

EDUCATING THROUGH AN INDIGENOUS LENS

3216 East 29th Street, Minneapolis, MN 55406

Phone: 612-729-9266 Fax: 612-729-9412

Email: info@bdote.org www.bdote.org

EMERGENCY INFORMATION

2022-2023

Student Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ (Month/Day/Year) Gender: _____ Grade: (Sept. 1, 2022) _____

WHO IS LEGALLY RESPONSIBLE FOR THIS CHILD?

Parent/Guardian 1 - Name: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

Parent/Guardian 2 - Name: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

In case your child becomes ill or hurt and neither parent can be contacted, please provide the school with the name/names of who should be contacted and their relationship to you.

Alternate Emergency Contact (Not Parent/Guardian):

Emergency Contact Name: _____ Relationship to Student: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

Alternate Emergency Contact (Not Parent/Guardian):

Emergency Contact Name: _____ Relationship to Student: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

Does your child have any known allergies or health conditions? Yes No

If yes, please explain: _____

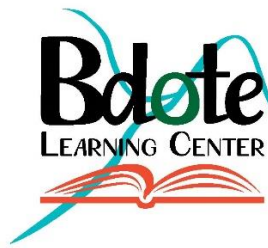
Physician's and/or Clinic's name: _____

Address: _____ Phone #: _____

Please indicate the hospital in which you would like your child to be taken to in case of an emergency:

If I cannot be reached during a medical emergency I hereby authorize the school to obtain emergency medical treatment for my child.

Parent/Guardian Signature: _____ **Date:** _____



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STUDENT INFORMATION 2022-2023

STUDENT FULL LEGAL NAME:

First Name: _____ Middle: _____ Last Name: _____

Student Preferred name: _____ Grade: _____

Birth Date: _____ Gender: _____ Language: (circle one) Dakota Ojibwe
(Month/Day/Year)

Resident school district name: _____

Name of last school attended: _____

Is this student receiving Special Education services(has an IEP)? _____

Does the student require special transportation per IEP? YES NO

Does this student have a 504 Plan in place? YES NO

Parent/Guardian with whom the student lives:

First Name: _____ Middle: _____ Last Name: _____

Relationship to Student: _____

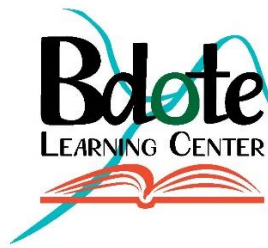
Who does this Student live with? (Check all that apply)

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Sibling(s) |
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother & Step-father | <input type="checkbox"/> Cousin |
| <input type="checkbox"/> Uncle | <input type="checkbox"/> Father & Step-mother | <input type="checkbox"/> Cousin(s) |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Guardian** _____ |

Does **parent/guardian*** have legal custody of the student? Yes No

*Legal Guardians must provide Guardianship forms.

Examples of Guardianship forms include: DOPA (Delegation of Parental Authority), State Ward Guardianship, Court Order of Parental Rights, etc.



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2022-2023 STUDENT APPLICATION FOR ADMISSION

STUDENT INFORMATION (Please Print)

First Name: _____ Middle: _____ Last Name: _____

Address: _____ APT# _____

City: _____ State: Minnesota Zip: _____

Age as of 9/1/2022: _____ DOB: _____ **GRADE LEVEL** (Circle One) **K 1 2 3 4 5 6 7 8**

Immersion Language Program Preference (Circle One)

DAKOTA LANGUAGE

OJIBWE LANGUAGE

PARENT/GUARDIAN INFORMATION

#1 Parent/Guardian

First Name: _____ Middle: _____ Last Name: _____

Street Address: _____ APT#: _____

City: _____ State: Minnesota Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Student: _____ Email: _____

#2 Parent/Guardian

First Name: _____ Middle: _____ Last Name: _____

Street Address: _____ APT# _____

City: _____ State: Minnesota Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Student: _____ Email: _____

SIBLING/FAMILY INFORMATION

(Only list siblings and/or foster children that are also applying for admission or already attend Bdote Learning Center)

