



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

ISD #4227

[www.artandscienceacademy.k12.mn.us](http://www.artandscienceacademy.k12.mn.us)

Middle School Campus  
1005 7th Ave  
Isanti, MN 55040  
Phone: 763-444-0349

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Hello ASA Students and Families!

As we start to prepare for the new school year, we are gathering information about our students and families so that we can provide an engaging, rigorous, and appropriate learning experience for all.

Please complete the following forms as accurately as possible and return by mail or drop off at the school by July 1st, 2024

Forms Required:

- [Enrollment Application](#)
- [Enrollment Form](#)
- [Consent for Release of Educational Records](#)
- [Ethnic and Racial Demographic Designation Form](#)
- [Before and After Care](#)
- [Educational Benefits Packet](#)
- [School Pickup Authorization Form](#)
- [Student Health Form](#)
- [Medication Administration Form](#)
- [Media Form](#)
- [Student Media Use and Policy](#)
- [Consent to Participate in Student Conferences](#)
- [Student Inventory](#)
- [Digital Equity Survey](#)
- [Immunization Records](#)
- [Transportation Form](#)
- [Student Handbook](#)
- [Chromebook Agreement \(MS\)](#)
- [Language Survey](#)
- [Free and Reduced Lunch Form](#)
- [Technology Use Form \(Web Access - SW\)](#)

We are looking forward to getting to know our 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 your child's school directly.

Sincerely,  
ASA 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: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

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 – 6<sup>th</sup> Avenue NE

Isanti, MN 55040

Elementary (K-4) Office: 763-444-0342 Fax: 763-444-0331

Middle (5-8) Office: 763-444-0349 Fax: 763-444-0337

### 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/yy  Male  Female  
Grade Entering \_\_\_\_\_

Address \_\_\_\_\_  
Street address City State Zip Code

With whom does the student reside? \_\_\_\_\_ Relationship: \_\_\_\_\_

Birthplace \_\_\_\_\_  
City County State Country

Social Security Number: \_\_\_\_\_

### Order for Protection/Custody Documents

Is there an Order for Protection?  Yes  No If so, date of expiration (mm/dd/yyyy)  
\_\_\_\_\_

### 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 \_\_\_\_\_ Include in mailings?  Yes  No

Best number to call during school hours \_\_\_\_\_ 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 \_\_\_\_\_ Include in mailings?  Yes  No

Best number to call during school hours \_\_\_\_\_ 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:

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

Student’s <i>Legal Name</i> (First, Middle, Last)
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Does the student have

a **504 Education Plan**? ○ Yes ○ No

(Please feel free to 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

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## Racial Ethnic

### Information

This following Racial and Ethnic information is needed for Federal and State Civil Rights and Statistical reporting purposes. This is nonscientific racial/ethnic designation as defined by 6th U.S. Department of Education.

#### The Student’s Primary Racial Ethnic Background (Check one response)

- American Indian/Alaskan Native;  
(Person having origins in any other original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian Subcontinent.)
- Asian
- Hispanic;  
(Persons of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture of origin- regardless of race.)
- Black, not of Hispanic Origin
- White, not of Hispanic Origin

#### The Student’s Ethnicity (Check one response)

- Hispanic or Latino;  
(Person of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture of origin- regardless of race.)
- Not Hispanic or Latino;  
(Not a person of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture of origin- regardless of race.)

#### The Student’s Race (Check all that Apply)

- American Indian/Alaskan Native;  
(Persons having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition)
- Asian;  
(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.)
- Black or African American;  
(A person having origins on any of the Black racial groups of Africa.)
- Native Hawaiian/Pacific Islander;  
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

○ White;(A person having origins in any of the original

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

peoples of Europe, the Middle East, or North Africa.)

**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.

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.

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? \_\_\_\_\_

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

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/Guardians**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact #2 – Other than Parent/Guardians**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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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.<sup>1</sup>

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

*Go to Question 1.*

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

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

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

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

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

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

*Go to Question 2.*

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



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

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**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.<sup>1</sup>

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

**No** [If no, go to Question 4.]

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

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

Go to Question 4.

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**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.<sup>1</sup>

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

**No** [If no, go to Question 5.]

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

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

Go to Question 5.

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**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.<sup>1</sup>

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

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**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.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_



## Authorization

## for Student Pickup

I, parent/guardian of \_\_\_\_\_, authorize the following people to pick up my student during the \_\_\_\_\_ school year:

1. Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Is this person an emergency contact? \_\_\_\_\_

2. Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Is this person an emergency contact? \_\_\_\_\_

3. Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Is this person an emergency contact? \_\_\_\_\_

Note: Additional contacts may be added on backside of form.

