



# ENROLLMENT FORM 2019-2020

**Please Return To:**

Kato Public Charter School,  
Attention: Director of Administration  
110 North 6<sup>th</sup> Street  
Mankato, MN 56001  
Phone: 507-387-5524 Fax: 507-387-5680

**STUDENT INFORMATION:**

\_\_\_\_\_  
Last Name First Name Middle Full Name

\_\_\_\_\_  
Male/Female Date of Birth Grade Beginning Fall 2019 Most Recent School Attended (Name, District #, City, State)

\_\_\_\_\_  
Home Address (Resides at this location while attending school) City/State/Zip

\_\_\_\_\_  
Home Phone Cell Phone Social Security Number (Last 4 Digits) E-mail Address

**IS THIS ADDRESS (check one):**

- Permanent (you are receiving mail at this address)
- Temporary (you will physically be living at this address for 60 days or less)

**RACE/ETHNICITY (please answer both Part A and Part B):**

**Part A: Is this student Hispanic/Latino (choose only one)**

- Non-Hispanic/Latino
- Hispanic/Latino

**Part B: What is the student's race? (choose one or more)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Does the student have a current 504 Plan? \_\_\_\_\_ (Yes or No)

Does the student have a current IEP through Special Education? \_\_\_\_\_ (Yes or No)

Does the student have English Language Learner Services? \_\_\_\_\_ (Yes or No)

Has the student ever been expelled from school? If yes, please explain.

Has your student had truancy issues at previous school? \_\_\_\_\_ (yes or no)

Is there any other information about your child that the school needs to know to best meet his/her needs?

**\*\* My signature certifies all information listed above is true and accurate as of date of submission. \*\***

\_\_\_\_\_  
Parent or Guardian Signature/Student's Signature if 18 Years Old or Older

\_\_\_\_\_  
Date

## PARENT/GUARDIAN CONTACT INFORMATION:

### **Contact #1: (First Contact)**

1. Can receive all information regarding this student? [ ] Yes [ ] No If no, provide details below:
2. Can this contact sign out/in, and pick up student from school [ ] Yes [ ] No
3.  Biological  Step-parent  Other (please describe relationship) \_\_\_\_\_
4. Name \_\_\_\_\_ E-mail Address \_\_\_\_\_
5. Home Address (if different from student's) \_\_\_\_\_
6. Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### **Contact #2: (Second Contact)**

1. Can receive all information regarding this student? [ ] Yes [ ] No If no, provide details below:
2. Can this contact sign out/in, and pick up student from school [ ] Yes [ ] No
3.  Biological  Step-parent  Other (please describe relationship) \_\_\_\_\_
4. Name \_\_\_\_\_ E-mail Address \_\_\_\_\_
5. Home Address (if different from student's) \_\_\_\_\_
6. Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### **Contact #3: (Third person to call in all situations)**

1. Can receive all information regarding this student? [ ] Yes [ ] No If no, provide details below:
2. Can this contact sign out/in, and pick up student from school [ ] Yes [ ] No
3.  Biological  Step-parent  Other (please describe relationship) \_\_\_\_\_
4. Name \_\_\_\_\_ E-mail Address \_\_\_\_\_
5. Home Address (if different from student's) \_\_\_\_\_
6. Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

(To be called **ONLY** after all above primary contacts have been contacted without success)

### First Contact

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

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

Best contact #: \_\_\_\_\_

### Second Contact

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

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

Best contact #: \_\_\_\_\_

**\*\*My signature certifies all information listed above is true and accurate as of date of submission.**

\_\_\_\_\_  
Parent or Guardian Signature/Student's Signature If 18 Years Old or Older

\_\_\_\_\_  
Date

Dear Parents and Guardians: In order to help your child be most successful, your child's teachers need to know which language your child uses most often. Please complete the information below.