Name:(Last, First, M.I.) _____ Relationship: _____ Grade: _____

FOR OFFICE USE ONLY

Date Stamp & Initial & Time Received

- **Bdote Learning Center is a tuition-free publically supported Minnesota Charter School. Students must live in Minnesota to enroll. Kindergarten students must be 5 years of age by September 1st, 2022.**
- **Minnesota Statute 124.D.10 subdivision 9** - Students who submit timely applications will be enrolled unless numbers exceed capacities for the selected program or grade level, in which case selection will be made by the lottery process. Enrollment preference shall be given to siblings of an enrolled student and foster children of parents of an enrolled student, and may give preference to children of school staff.
- **A separate application shall be submitted for each child for whom admission is sought** (i.e. not one application for the family). In a lottery situation, each student receives an individual number/lot in the lottery.
- Complete & review the application, then **RETURN** to **Bdote Learning Center, 3216 E 29th Street, Minneapolis, MN 55406.**
- All applications must be **RECEIVED by 4:00 PM on April 14th, 2022** to be included in the **ANNUAL LOTTERY**. Applications will continue to be accepted after April 14th 2022-admitting students at grade levels with space available.

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ___child ___child's parent ___child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

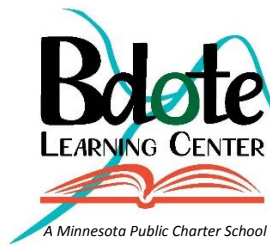
Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



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Request for Student Records 2022-2023

The following student has enrolled at Bdote Learning Center, District 4226:

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Grade Level: _____

Previous School Information:

School Name: _____

School Address: _____

City, State & Zip: _____

School Phone Number: _____ School Fax: _____

Parent/Guardian Signature: _____ Date: _____

Previous School – Please forward the following information:

- ✓ Official School Records (name, address, birth day and/or copy of birth certificate, sex, grade level, attendance records, class rank, standardized test results, etc.)
- ✓ Special Education Records – including IEP/504 Plan or other assessments (Please fax ASAP)
- ✓ Standard Test Results/MN Basic Standards Test Results
- ✓ MARSS number or state ID number
- ✓ Legal documents
- ✓ Pre-School Screening Records
- ✓ Discipline Records including suspensions and expulsion paperwork
- ✓ Health Records – including immunizations and Sports Physical
- ✓ ELL/ESL Records

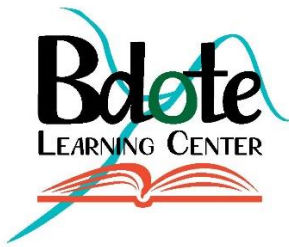
**Student records should be faxed to:
(612) 729-9412**

**Or emailed to:
info@bdote.org**

For Office Use Only

- Official Records IEP/SPED MARSS Legal
- Standard test results ESL/ELL Pre-K Screening
- Discipline Records Health Records

Date received: _____ Initials: _____



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BUS TRANSPORTATION APPLICATION

2022-2023

Child's Name: _____ Date: _____

Parent/Guardian Name(s): _____

Address: _____ Apt #: _____

City: _____ Zip: _____

Phone -Home: _____ Work: _____ Cell: _____

Transportation to School?

Yes

No

Transportation from School?

Yes

No

Pick up location: HOME CHILDCARE* OTHER* (* Please list complete address)

Street _____ Apt _____

City _____ Zip _____

Drop off location HOME CHILDCARE* OTHER* (* Please list complete address)

Street _____ Apt _____

City _____ Zip _____

OR

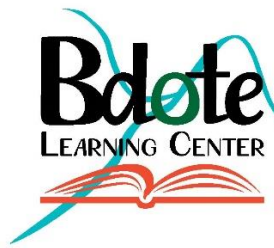
NO BUS TRANSPORTATION REQUIRED

We will provide our own transportation to & from Bdote Learning Center Charter School.

