

Welcome to St. Anthony - New Brighton Schools! We are so excited you are applying to be a student within our small, caring community.

Below you'll find the steps that need to be done to complete your application.

Student Enrollment Application

Ethnic and racial demographic designation form

Health update form

Minnesota Language Survey

Annual forms

Request for records/information

Educational Benefits Application

Enrollment verification and assurances - resident family/students only

Once you've completed the application, please either send it via email, send by postage or hand deliver to St. Anthony - New Brighton Schools.

Wilshire Park Elementary

Attn: Enrollment

3600 Highcrest Rd NE, Minneapolis, MN 55418

Email: [hsiggelkow@isd282.org](mailto:hsiggelkow@isd282.org)

St. Anthony Middle School

Attn: Enrollment

3303 33rd Avenue NE, Minneapolis, MN 55418

[enrollment@isd282.org](mailto:enrollment@isd282.org)

St. Anthony Village High School

Attn: Enrollment

3303 33rd Avenue NE, Minneapolis, MN 55418

[enrollment@isd282.org](mailto:enrollment@isd282.org)

**Visit our Enroll page for more information**

## Student Enrollment Application 2023-2024

**Please fill out one  
application for each child**

**Requested Start Date:** \_\_\_\_\_

<b>Student Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>	
<b>Birth Date:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Grade:</b>	<b>Resident District:</b>		
<b>School applying to:</b> Wilshire Park Elementary      St. Anthony Middle School      St. Anthony Village High School					
<b>Has this student been enrolled in St. Anthony - New Brighton School District in the past?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Where did this student last attend school?</b>	<b>Name of School:</b>			<b>City/State:</b>	

<b>Country of Birth:</b>	<b>Has this student had a parent serve in active duty military in the last year?</b> Yes      No															
<b>If born outside of the USA,</b>  <b>Date of entry to USA:</b> _____  <b>Date of first enrollment in USA school:</b> _____	<b>Is this student a Ward of the State?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No															
	<b>Is this student in Foster Care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No															
	<b>Is this student experiencing homelessness?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>To meet the state standards for homelessness, any of these may apply.</i> <ul style="list-style-type: none"> <li>Staying in a shelter, sharing housing, or temporarily living in a motel or hotel due to loss of housing or economic hardship</li> <li>Living in a car, campground or other inadequate accommodation</li> <li>Living alone as a minor student without parent or guardian</li> </ul>															
<b>Parents' preferred language for school communication:</b> _____																
<b>Does this student receive services in the form of a 504 Plan (Americans with Disability Act)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Does this student receive special services or have an Individual Education Plan (IEP)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>If yes to the previous question, select all that apply:</b> <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> ADD/ADHD</td> <td><input type="checkbox"/> Autism Spectrum Disorder</td> <td><input type="checkbox"/> Deaf-Blind</td> </tr> <tr> <td><input type="checkbox"/> Deaf/Hard of Hearing</td> <td><input type="checkbox"/> Developmental Delay</td> <td><input type="checkbox"/> Specific Learning Disabilities</td> </tr> <tr> <td><input type="checkbox"/> Mild-Moderate Impaired</td> <td><input type="checkbox"/> Severely Multiple Impaired</td> <td><input type="checkbox"/> Severe-Profound Impaired</td> </tr> <tr> <td><input type="checkbox"/> Physically Impaired</td> <td><input type="checkbox"/> Other Health Disabilities</td> <td><input type="checkbox"/> Emotional/Behavioral Disorder</td> </tr> <tr> <td><input type="checkbox"/> Speech/Language Impaired</td> <td><input type="checkbox"/> Traumatic Brain Injury</td> <td><input type="checkbox"/> Visually Impaired</td> </tr> </table>		<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Specific Learning Disabilities	<input type="checkbox"/> Mild-Moderate Impaired	<input type="checkbox"/> Severely Multiple Impaired	<input type="checkbox"/> Severe-Profound Impaired	<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> Other Health Disabilities	<input type="checkbox"/> Emotional/Behavioral Disorder	<input type="checkbox"/> Speech/Language Impaired	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Visually Impaired
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<input type="checkbox"/> Speech/Language Impaired	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Visually Impaired														