Students Name (Last, First, Middle) \_\_\_\_\_  
Last First Middle

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

Age \_\_\_\_\_

**Please check the appropriate box.**

Which Language did your child learn first?

- English
- Other (Specify) \_\_\_\_\_

Which Language is most often spoken in your home?

- English
- Other (Specify) \_\_\_\_\_

Which Language does your child usually speak?

- English
- Other (Specify) \_\_\_\_\_

Signature - Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Student Immunization Form

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

Birthdate \_\_\_\_\_ Student Number \_\_\_\_\_

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

**Parent/Guardian:**

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

**School Personnel:** Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

<b>Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT)</b> • for children age 6 years and younger • final dose on or after age 4 years					
<b>Tetanus and Diphtheria (Td)</b> • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above					
<b>Tetanus, Diphtheria and Pertussis (Tdap)</b> • for children in 7th - 12th grade					
<b>Polio (IPV, OPV)</b> • final dose on or after age 4 years					
<b>Measles, Mumps, and Rubella (MMR)</b> • minimum age: on or after 1st birthday					
<b>Hepatitis B (hep B)</b>					
<b>Varicella (chickenpox)</b> • minimum age: on or after 1st birthday • vaccine or disease history required					
<b>Meningococcal (MCV, MPSV)</b> • for children in 7th - 12th grade • booster given at age 16 years					
<b>Human Papillomavirus (HPV)</b>					
<b>Hepatitis A (hep A)</b>					
<b>Influenza (annually for children 6 months and older)</b>					

**Additional exemptions:**

- Children 7 years of age and older: A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- Students in grades 7-12: A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- Students 11-15 years of age: A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- Students 16 years of age or older: Do not need polio vaccine.

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

**1. Certify Immunization Status.** Complete A or B to indicate child's immunization status.

**A. Received all required immunizations:**

I certify that this student has received all immunizations required by law.

\_\_\_\_\_  
Signature of Parent / Guardian OR Physician / Public Clinic

\_\_\_\_\_  
Date

**B. Will complete required immunizations within the next 6 months:**

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 6 months.

The dates on which the remaining doses are to be given are:

\_\_\_\_\_  
Signature of Physician / Public Clinic

\_\_\_\_\_  
Date

**2. Exemptions to School Immunization Law.** Complete A and/or B to indicate type of exemption.

**A. Medical exemption:**

No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see \* below). List exempted immunization(s):

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician assistant

\_\_\_\_\_  
Date

\*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician assistant (if disease occurred before September 2010, a parent can sign.)

**B. Conscientious exemption:**

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

Subscribed and sworn to before me this:  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of notary

**3. Parental/Guardian Consent to Share Immunization Information (optional):**

Your child's school is asking your permission to share your child's immunization documentation with MIRC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system:

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

# Kato Public Charter School

School Year 2019-2020

Dear Parent/Guardian:

Our school provides healthy meals each day, with our lunch costs \$3.45 per meal.

Your children may qualify for free or reduced-price school meals. To apply, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. At public schools, your application also helps the school qualify for education funds and discounts.

State funds help to pay for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help to pay for breakfasts for kindergarten students, so all participating kindergarten students receive breakfasts at no charge.

**Return your completed Application for Educational Benefits to:**

Kato Public Charter School  
Attention: Administration  
110 N. 6<sup>th</sup> Street  
Mankato, MN 56001

**Who can get free school meals?** 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 can get free school meals without reporting household income. Alternatively, children can get free school meals if their household income is within the maximum income shown for their household size on the instructions. To apply for free school meals, please complete the Application for Educational Benefits form.

**COMMON QUESTIONS:**

**I get WIC or Medical Assistance. Can my children get free school meals?** Children in households participating in WIC or Medical Assistance do not automatically qualify for free meals. Children may be eligible for free or reduced-price school meals 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 your children to qualify for free or reduced-price school meals.

**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 for meal benefits, 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.

Please provide the information requested about children's racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits.

