



## LITTLE GIANTS PRESCHOOL

Offered through ISD 2397, Le Sueur-Henderson Public Schools  
Early Childhood Family Education Program

Little Giants Preschool classes are located in room 106 and 100 at Park Elementary School, 115 North Fifth Street in Le Sueur and at St. Paul's United Church of Christ, 111 S. 6th Street in Henderson. We offer two, three, four and a three full day a week class options with a class size of 16 students.

### Tuition for the 2019-2020 School Year

**Option #1**

Le Sueur, Park Elem.  
8:15 a.m. - 3:15 p.m.  
Preschool 4-5 yr. olds  
M, W, F All Day  
\$258 per month  
Lunch is included

**Option #2**

Le Sueur, Park Elem.  
12:15 - 3:15 p.m.  
Preschool 4-5 yr. olds  
M, T, W, TH Afternoons  
\$145 per month

**Option #3**

Le Sueur, Park Elem.  
9:00 - 11:30 a.m.  
Preschool 3 yr. olds  
T & TH Mornings  
\$80 per month

**Option #4**

Henderson site  
8:15 - 11:15 a.m.  
Preschool 4-5 yr. olds  
M, W, F Mornings  
\$115 per month

**Option 5**

Henderson site  
8:15 - 10:45 a.m.  
Preschool 3 yr. olds  
T & TH Mornings  
\$80 per month

# Independent School District #2397 Le Sueur-Henderson Public Schools



## Student Registration Form

School Use Only

Entry Date \_\_\_\_\_  
 MARSS ID \_\_\_\_\_  
 Birth Verification \_\_\_\_\_  
 Start Date \_\_\_\_\_  
 Service Type: Primary or Part-Time \_\_\_\_\_  
 Graduation Year \_\_\_\_\_  
 Resident District \_\_\_\_\_  
 MARSS Entry Code \_\_\_\_\_  
 Teacher \_\_\_\_\_  
 Grade \_\_\_\_\_  
 Enrolling School \_\_\_\_\_

Student LAST Name (Legal) \_\_\_\_\_ Student FIRST Name (Legal) \_\_\_\_\_ Student MIDDLE Name (Full) \_\_\_\_\_  
 Gender:  Male  Female Birth Date (mm/dd/yyyy): \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
 Last School Attended: \_\_\_\_\_  
 Name of Last School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Student's PRIMARY Household – all information will be sent to the primary household.**

Note: Please notify the school office and provide legal documentation if there is a custodial change.

- Student lives with:
- Mother
  - Father
  - Step-parent
  - Foster-parent
  - Family Relative
  - Other (please list): \_\_\_\_\_

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

	Primary Parent/Guardian	Primary Parent/Guardian	Emergency Contact
Name (Include Maiden)			
Date of Birth			
Home Phone			
Cell Phone			
Work Phone			
Email Address			
Did you attend a LS-H School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Student's SECONDARY Household (if applicable) – all information will be sent to the secondary household.**

Note: Please notify the school office and provide legal documentation if there is a custodial change.

- Student lives with:
- Mother
  - Father
  - Step-parent
  - Foster-parent
  - Family Relative
  - Other (please list): \_\_\_\_\_

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

	Secondary Parent/Guardian	Secondary Parent/Guardian	Emergency Contact
Name (Include Maiden)			
Date of Birth			
Home Phone			
Cell Phone			
Work Phone			
Email Address			
Did you attend a LS-H School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Student LAST Name (Legal)

Student FIRST Name (Legal)

Student MIDDLE Name (Full)

Does your student have permanent housing:  Yes  No

- If "No" is this student "Doubled Up"; living in a shelter, hotel/motel, or other temporary living situation? (Circle one)

Was your student born in the United States?

Yes  No

If not, when did the student enter the United States?

Date: \_\_\_\_\_

Birth Country: \_\_\_\_\_

Is this student a child or sibling of an active duty member of the uniformed services, National Guard, Reserves or a veteran who was medically discharged or retired for one year?  Yes  No

If yes, is that member currently deployed?  Yes  No

### PRE SCHOOL SCREENING INFORMATION

**\*\*Preschool Screening-is required for your child's entry into public school kindergarten or first grade.\*\***

Has your child received a comprehensive health & developmental screening as a preschooler?