<b>Emergency Contact Information</b>  Emergency Contact Name 1: _____  Phone Number: _____  Relationship to student: _____	<b>Emergency Contact Information</b>  Emergency Contact Name 2: _____  Phone Number: _____  Relationship to student: _____
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SECTION I

**Household #1: School communication will be sent to this address.**  
 Student lives here:  
 Full time (please sign below)    Part time    Not at all (please go to section II)

Address	City	State	Zip	Home Phone
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Household Adult 1 Last Name	First Name	Gender	Relationship to Student	Phones	E-Mail Address
		Male Female		Cell	
				Work	

Household Adult 2 Last Name	First Name	Gender	Relationship to Student	Phones	E-Mail Address
		Male Female		Cell	
				Work	

**Other Children in Primary Household:**

Last Name	First Name	Gender	Relationship to Student	Birth Date	School Attending
		Male Female			
		Male Female			
		Male Female			
		Male Female			
		Male Female			

My child lives with: \_\_\_\_\_ Custody Arrangements: \_\_\_\_\_

SECTION II

**Household #2: School communication will be sent to this address.** Student lives here:  
 Check here if school communication is also sent to this address  
 Full time (please sign below)    Part time    Not at all

Address	City	State	Zip	Home Phone
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Household Adult 1 Last Name	First Name	Gender	Relationship to Student	Phones	E-Mail Address
		Male Female		Cell	
				Work	

Household Adult 2 Last Name	First Name	Gender	Relationship to Student	Phones	E-Mail Address
		Male Female		Cell	
				Work	

**Other Children in Household:**

Last Name	First Name	Gender	Relationship to Student	Birth Date
		Male Female		
		Male Female		
		Male Female		
		Male Female		

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
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## 2023-2024 Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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*):

- ☐ Decline to indicate
- ☐ Asian Indian
- ☐ Burmese

- ☐ Chinese
- ☐ Filipino
- ☐ Hmong

- ☐ Karen
- ☐ Korean
- ☐ Vietnamese

- ☐ Other Asian
- ☐ Unknown

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*):

- ☐ Decline to indicate
- ☐ African-American
- ☐ Ethiopian-Oromo

- ☐ Ethiopian-Other
- ☐ Liberian
- ☐ Nigerian

- ☐ Somali
- ☐ Other black
- ☐ 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 \_\_\_\_\_

## Annual Health Form

**Student name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Student grade for 23-24:** \_\_\_\_\_

**School applying to:** Wilshire Park Elementary      St. Anthony Middle School      St. Anthony Village High School

In case of an emergency, what hospital would you like us to transport your child to?

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Does your child have any allergies? These may be allergies such as seasonal, food or environmental? Does your child have a prescription EpiPen?

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Does your child take any medications? If yes, then please list the name and dose of the medication and the reason for the medication. If no, write no.

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Has your child had any injuries or illnesses in the last 12 months? If yes, please list. If no, write no.

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Does your child have any chronic conditions? If yes, please list. If no, write no.

Chronic disease and conditions are broadly defined as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.

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Does your child have health insurance?

Yes

No

Do you have any comments or information to share with Health Office staff?

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**Immunization paperwork is required for all  
new students prior to starting school.**

# 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:	I 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.

Parent(s)/Guardian(s) must fill out forms annually for each student in their household. These forms are located in Skyward under your FamilyAccess. This document takes the place of the online version of the forms.

Student Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

### 1. District Student Rights and Responsibilities

Please read the District Student Rights & Responsibilities located on the district website at [isd282.org](http://isd282.org). Select your student's school > Parent Hub > 2022-2023 district handbook.

☐ **I affirm that I have received, read and understand the District Student Rights & Responsibilities.**

### 2. School District Policy 515 IV Directory Information

- ☐ Yes, I want to have my child's information and photos to be included in the school yearbook, honor roll announcements, announcements and programs during school events (such as theater and fine arts programs, athletic contests, graduation programs), news releases regarding sports achievements, school newspapers, public presentations, publication on school-approved Internet pages, or other participation and performance-related school activities.
- ☐ No, I do not want my child's information or photos to be shared.