If you have other questions or need help, call [phone number].

Sincerely,

Kato Public Charter School Administration Team

## How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2019-20 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, 2019 through June 30, 2020.

**Maximum Total Income**

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Add for each additional person	8,177	682	341	315	158

### 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

- **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.** For each income, check the box to show how often the income is received: weekly, bi-week, 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.
  - **Self-employment or Farm Income.** List the net income per month or year after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
  - **All Other Gross Income.** List gross incomes before deductions from any other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.
- **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. The total household members is reported.

**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.



# 2019-20 Application for Educational Benefits

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 (y)
						<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, MFIIP or FDIPIR? Medical assistance **does not** qualify.  
 If **YES** > Enter SNAP, MFIIP or FDIPIR Case 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. 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 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.

Name of Adult Household Members (First and Last)	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"/>

Gross earnings from Work	Report income before deductions or taxes, for each source in whole dollars (no cents).			
	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"/>

Net income from Self-Employment	Yearly			
	Monthly	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"/>

All Other Gross Income such as SSI, Unemployment, Public Assistance, Child Support, and others on Page 2	Yearly			
	Monthly	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"/>

**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: State/ District Office**  
 "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 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.

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

Selected for Verification – attach Verification Tracker

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

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

Signature of Household Adult \_\_\_\_\_ Date \_\_\_\_\_





## 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                             <ol style="list-style-type: none"> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ol> </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:                             <ol 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> </ol> </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>

### 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.

**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 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, 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.



# TRANSPORTATION REGISTRATION FORM SCHOOL YEAR 2019-20

***THIS FORM MUST BE FILLED OUT FOR EACH STUDENT***

_____ Student Last Name	_____ Student First Name	SEX: M F	_____ /	_____ /	_____ Date of Birth
_____ Student Home Street Address (Do Not Use PO Box)		_____ City	_____ State	_____ Zip Code	
_____ Parent/Guardian Last Name		_____ First Name		_____ Parent Phone Number	
_____ School Currently Attending		_____ Grade During 2019-20	_____ School Will Attend During 2019-20 School Year		

Will your residence change before next year? Yes \_\_\_ No \_\_\_ **If Yes, students who move need to visit the Central Registration Office to change their address and register for a pass to their new address.**

**What means of transportation will your student use most often to get to/from school? (Mark only one answer)**

\_\_\_ Walking/Biking    \_\_\_ Parent/Private Vehicle    \_\_\_ Parent pays the Bus Company for transportation

\_\_\_ District Paid Bus (must be eligible per District Guidelines – see below) one way or round trip

**Date of First Bus Ride** \_\_\_\_\_ **How often will student be riding the bus?** \_\_\_\_\_

\_\_\_ Special Education Mini Bus per IEP (no bus pass needed – **must** be set up by Special Education case manager)

\_\_\_ Other (please list) \_\_\_\_\_

Will your student (**K-5 only**) use a District bus to be transported to/from a Daycare Facility?    Yes \_\_\_ No \_\_\_

**REMINDER:** The Daycare Transportation Form must be completed before a pass will be issued. Forms are available at all elementary school offices, in the Central Registration Office or on the District website at [www.isd77.org](http://www.isd77.org); under District, click Transportation. Please contact 207-4006 with questions regarding completion of the Daycare Transportation Form.

Since the 2006-07 school year, Mankato Area Public Schools has been using the VersaTrans Solutions computer system to collect & record the school bus transportation data for all public & non-public students being transported on a regular bus. Each year all students entering grades K-12 **MUST** pre-register in the spring for their busing needs the following school year. Obtaining an accurate count of students who will actually ride a school bus is **VERY** important to the design of efficient low cost routes that will keep our transportation costs at a minimum.