Yes  No

If Yes, screening date: \_\_\_\_\_ (3-5 years old)

If Yes, check type of Provider: \_\_\_\_\_ Child/Teen Checkups \_\_\_\_\_ Head Start \_\_\_\_\_ Private Provider

\_\_\_\_\_ Another District \_\_\_\_\_ Conscientious Objector

If Yes, Name of Provider or District: \_\_\_\_\_

### SPECIAL EDUCATION SERVICES INFORMATION - please check all that apply

Which Special Service(s) has the student received or is currently receiving?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Vision Impaired   | <input type="checkbox"/> Emotional/Behavioral           | <input type="checkbox"/> Gifted & Talented      |
| <input type="checkbox"/> Hearing Impaired  | <input type="checkbox"/> Learning Disabled              | <input type="checkbox"/> Student has an IEP     |
| <input type="checkbox"/> Speech/Language   | <input type="checkbox"/> English Language Learner (ELL) | <input type="checkbox"/> Student has a 504 Plan |
| <input type="checkbox"/> Title One Reading | <input type="checkbox"/> Other: _____                   |   |

### CENSUS - please list all other children in student's household

Full Legal Name	Date of Birth (mm/dd/yyyy)	Gender (male or female)	Grade Level

Data provided on this registration form will be used by personnel in the Le Sueur-Henderson School District 2397 to identify the student and family for school placement, open enrollment, and transportation. You are not required to respond to all requests for information on this form; however, be advised that incomplete information may limit the ability Le Sueur-Henderson Schools to fully provide educational services.

I certify the information given above is true and complete to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## 2019-20 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"/> Spanish/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

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

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*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

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 \_\_\_\_\_

## 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="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
2. My student speaks:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
3. My student understands:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	
4. My student has consistent interaction in:	<input type="radio"/> language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

\* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

**REGISTRATION FORM**

Thank you for your interest in Little Giants Preschool. To begin the full registration process, please complete this form and return it with the \$35.00 non-refundable registration fee and payment for the first month of tuition. Mail to: Little Giants Preschool, Park Elementary School, 115 N. 5th Street, Le Sueur, MN 56058. All other forms must be completed by August 29 to assure your child's placement in preschool.

**CLASS CHOICE (check)**

\_\_\_\_\_ **Option #1 M,W,F All Day** Le Sueur 8:15 a.m. - 3:15 p.m. (\$258 per month)

\_\_\_\_\_ **Option #2 M/T/ W/Th (p.m.)** Le Sueur 12:15 - 3:15 p.m. (\$145 per month)

\_\_\_\_\_ **Option #3 T/Th (a.m.)** Le Sueur 9:00 - 11:30 a.m. (\$80 per month)

\_\_\_\_\_ **Option #4 M/W/F (a.m.)** Henderson 8:15 - 11:15 a.m. (\$115 per month)

\_\_\_\_\_ **Option #5 T/Th. (a.m.)** Henderson 8:15 - 10:45 a.m. (\$80 per month)

Child's Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

These people are authorized to accompany my child home from the Little Giants Preschool program. or emergency contact.  
(Include yourself)

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Parent/Guardian Signature \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

Date \_\_\_\_\_

MEDICAL PERMISSION

I, \_\_\_\_\_, hereby give my consent to the supervising teacher of the  
(Parent's Name)

Little Giants Preschool program to call Dr. \_\_\_\_\_, phone number \_\_\_\_\_  
should an emergency arise.

In the event of an emergency, I hereby give permission for my child to be taken to the Minnesota Valley Health Center for treatment,  
and I will be responsible for medical charges.

\_\_\_\_\_  
(Signature)

FIELD TRIP PERMISSION

Field trips will be planned from time to time as part of the activities of the program. This will entail walking to nearby parks, wooded areas, stores,  
etc. Trips involving busing will also be planned. My child has permission to participate in the field trips.