Parent/Guardian Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Dear Parent/Guardian:

Our school offers healthy meals each day. Starting the school year 2024-2025, we are joining Minnesota's Free School Meals Program. All students can get one breakfast and one lunch free of charge each day at school. Although no application is required to receive this free meal benefit, filling out the Application for Educational Benefits is still important! Your child(ren) may qualify for other benefits like reduced fees at school. Your application may also help the school qualify for education funds, discounts, and other meal programs.

To apply, complete the enclosed Application for Educational Benefits and return it to: Mike Gadbois, ASA, 1005 7th Avenue NE, Isanti, MN 55040 [mike.gadbois@artandscienceacademy.k12.mn.us](mailto:mike.gadbois@artandscienceacademy.k12.mn.us) Fax: 763.444.0331

**Who should complete this application?** Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children qualify without reporting household income. Alternatively, children can qualify if their household income is within the maximum income shown for their household size on the instructions.

#### COMMON QUESTIONS:

**I get WIC or Medical Assistance. Can my children qualify?** Children in households participating in WIC or Medical Assistance do not automatically qualify. **Children may be eligible depending on other household financial information. Please fill out an application.**

**Who should I include as household members?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

**May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens for you to complete an application.

**What if my income is not always the same?** List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes. For seasonal work, write in the total annual income.

**Will the income information or case number I give be checked?** It may be. We may also ask you to send written proof.

**How will the information be kept?** Information you provide on the form, and your child's approval, will be protected as private data. For more information, see the back page of the Application for Educational Benefits.

**If I don't qualify now, may I apply later?** Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

If you have other questions or need help, call 763.444.0342.

Sincerely,

Mike Gadbois, School Improvement Officer

Paula Foley, Director

#### How to Complete the Application for Educational Benefits

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 take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2023 through June 30, 2024.

**Maximum Total Income**

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

**Step 1: Children**

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

**Step 2: Case Number**

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

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

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

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

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

## 2024-25 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). **Mail or return completed form to:** Lauri McKinnon, ASA, 903 6<sup>th</sup> Ave Ct NE, Isanti, MN 55040

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

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

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (v)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

**STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or 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) \_\_\_\_\_ then go to STEP 4 (Do not complete STEP 3)**

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

A. **Last Four Digits of Social Security Number (SSN) of Adult Household Member:** XXX-XX-  Or Check if Adult has **No SSN:**  **Total Number**

**of All Household Members** (Children + Adults)

**B. Child Income.**

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

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

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

D.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			Any Other Gross Income				
	Weekly	Bi-weekly	2x Monthly	Monthly	Report income before deductions or taxes in whole dollars (no cents).	Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Monthly	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>Do Not Fill Out: For School Office Use</b>													
Conversions to Annualize All Income:	X52	X26	X24	X12	X1	<input type="checkbox"/> <b>Verified? Attach Tracker</b> <input type="checkbox"/> No change <input type="checkbox"/> Free After Verified <input type="checkbox"/> Reduced After Verified <input type="checkbox"/> Denied After Verified							

<b>All Total Income</b> (Include child and adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annualize	<b>Household Size:</b>	Categorical Eligibility	Free	Reduced	Denied
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Determining Official Signature:</b>								<b>Date:</b>		
<b>Confirming Official Signature:</b>								<b>Date:</b>		

**STEP 4: Contact information and adult signature.** “I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.”

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

Printed name of adult signing form \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address (if available) Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**SIGN HERE: Signature of Household Adult** \_\_\_\_\_ **Date** \_\_\_\_\_

### OPTIONAL: Children’s Racial and Ethnic Identities

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

**Step One: Ethnicity (check one):**  Hispanic or Latino  Not Hispanic or Latino

**Step Two: Race (check one or more):**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

### INSTRUCTIONS: Sources of Income

Sources of Income for Children Sources of Income for Adults

Sources of Child Income	Examples	Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none"> <li>Earnings from work</li> <li>Social Security               <ul style="list-style-type: none"> <li>a. Disability Payments</li> <li>b. Survivor’s Benefits</li> </ul> </li> <li>Income from person outside the household</li> <li>Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security</li> <li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>	<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses (before deductions or taxes)</li> <li>Net income from self-employment (farm or business)</li> <li>If you are in the U.S. Military:               <ul style="list-style-type: none"> <li>a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>b. Allowances for off-base housing, food and clothing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Cash Assistance from State or local government</li> <li>Supplemental Security Income</li> <li>Unemployment benefits</li> <li>Worker’s compensation</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran’s benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security</li> <li>Disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for

free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) **mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- (2) **fax:** (833) 256-1665 or (202) 690-7442; or
- (3) **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