*"Directory information" means information contained in an education record of a student which would not generally be considered harmful or an invasion of privacy if disclosed. It includes, but is not limited to: the student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, major field of study, dates of attendance, grade level, enrollment status (i.e. full-time or part-time), participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors and awards received, and the most recent educational agency or institution attended. It also includes the name, address, and telephone number of the student's parent(s).*

#### Directory information does not include:

1. A student's social security number;
2. A student's identification number (ID), user ID, or other unique personal identifier used by a student for purposes of accessing or communicating in electronic systems if the identifier may be used to access education records without use of one or more factors that authenticate the student's identity such as a personal identification number (PIN), password, or other factor known or possessed only by the authorized user;
3. A student ID or other unique personal identifier that is displayed on a student ID badge if the identifier can be used to gain access to educational records when used in conjunction with one or more factors that authenticate the student's identity, such as a PIN, password, or other factor known or possessed only by the student;
4. Personally identifiable data which references religion, race, color, social position, or nationality; or
5. Data collected from non-public school students, other than those who receive shared time educational services, unless written consent is given by the student's parent or guardian.

**The purpose of directory information is to allow St. Anthony - New Brighton School District (ISD282) to include information from your child's education record and photos in district and school publications such as yearbooks, honor roll, social media and other recognition lists, theater playbills, graduation programs, sports programs etc.**



### 3. School District Policy 610 Field Trips

☐ **I affirm that I have received, read and understood the School District Policy 610 Field Trips**

The general expectation of the school board is that all student trips will be well planned, conducted in an orderly manner and safe environment, and will relate directly to the objectives of the class or activity for which the trip is requested. Student trips will be categorized within three general areas:

**A. Instructional Trips**

Trips that take place during the school day, relate directly to a course of study, and in which students are expected to participate, shall fall in this category. These trips shall be subject to review and approval of the building principal. No student shall be denied the opportunity to participate in an instructional trip due to financial hardship or inability to pay fees.

**B. Supplementary Trips**

This category pertains to those trips in which students voluntarily participate and which usually take place outside the regular school day. Examples of trips in this category involve student activities, clubs, and other special interest groups. These trips are subject to review and approval of the activities director and/or the building principal. Financial contributions by students may be requested. (Minn. Stat. § 123B.36, Authorized Fees).

**C. Extended Trips**

i. Trips that involve one or more overnight stops fall into this category. Extended trips may be instructional or supplementary and must be requested well in advance of the planned activity. An extended trip request form must be completed and approved at each level: staff principal, superintendent, and school board. Exceptions to the approval policy may be granted or expedited to accommodate emergencies or contingencies (e.g., tournament competition).

ii. The school board acknowledges and supports the efforts of booster clubs and similar organizations in providing extended trip opportunities for students.

### 4. (GRADES 9-12 ONLY) School Board Policy 616XI - Military Recruiting & Post Secondary (College)

My student's information as listed can be shared with military recruiters and post secondary (college) institutions. Please select one:

- ☐ Yes, Both Military & Post Secondary (College)
- ☐ Yes, Only Military
- ☐ Yes, Only Post Secondary (College)
- ☐ No
- ☐ Not Applicable (9th & 10th grader)

### Disclosure of data to military recruiting officers and post-secondary educational - INSTITUTIONS

Please read the Disclosure of Data to Military Recruiting Officers and Post-Secondary Educational Institutions located on the district website at [isd282.org](http://isd282.org). Select your Our District > Policies > Policy 515 Protection and Privacy of Pupil Records Form

## 5. Technology Responsibility and User Agreement

Please read the Digital Learning Device Handbook located on the district website at [isd282.org](http://isd282.org). Select Our District > Departments > Technology.