\_\_\_\_\_  
(Signature)

INFORMATION EXCHANGE

I, \_\_\_\_\_, hereby give my consent to the exchange of information  
(Parent's Name)

between ISD 2397 Licensed staff and the Little Giants Preschool staff whenever such exchange would better enable either party  
to meet my child's needs.

\_\_\_\_\_  
(Signature)





# Le Sueur-Henderson Public Schools

Independent School District 2397

## Photo & Information Consent Form

Le Sueur-Henderson Public Schools is proud of our students' accomplishments and we regularly showcase them via various publications (social media, websites, newspapers, newsletters, etc.). This form will apply through your child's tenure at Le Sueur-Henderson Public Schools unless the building principal is notified in writing to revoke permission.

I (print name) \_\_\_\_\_ release to Le Sueur-Henderson Public Schools (115 North 5<sup>th</sup> St., Suite 200, Le Sueur, MN 56058), for good and valuable consideration the right to publish my child's likeness, photograph; words, and/or artistic works; and/or my likeness, photograph and the same to be published in any form or medium.

Student's Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian/Eligible Student)

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR SCHOOL OFFICE**

Directions to district staff:

1. Use the resources at located at Early Education Student for more information on how to complete this reporting process.
2. The User Manual at the same website details the valid responses for each element below.
3. The Parent Questionnaire for Early Education Student may be distributed to parents to gather their voluntary responses to the following categories: education background, household income, family size and employment status. Administrative data sets may provide the remaining details.

STUDENT

\*State Student ID: \_\_\_\_\_ \*Name (Last\*, First\*, M.I.): \_\_\_\_\_  
Suffix: \_\_\_\_\_ \*Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
\*Gender: \_\_\_\_\_ Ethnicity: Hispanic/Latino: \_\_\_\_\_  
Race: \_\_\_\_\_ \*School Year: 2019-2020  
Migrant: \_\_\_\_\_ Primary/Secondary Language: \_\_\_\_\_  
McKinney-Vento Homeless: \_\_\_\_\_ \*Immunizations Up to Date: \_\_\_\_\_

PROGRAM REGISTRATION

\*District Number: 2397 \*District Type: LSH ISD 2397  
\*School Year: 2019-2020 \*Program Name: ECFE or School Readiness  
\*Registration Date: \_\_\_\_\_ \*Count of Classes: \_\_\_\_\_ \*Fee Status: \_\_\_\_\_  
\*Funding Source: \_\_\_\_\_ Hours/Days Attended: \_\_\_\_\_  
\*Special Needs or Delay NOT Eligible for Special Education: \_\_\_\_\_  
Services Referred From/To: \_\_\_\_\_

REGISTERING PERSON

Name (Last, First): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\*Type: \_\_\_\_\_ Education Background: \_\_\_\_\_  
Employment Status: \_\_\_\_\_ Household Income: \_\_\_\_\_  
Number of People in Household: \_\_\_\_\_ \*Receiving Interpreter Assistance: \_\_\_\_\_  
\*Classroom Volunteer Type: \_\_\_\_\_

\* Required element

State Pathway I or Pathway II.Scholarship Elements for SFY14 Forward

\* Is this child accessing a Pathway I or II Scholarship: Yes/No \_\_\_\_\_

\* Child's Resident County: \_\_\_\_\_

\* Sibling: Yes/No \_\_\_\_\_

The following elements are repeated from first page for siblings seeking a State Pathway I or II Scholarship.

\*State Student ID: \_\_\_\_\_ \*Name (Last\*, First\*, M.I.): \_\_\_\_\_

Suffix: \_\_\_\_\_ \*Date of Birth (MM/DD/YYYY): \_\_\_\_\_

\*Gender: \_\_\_\_\_ Ethnicity: Hispanic/Latino: \_\_\_\_\_

Race: \_\_\_\_\_

Migrant: \_\_\_\_\_ Primary/Secondary Language: \_\_\_\_\_

\*Immunizations Up to Date: \_\_\_\_\_ McKinney-Vento Homeless: \_\_\_\_\_

Note – County, Sibling Status, Parent Name, Household Income and Number of People in Household are required for State Pathway I or II Scholarships. Parents accessing Pathway II Scholarships categorically are coded separately under Household Income.