**To be eligible for transportation students in grades K-5 must reside at least 1 mile from their school of attendance and students in grades 6-12 must reside at least 2 miles from their school of attendance, and must live within the attendance boundary of the school they attend.** Students not eligible for transportation who are interested in paying for busing would need to contact the bus contractor who serves their area to find out if a private contract is an option. **Students who move need to visit the Central Registration Office to change their address and register for a new pass.** Students eligible for transportation who decline bus service at this time may re-establish the service any time during the school year by completing a new Transportation Registration Form at the Central Registration Office or at the school the student attends. **Late and new student registrations need to allow at least 5 business days for processing before accessing bus services.** If you have questions, please contact Tricia Baumgard in the District Transportation Office at [tbaumgl@isd77.org](mailto:tbaumgl@isd77.org) or at 507-207-4006.

**Passes** - All students must be registered at either a public or a non-public school before a bus pass can be issued. Passes will be sent to each school in August and can be picked up at their entrance conference or orientation. **If a student loses his/her pass they must report it to either their bus driver or bus company and replacement passes will be issued by the bus company for a fee of \$5.00 each.**

**ALL INFORMATION SUBJECT TO CHANGE DUE TO BUDGET**

# MANKATO AREA PUBLIC SCHOOLS

## DAY CARE TRANSPORTATION FORM

Transportation services to and from a licensed day care facility or to the home of a relative will be allowed under the following stipulations:

1. No transfers between companies will be allowed, **ONLY** students in grades **K-5** are eligible.
2. The licensed day care facility or the relative's home must be located within the attendance area for the school the pupil attends.
3. The same 1 mile distance away from school requirement for eligibility for transportation services will apply to the day care facility or relative's home for elementary students. Non-resident students attending non public schools are not eligible for District-provided transportation.
4. Only one home per pupil can be designated for transportation purposes, For example, specifying a licensed day care facility on Monday, Wednesday, and Friday's as the pupil's home for transportation purposes and on Tuesday and Thursday specifying the pupil's actual home address for transportation purposes will **NOT** be acceptable, also it will **NOT** be acceptable to specify the pupil's home address for AM transportation and a day care facility for PM transportation.
5. All requests must be made through the Mankato Area Public Schools Transportation Office on a yearly basis using this form. A Transportation Registration form **MUST** also be completed for a pass to be issued.

It is expected that the commitment for transportation to and from a day care provider will be for the school term. If there are any changes you **must** immediately notify the Transportation Office (**Tricia Baumgard 507-207-4006**). If you are requesting transportation to and from a day care facility or to the home of a relative for your child and you meet the qualifications listed above, please complete the form below and return it to: Mankato Area Public Schools, Transportation Office, PO Box 8741, Mankato, MN 56002-8741 or fax it to 387-2618.

### Student Information:

Student Name	Parent/Guardian Name
Home Address	Home & Work Telephone Numbers
School Attending	Grade (K-5 ONLY)

### Day Care Information:

Address of Day Care Provider	Name of Day Care Provider
Day Care Telephone Number	Beginning Date for Transportation
Ending Date for Transportation	Transportation Contractor

I do hereby agree to the above conditions and agree that Mankato Area Public Schools will not be responsible for any damage or problems that may result from its granting this request.

Signed: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Parent/Guardian Transportation Office



# VEHICLE REGISTRATION 2019-2020

Driver's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Driver's License # \_\_\_\_\_

### Primary Vehicle

Vehicle Make \_\_\_\_\_

Vehicle Model \_\_\_\_\_

Vehicle Color \_\_\_\_\_

License Plate # \_\_\_\_\_

Vehicle Owner \_\_\_\_\_

Phone # \_\_\_\_\_

### Secondary Vehicle

Vehicle Make \_\_\_\_\_

Vehicle Model \_\_\_\_\_

Vehicle Color \_\_\_\_\_

License Plate # \_\_\_\_\_

Vehicle Owner \_\_\_\_\_

Phone # \_\_\_\_\_

**\*Parking - Student driven vehicles MUST park in the school parking lot.**