____; reaction _____

Caused by (circle): Ingestion (eating allergen) Contact (touching allergen) Airborne (breathing allergen)

Medication (epinephrine) will be submitted to be used, as needed, in school (circle): Yes No

____ Food Intolerance to _____; reaction _____

____ **Asthma*** _____

Caused by (circle): Exercise Irritants (smoke, fragrances, etc) Allergens (pollen, mold, dander, etc)

Medication (albuterol) will be submitted to be used, as needed, in school (circle): Yes No

____ **Diabetes*** (circle): Type Type 2 Managed by (circle): Diet/Activity Oral medication Insulin injections Pump

____ **Seizures*** type/description/frequency _____

____ Behavioral/Mental Health Concern _____

____ Recent Surgery/Restrictions _____

____ Other Health Concern _____

Clinic and Doctor _____

Health Insurance _____

Preferred Hospital in the event of an emergency _____

MEDICATIONS: Complete a Medication Administration Form for **any** medication (both prescription and non-prescription) needing to be administered during school hours (forms available upon request). **WRITTEN CONSENT IS REQUIRED BY BOTH THE STUDENT'S GUARDIAN AS WELL AS THEIR HEALTH CARE PROVIDER prior to administering any prescription in school.**

CONSENT: I attest to the information provided. I acknowledge that it is my responsibility to inform the school of any changes to the health status of this student including health conditions, needs, medications, and/or allergies. I understand and agree that this student may receive a routine screening for vision and hearing deficiencies. I will comply with all school illness, immunization, and medication policies. I give my consent for any treatment deemed necessary in an emergency and, if necessary, the transfer of the student to a local Emergency Department. The contacts listed below have my permission to pick-up the student if I am unavailable. Furthermore, I give permission for school health staff to confidentially exchange health information - both within the school as well as with outside health care providers - for use in meeting this student's health and educational needs in school.

Parent/Guardian Printed Name _____ Parent/Guardian Signature _____ Date _____

Phone Number(s) _____ Email _____

Emergency Contact 1 Name _____ Phone Number _____

Emergency Contact 2 Name _____ Phone Number _____



Art & Science Academy Medication Administration Form

ONE (1) MEDICATION PER FORM – REQUIRED FOR ALL (PRESCRIPTION & OVER THE COUNTER) MEDICATIONS

Student Name: _____ Birth Date: _____

Prescriber Portion

Medication Name: _____ Concentration: _____

Dose: _____ Route: _____ Frequency: _____

Indication or instructions for “as needed” med: _____

Possible Side Effects: _____

For Emergency Medication- The student is capable, has been instructed of the proper use of this medication, and may self-carry / self-administer this medication: Yes ☐ No ☐ (Check one)

Date: _____ Prescriber Name: _____

Prescriber Signature: _____ Phone/Fax: _____

Parent/Guardian Portion

I request this medication be given as prescribed (above) including on field trips. I release school personnel from any liability in the administration of this medication and understand that I am responsible for communication with the healthcare provider who is ordering this medication. I understand that this medication will not be administered by a school nurse. I understand that this authorization will be effective and need to be renewed each school year. I agree to provide medication in the unopened original container (for over the counter med) / with a printed label from the pharmacy (prescription med) and pick the medication up at the end of the school year. I will provide all necessary devices required to administer this medication, if needed (ie: nebulizer mask/tubing, syringes, pill crusher, medcup, etc). Information may be exchanged with staff working with my child, medical providers, and emergency personnel, if needed, to ensure the student's safety.

For Emergency Medication- The student is capable, has been instructed of the proper use of this medication, and may self-carry / self-administer this medication: Yes ☐ No ☐ (Check one)

Date: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Phone: _____



Student Media Use Policy and Agreement

ASA will often have the opportunity to record, photograph, and/or videotape students in a variety of school related activities. Including, but not limited to, documentation of student projects, student and teacher interactions with the community, and the use of multi-media to follow teaching and learning at ASA. As such, these photographs, and/or videotape footage may be used in ASA communications including our school newspaper, the ASA Facebook page, our school website, local newspapers, and other forms of media. Highlighting the achievements and celebrating students success at ASA is an integral part of responsible reporting to our community, as well as a way of sharing the exciting things that are happening on our campus. However, it is our goal to respect your privacy as well. Therefore, parents/guardians are requested to indicate their wishes regarding the school's use of student photographs, videotapes, or images. If and when a name appears with a photo it will only be the first name of the student.

*Photographs, videotapes or images including four or more students in a picture are exempt from this policy, (i.e. group or team photos). Permission can be revoked by written request.

Consent to Student Media Use Policy

I, _____, the parent/legal guardian of _____
Print student name

have read and understand the Student Media and Use Policy. Please select one of the below choices.

☐ I DO permit ASA to use photographs, videotapes, and/or images under the terms and conditions stated in the above policy.

☐ I DO NOT permit ASA to use photographs, videotapes and/or images under the terms and conditions stated in the above policy.