# Automatic Payment Authorization

## Little Giants Preschool

Tuition is due on the 5th of each month and can be made by check, cash or auto-withdrawal by using a credit or debit card. If you think you may qualify for reduced tuition, check the appropriate box on the registration form. An Educational Benefits application will be available at orientation. If you have further question, you may call the Early Childhood Family Education office at 665-4631, located at Park Elementary School, 115 N. 5th Street, Le Sueur, MN 56058.

### OPTION #1 CREDIT CARD or DEBIT CARD

Your Little Giant's payments can be made by automatic withdrawal charged to your VISA/Master-Card or Discover credit/debit. Autowithdrawal payments are made on the 5th of the month.

Name of Child(ren) \_\_\_\_\_

\_\_\_\_\_ First and Last Name(s)

Name of cardholder (please print) \_\_\_\_\_

Address of cardholder \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone # of cardholder \_\_\_\_\_

Work phone # of cardholder \_\_\_\_\_

Cell phone # of cardholder \_\_\_\_\_

I authorize the Little Giant's payment to be automatically charged to my credit/debit card for my monthly bill.

Please charge my  Visa  MasterCard  Discover

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature of cardholder \_\_\_\_\_ Date \_\_\_\_\_

E-mail address \_\_\_\_\_

#### Option #2

Pay with check or cash given to the preschool teacher monthly.

Parent's name if choosing this option. \_\_\_\_\_

Child/Children's names \_\_\_\_\_

Parent Signature \_\_\_\_\_

### Responsibility of Payment

I am responsible for LeSueur-Henderson Little Giants Preschool tuition for \_\_\_\_\_ (name of child) for the 2019-2020 school year. I understand that all fees are due and payable on or before the 5th of each month. If a payment will be late please contact the ECFE/Little Giants Preschool office immediately.

\_\_\_\_\_  
Mother Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Responsible Party

\_\_\_\_\_  
Date

Complete one application per household. Please use pen (not a pencil).

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.

Child's First Name	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 FDIPIR? Medical assistance does not qualify.  
 If YES > Enter SNAP, MFIP or FDIPIR Case Number \_\_\_\_\_ then go to STEP 4 (Do not complete STEP 3).  
 If NO > Go to STEP 3.

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

A. Child Income

\$	Child Income			
	Weekly	Bi-weekly	2x Month	Monthly
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1.  
 B. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross 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.

Name of Adult Household Members (First and last) 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.	Gross earnings from Work				Net Income from Self-Employment	All Other Gross Income such as SSI, Unemployment, Public Assistance, Child Support, and others on Page 2			
	Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	<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"/>

C. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member XXX-XX-\_\_\_\_\_. Check if no SSN:  Total Household Members (Children and Adults) \_\_\_\_\_  
 STEP 4: Contact information and adult signature. Mail or return completed form to: (School/District Information) \_\_\_\_\_  
 "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 Programs as allowed by state law.

Printed name of adult signing form \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Street Address (if available) Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Signature of Household Adult \_\_\_\_\_ Date \_\_\_\_\_

Determining Official's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Do not fill out: For School Use Only  
 Annual Income Conversion:  
 Weekly x 52  
 Bi-Weekly x 26  
 Twice a Month x 24  
 Monthly x 12

All Total Income (include child and adult income)	Weekly	Bi-Weekly	2x Month	Monthly	Annualize	Household Size	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"/>

Selected for Verification - attach Verification Tracker

# 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</li> <li>Disability Payments</li> <li>Survivor's Benefits</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 / Allimony / 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> </ul> </li> <li>Allowances for off-base housing, food and clothing</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>Allimony 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>

### OPTIONAL: Child's Racial and Ethnic Identities

We are required to ask for information about your child'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 child's eligibility for free or reduced price meals.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

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

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 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.

Non-discrimination 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, audiotape, 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](#), 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.