# SCHOOL HEALTH OFFICE

2024-2025

## STUDENT HEALTH FORM

**Student's Name** \_\_\_\_\_ **Birthdate** \_\_\_ / \_\_\_ / \_\_\_ **Gender** \_\_\_\_\_ **Grade (2023-24)** \_\_\_\_\_

*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.*

**HEALTH CONCERNS:** Please **X** if the student has any of the following. \*Submit Emergency Plan + Medication Form for \* **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 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 medication 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 medical treatment deemed necessary and, if necessary, the transfer of the student by Emergency Medical Services. 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**

\_\_\_\_\_

## STUDENT MEDICATION FORM

ONE (1) MEDICATION PER FORM – Required for all medication (prescription and over the counter)

1. Form is required to be completed each school year AND when anything changes
2. Medication must be submitted in the original container with pharmacy label (if prescription)
3. Medication must be locked in the Health Office (unless an alternate plan is made with the school nurse)

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Concentration: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency/Time: \_\_\_\_\_

Indication/Instructions for “as needed” medication: \_\_\_\_\_

### 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 (or it will be discarded). I will provide all necessary devices required to administer this medication, if needed (ie: syringes, pill crusher, medcup, mask/tubing, etc). Information may be exchanged with medical providers, emergency personnel, and school staff in order to gather/communicate health information and ensure the student's safety.*

For Emergency Medication- The student has been instructed in the proper use and may self-carry / self-administer this medication (circle):    Yes        No

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PRESCRIBER PORTION

*I certify that this student should receive the medication as indicated above. \*In lieu of the prescriber's signature on this form: signed Action/Emergency Plans or alternate written orders are accepted.*

For Emergency Medication- The student has been instructed in the proper use and may self-carry / self-administer this medication (circle):    Yes        No

Prescriber Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 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.

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### 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.

- I DO permit ASA to use photographs, videotapes, and/or images under the terms and conditions.
- I DO NOT permit ASA to use photographs, videotapes and/or images under the terms and conditions.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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

Middle School Campus  
1005 7th Ave  
Isanti, MN 55040  
Phone: 763-444-0349

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## CONSENT TO PARTICIPATE IN CONFERENCES AND RECEIVE STUDENT DATA

I, \_\_\_\_\_ (name of parent/guardian) as a parent  
of \_\_\_\_\_ (name of student), 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



# 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.

---

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?

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

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

---

---

---

5. List any instruments the student plays:

---

---



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## Technology Use Form

Student \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

**If your student is attending the Elementary School:** While the elementary school 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. As part of the enrollment process, we want to ensure that parents/guardians understand the responsibilities associated with checking out school technology.

**If your student is attending the Middle School:** The Middle School is 1:1 device school. All students and parents/guardians are required to sign the [Chromebook Agreement](#). Classwork and homework are largely electronic. If this is an issue for any students or families, please reach out to the middle school office.

### **The remainder of this form applies to all students of ASA.**

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, unless it is your school-issued academic chromebook.

#### 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

The school does not offer insurance on chromebooks, but you can check with your personal house/renters insurance to see if it's covered under that policy or there are companies that offer technology insurance such as: <https://www.nssi.com/insurance>. Families are responsible for any damage caused to ASA technology that is outside normal wear and tear.

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 have 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 fax it to **763-444-0331**. 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. only <input type="checkbox"/> English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. only <input type="checkbox"/> English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. only <input type="checkbox"/> 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. only <input type="checkbox"/> 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.



## C-I Bussing Transportation Form

Parents/Guardians: If your student will be utilizing C-I District bussing, please fill out this form so we can contact the Transportation Office.

Please Circle One:

Enrolling into ASA / Change of Information for Bussing

Student Info:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_ School: Elementary \_\_\_\_\_ Middle \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

(If undecided/Uncertain, please wait to turn this form)

Student requires bussing:      AM      PM      AM & PM

Does the student require special bussing? \_\_\_\_\_

School student is leaving: \_\_\_\_\_

Does this child:

Have an alternative stop to add? Yes / No

If Yes, additional information is needed. The Office Manager will be in contact with you.