- ☐ **I affirm that my student and I have received, read and understand the Digital Learning Student Handbook. I understand the technology is provided for educational purposes in keeping with the academic goals of St. Anthony - New Brighton School District.**

### Parent/Guardian Responsibilities

- I have read and reviewed the Digital Learning Handbook & student responsibilities listed below with my child. I understand and will support my child in adhering to the policies listed in the Digital Learning Handbook as well as the St. Anthony-New Brighton School District Student Rights and Responsibilities.
- I am aware that if my child breaks this agreement, the consequences could include suspension of computer privileges and/or other disciplinary action.
- I understand the school network, accounts, devices, and applications are owned by St. Anthony-New Brighton School District and the district has the right to access any files or information at any time.
- I understand that digital learning devices are school property and must be returned accordingly to school policy. Devices are meant only for currently enrolled students. Devices must be returned upon graduation or un-enrolling my child in this district for any reason.
- I understand the district has taken precautionary measures to filter and protect internet activity and I recognize it is impossible for the school district to restrict access to all controversial materials. I agree that I will not hold the school district or its employees responsible for materials acquired on the school network.
- I accept full responsibility for supervision if and when my child's use is not in a school setting with their school loaned device.
- I understand that I am required to pay for any repairs needed on the devices or the replacement cost, if I do not select school insurance.
- I acknowledge that my student will provide a verbal consent when they pick up the Chromebook from district staff. This verbal consent means they are agreeing to information listed below and presented to them with login instructions.

### Student Responsibilities:

- I (student) have read and understood the information in the Digital Learning Student Handbook.
- I agree to care for and use digital learning devices property as described in the Digital Learning Handbook.
- I have read and do understand the school district policies related to safety and acceptable use of the school district technology resources, both on and off district property. I understand the acceptable use of the Internet, including electronic communication and agree to abide by them.
- I further understand that should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action may be taken, including the possibility of expulsion from school.
- I understand the school network, accounts and devices and applications are owned by StAnthony-New Brighton School District. I understand the school district has the right to access my files or information at any time.
- I agree to return the digital learning device and accessories in working order.

## 6. (GRADES 9-12 ONLY) School Device Insurance

- ☐ **Option 1: School Insurance** - I choose to purchase insurance for the device checked out by my student. I understand this is a non-refundable insurance policy. \$30 per year per Chromebook. Insurance covers up to two incidents annually.
- ☐ **Option 2: No Insurance** - I choose not to insure the digital learning device and will be responsible for the full cost of the device or repair. I will be responsible for the full value of the device or repairs. Estimated repair or replacement costs are listed below. Device repairs must be completed by the district. Cracked Screen - \$139 Charger - \$25 Broken Keyboard - \$75 Lost/Stolen Chromebook - \$283

### Annual Standard Student Rates for 2022-2023

1 year term - \$30.00

Covered (some items may require a deductible)

- Cracked screen
- Missing or broken keys
- Liquid spill
- Full immersion
- Internal damage to product
- Mechanical malfunction
- Display failure
- Hard drive failure
- Battery failure
- Wi-Fi failure
- Port failures
- Motherboard failure
- Won't charge
- Won't power on
- Power surge
- A.C. adapter
- Lost or misplaced
- Flood
- Fire
- Vandalism
- Mischief
- Power surge by lightning
- Burglary, theft, stolen

### Effective Coverage/Expiration Dates

Effective date: Based on the receipt of signed agreement

Not covered:

- Deliberate or negligent damage to the digital learning device
- The case
- Charger
- Cord

**The district is not liable for any loss, damage (including incidental, consequential or punitive damages) or expenses caused directly or indirectly by the equipment. Replacement or repair fees will be assessed for lost or damaged services.**

**Request for Records/Information**

According to federal law, it is not necessary to obtain written consent to release records between schools. School officials, including teachers with the education institution, may receive a student's record without written consent for such release.

Student name: \_\_\_\_\_ Grade: (current year): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Previous school name: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Optional parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

----- **OFFICE USE ONLY** -----

Please send the official school records for the student listed in this request. Scheduled to start school: \_\_\_\_\_. We would appreciate receiving the following information at your earliest convenience:

- MARSS number
- Grades (transcript and current grades)
- State/Standardized Testing Records
- Health/Immunization Records
- Special Education Information (IEP, team assessment report, speech services, etc)
- Psychological/Social Worker Report
- Attendance Records/Date of Withdrawal
- Discipline Records
- Limited English Proficiency

**Send records to the corresponding student's school (preferably email):**

Wilshire Park Elementary School  
Attn: Student Records  
hsiggelkow@isd282.org  
Fax: 612-706-1240  
Phone: 612-706-1206