Signature of Parent/Guardian: _____ Date: _____

Elementary Campus
903 6th Ave Ct NE
Isanti, MN 55040
Phone: 763-444-0342



ISD #4227

www.artandscienceacademy.k12.mn.us

Middle School Campus
1005 7th Ave
Isanti, MN 55040
Phone: 763-444-0039

**CONSENT TO PARTICIPATE IN CONFERENCES
AND RECEIVE STUDENT DATA**

I, _____ (name of parent or guardian) as
a parent or guardian of _____ (name of
child), consent to allow _____ (name of
an individual) to participate in school conferences and receive student data relating
to the above-named child, consistent with Minnesota Statutes, section 13.32,
subdivision 10a. I understand that I may withdraw my consent, upon written
request, at any time.

Signature of Parent/Guardian

Date



Date: _____

Student Inventory

At ASA we are committed to providing a learning environment that supports academic achievement and life-long learning for all students. The following information will help us plan for your student's learning. Thank you for taking the time to complete the inventory.

Student's First, Middle, and Last Name

Entering Grade

1. What are your student's academic strengths?

2. Are there areas of concern for the student?

3. Is the student currently enrolled in a foreign language class? If so, what language?

4. List any organized sports/activities in which the student participates:

5. List any instruments the student plays:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Elementary Campus
903 6th Ave Ct NE
Isanti, MN 55040
Phone: 763-444-0342



Middle School Campus
1005 7th Ave
Isanti, MN 55040
Phone: 763-444-0039

www.artandscienceacademy.k12.mn.us

Acceptable Technology Use Form

Student _____

Parent/Guardian(s) _____

Parent/Guardian(s) Signature _____ Date: _____

While ASA is not a 1-to-1 device school yet, there are opportunities in the year for students to possibly check out school Chromebooks for school purposes. This would include distance learning days or other similar scenarios such as quarantines due to covid. As part of the enrollment process, we want to ensure that parents/guardians understand the responsibilities associated with checking out school technology.

Access to computer technology is a privilege provided by the school, and it carries with it the responsibility to use those resources appropriately. Failure to adhere to school policy regarding acceptable use of computer technology and the Internet will result in restrictions or loss of school sponsored access to computer technology and other appropriate disciplinary action. The entire policy can be found in the student handbook, however we wanted to emphasize several key sections:

Computer Use

Students are expected to abide by the following rules when using ASA computers:

- No negligent behavior or misuse of school computers; no rough play is allowed while using technology.
- No beverages or food are allowed next to technology.
- Respect the work of others.
- Do not add or delete programs from the computers.
- Log out when you are finished using the computer.

Acceptable Use

Individuals are expected to use their access to computer technologies to further educational and personal goals consistent with the ASA mission and school policies. The guidelines of responsible, considerate, and ethical behavior expected of students at ASA extend to the use of all campus computers, campus network resources, and networks throughout the world to which the school provides access. The following are some examples of acceptable use of school sponsored computer technology:

1. Complete class work and personal projects.
2. Locate information needed to complete class required research or personal research.
3. Participate in distance learning projects.
4. Download appropriate information from the Internet to personal network folders provided by the school.

Technology Damage/Repair

ASA does not currently have an insurance policy option for Chromebooks that are checked out from the building. Families are responsible for any damage caused to ASA technology that is outside normal wear and tear. The repair schedule is as follows:



Elementary Campus
903 6th Ave Ct NE
Isanti, MN 55040
Phone: 763-444-0342

Middle School Campus
1005 7th Ave
Isanti, MN 55040
Phone: 763-444-0039

www.artandscienceacademy.k12.mn.us

Computer replacement and repair fees will be assessed for damaged equipment. Replacement and repair fees are available in the student Chromebook Handbook and are subject to change.

ASA IT techs will diagnose damage and issue a repair letter to families detailing what was found and what charges are assessed. Checks can be made out to ASA.

Cell Phones

ASA understands that in modern society cell phones are commonplace and many families are busy with shifting schedules so students having phones might be needed. However, at ASA we have found that cell phones in the classroom are more of a distraction to learning than a benefit. Students are allowed to bring phones to school but are required to keep them in their lockers during the school day. For emergency contact, the front office at each building is able to relay messages to students as appropriate. Students found with phones during the day will be required to hand over their phone and a parent/guardian will need to come in to claim it. Our goal is to maximize the learning time during the day.

Disclaimer - ASA is not responsible for lost or damaged cell phones and personal devices that students choose to bring to school. We recommend that students do not bring these items to school in general.

_____**Parent/Guardian Initials – I understand the above policies and will do my best to ensure my student abides by ASA’s expectations for technology use. I understand that failure or refusal to follow the school policies could result in reduced privileges and/or missed opportunities for my student as related to technology use at school.**

_____**Student Signature - I understand the above policies and will do my best to ensure that I abide by ASA’s expectations for technology use. I understand that failure or refusal to follow the school policies could result in reduced privileges and/or missed opportunities for me, as related to technology use at school.**

Student Digital Equity Survey

Survey Information

Thank you for participating in the Student Digital Equity Survey. This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student's home. Art & Science Academy may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside the classroom or school building. It is important that we gather accurate information from every student so that each student and family has the equipment, help and support needed.

The information you provide in this survey will be reported to the Minnesota Department of Education (MDE). MDE may provide state- or school-level summary data—without personal, identifying information—to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. ASA will not share your personal, identifying information provided in this survey with others without your consent.

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.** Please return the completed survey to school with your student, or you may email it to lauri.mckinnon@asa.k12.mn.us. Thank you.

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

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.