Have split-parenting time due to a court order for custody arrangements? Yes / No

If Yes, additional information is needed. The Office Manager will be in contact with you.

Do you have any other comments related to bussing?

---

Pickup/Dropoff Address:

---

Parent/ Guardian #1 Info:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/ Guardian #2 Info:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## Technology Use Form

Students in Art and Science Academy Schools (the District) must develop the research, information fluency, and technology skills that will allow them to be successful in this digital world, as well as the skills necessary to live safely and ethically. The correct utilization of district technology resources is of paramount importance, and failure to adhere to established policies may result in consequences such as access restriction, disciplinary action, and communication with parents/guardians or law enforcement in cases of network misuse or engagement in illegal activities.

I will:

- Follow all district and classroom policies, procedures and guidelines when using technology.
- Use all district technology resources to create files and projects for school related work, research, and college and career planning.
- Keep my usernames and passwords private.
- Treat others with respect and use appropriate language in all of my electronic interactions with others.
- Immediately tell a teacher or other adult staff member if I receive an electronic comment or communication that makes me feel uncomfortable, or if I accidentally access inappropriate materials, pictures, video, or websites.
- Respect the work and intellectual property rights of others, and I will not intentionally copy, damage, or delete another user's work. I will properly cite my sources when I use someone's information, pictures, media, or other work in my own projects and assignments.
- Respect the privacy of others. I will limit all in-school photography, video and audio recording to educational use. I understand that this applies to both district technology resources and my personal electronic devices.

Student Initials: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_

I will not:

- Use district technology resources to find, create, or send information to spread lies or misinformation; or harass, harm, or bully others.
- Use technology to gain unauthorized or inappropriate access to district technology resources. Use, retrieve, store, or send improper language, pictures, or other digital content.
- Use district technology resources or my personal electronic device to cheat. I will not get or give answers to tests; search for and / or copy answers or information on the Internet or other electronic resources contained on or in any technology resource or device; copy and submit someone else's information or assignment as my own; or conduct other similar forms of electronic cheating.
- Access inappropriate or blocked resources using personal Wi-Fi accounts, 3G/4G/5G, anonymous proxy sites, or by any other manner while on district property during school hours.

- Share or post any personally identifiable information about others or myself that could help someone locate or contact others or me. This includes such things as e-mail address, full name, home or school address, phone number, parent's or guardian's names, and school name.

Student Initials: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_

I understand:

- Use of district technology resources, including networks, computers or mobile devices, and the Internet is a privilege, which may be denied, revoked, or restricted at any time for misuse or abusive conduct.
- The District reserves all rights to control its technology resources and may monitor or restrict a user's technology resources. The District may search any computer, mobile device, or electronic storage device that is assigned to a user or used on any district computer or network; and retrieve, alter, and delete any data created, received, or maintained by any user using district technology resources.
- Use of the district technology resources is at my own risk; the system is provided on an "as is, as available" basis; and the District is not responsible for any loss, damage, or unavailability of data stored on the system regardless of the cause.
- Online learning spaces and communication and collaboration tools should be treated as a classroom space, and language and behavior that is not appropriate in the physical classroom is not appropriate in online spaces, no matter what time of day those spaces are accessed.
- Personal electronic devices are at an increased risk of being stolen, misplaced, or damaged, and the District is not responsible for any damage or theft of personal property.
- Use of personal electronic devices during the school day are prohibited. For emergencies, the front office can relay messages to students. If a student is found with a phone during the day, it will be confiscated, and a parent/guardian must retrieve it. Our aim is to maximize learning time during the day.
- I may be subject to disciplinary action for using technology in violation of district policies, procedures, guidelines, or the Student Handbook.

Student Initials: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_

#### Technology Damage/Repair

- The district does not provide insurance for Chromebooks, but you can explore coverage options through your personal house/renters insurance or consider technology insurance from providers like <https://www.nssi.com/insurance>. Families bear responsibility for any damage beyond normal wear and tear to ASA technology.
- Fees for computer replacement and repair can be found in the Student Chromebook Handbook, with details subject to change. ASA IT techs will assess damage and issue a repair letter to families outlining charges.

By signing below, I agree to follow Art and Science Academy Policy 524 Acceptable Use of Technology. I understand the above policies and will do my best to ensure that I abide by ASAs 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 Name (Please Print):

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, I acknowledge that I have reviewed the acceptable use guidelines, and I give permission for my child to use district technology resources and access the Internet.

Parent / Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_