St. Anthony Middle School  
Attn: Student Records  
msoffice@isd282.org Fax:  
612-706-1040  
Phone: 612-706-1030

St. Anthony Village High School  
Attn: Student Records  
mkurak@isd282.org  
Fax: 612-706-1140  
Phone: 612-706-1104

**Requested by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*It is the St. Anthony New Brighton School District's policy to provide equal education opportunity for all students and to provide equal employment opportunity for all employees. The district does not discriminate in admission, treatment, employment or access to its pro-grams or activities. In addition, the School District does not unlawfully discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, parental status, status with regard to public assistance, disability, sexual orientation or age.*

## Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). **Mail or return completed form to: St. Anthony-New Brighton School District, Attention: Ed Benefits, 3303 33rd Avenue NE, St. Anthony, MN 55418 or via email at Edbenefits@isd282.org**

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

**Definition:** A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for free meals. 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 (✓)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

**STEP 2:** Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDIPIR? Medical assistance **does not** qualify. **If NO** > Go to STEP 3. **If YES** > Enter SNAP, MFIP or FDIPIR Case Number (between 4-9 digits, do not report EBT card number) \_ \_ \_ \_ \_ then go to STEP 4 (Do not complete STEP 3)

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

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

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

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

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

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs					Are you Self-Employed or a Farmer?			Any Other Gross Income				
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	Weekly	Bi-weekly	2x Month	Monthly	Report income <b>before</b> 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 Month	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"/>	\$

**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.

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

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

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

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form. Do not mail to the Minnesota Department of Education or United States Department of Agriculture.

<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>	No change <input type="checkbox"/>	Free After Verified <input type="checkbox"/>	Reduced After Verified <input type="checkbox"/>	Denied Verified <input type="checkbox"/>
	Weekly	Bi-weekly	2X Month	Monthly	Annualize					
<b>All Total Income</b> (Include child and adult income)						<b>Household Size:</b>	Categorical Eligibility <input type="checkbox"/>	Free <input type="checkbox"/>	Reduced <input type="checkbox"/>	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"/>	<input type="checkbox"/>
<b>Determining Official Signature:</b>						<b>Date:</b>				
<b>Confirming Official Signature:</b>						<b>Date:</b>				

#### 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 for free or reduced price meals. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

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

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

#### INSTRUCTIONS: Sources of Income

##### Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none"><li>Earnings from work</li><li>Social Security<ul style="list-style-type: none"><li>Disability Payments</li><li>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>

##### Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<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>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li><li>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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, you have two options: 1. Complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at [Filing a Program Discrimination Complaint as a USDA Customer](#), [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office; or, 2. Write a letter addressed to USDA; provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by one of the following methods:

(1) Mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) Fax: 202-690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

## Enrollment Verification & Assurances

**Student's name:** \_\_\_\_\_

The following steps are mandatory to verify residency in the St. Anthony - New Brighton School District (ISD 282). Please bring documentation with you at the time of registration as your signature will be notarized.

- 1.** Photo ID and address verification:  
Please provide one of the following for photo ID and address verification\*

- ☐ Minnesota (MN) drivers license with school district residency address
- ☐ MN ID card with school district residency address\*

*\*A notarized oath from a district resident is acceptable if you are unable to secure one of the two photo ID's listed above.*

- 2.** Utility bills/statements:  
Please provide one of the eight acceptable utility bills/statement dated within 30 days of requested enrollment \*\*

- |                             |               |                  |
|-----------------------------|---------------|------------------|
| • Telephone (cell/landline) | • Electric    | • Sewer services |
| • TV                        | • Gas         | • Water          |
| • Internet                  | • Solid waste |                  |

*\*\*Administration may require additional documentation*

- 3.** Rent statement and/or proof of home ownership
- 4.** Signed and notarized statement of assurance including penalties for falsification of residency

## Enrollment Assurance

I hereby state that my child and I are residents of the St. Anthony - New Brighton School District (ISD 282) and assure that the information provided in this residency enrollment application is true and accurate.

I, the undersigned, understand that I will have to forfeit my student's enrollment in St. Anthony - New Brighton School District (ISD 282) due to my falsification of this form.

Parent/guardian signature \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

*Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

Notary Public: \_\_\_\_\_

Notary stamp