Parent/Guardian Signature: _____ **Date:** _____

This application will be reviewed by the administration and the bus company. They will then determine pick-up and drop-off locations that best fit routing and scheduling for all Bdote Learning Center Charter School children. Bdote Learning Center Charter School may cancel a child's privilege to ride the bus at any time due to safety/discipline issues.

If a child does not ride the bus for ten (10) consecutive days the stop may be cancelled.



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**PARENT PERMISSION FOR CHILD PICKUP
2022-2023**

STUDENT INFORMATION:

First Name: _____ **MI:** _____ **Last Name:** _____

Please list the name/relationship and phone number of each individual permitted to pick up your child. A picture ID will be required for child pick up when it is **not** the child's *primary caregiver, mother or father*.

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

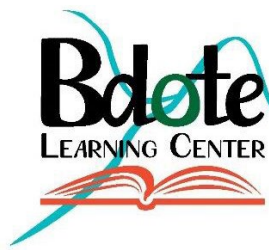
Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

A change of information form will be available to parents at the sign in and out area. Please let us know if a child's drop off or pick up arrangements change before 12PM, day of.
Miigwech, Pidamaya, Thank you!

Parent/Guardian Signature: _____ **Date:** _____



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Parent/Guardian Commitment Form

2022-2023

We understand that the Dakota and Ojibwe languages are critically endangered. We also understand that our indigenous language is vital to our identities as Indigenous peoples.

As parent/guardian of: _____

(student name)
we are making a commitment to support our student(s) language acquisition at Bdote Learning Center. We will do my/our best to support our student(s) learning in the following ways:

- ✓ Ensure my student(s) attends school regularly and is on-time, ready to learn each day they are in attendance.
- ✓ Ensure my student(s) completes all homework to the best of their ability, with my/our assistance when needed.
- ✓ To uphold the school's standards of conduct, we will cooperate with the school and work with teachers & staff as needed, and when requested.
- ✓ Spend at least 10 minutes per day in language learning activities in the home with my student(s).
- ✓ Find opportunities outside the home to engage with language learning for my student, and myself/our family, via local language tables, events, programs, etc.
- ✓ Participate with my student at Bdote Learning Center family nights and events.
- ✓ Make every effort to attend parent/teacher conferences and keep open lines of communication with my student's teacher(s) and other staff at Bdote Learning Center.
- ✓ Encourage my student(s) language learning with positive affirmations and caring guidance.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Ethnic and Racial Demographic Designation Form

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

Date of Birth: _____ District: _____ School: _____

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

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

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

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

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

No *[If no, go to Question 1.]*

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

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
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.

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

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

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

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

No [If no, go to Question 4.]

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

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

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

No [If no, go to Question 5.]

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

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Print/Save

Enrollment Checklist 2022-2023

Please complete the entire packet:

- Request for Student Records
- Application for Admission
- Student Information
- Emergency Information
- Health Information
- Parent Permission for Child Pickup
- General Permission Slip
- Home Language Questionnaire
- EDFI form
- Educational Food Benefits
- Transportation Application
- Title VI 506 Form
- Parent Agreement

Please complete the following enrollment forms with your Physician:

- Immunization Records**

For Kindergartener's please include:

- Birth certificate
- Pre-School Screening

To ensure your child's placement at Bdote Learning Center, we need to have all forms above postmarked by 4:00PM Thursday, April 14th 2022. If we do not receive your forms your child's spot may be filled by the next child on the waiting list.

If you have any questions please call 612-729-9266

Please return all forms to:

Bdote Learning Center
3216 East 29th Street
Minneapolis, MN
55406
Attention: Enrollment

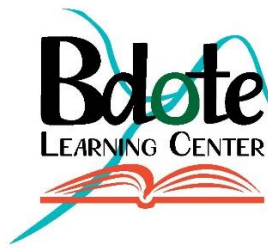
or Fax to:

(612) 729-9412

or Email to:

info@bdote.org

Miigwech, Pidamaya, Thank You,
Bdote Learning Center Staff



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GENERAL PERMISSION SLIP 2022-2023

Parent/Guardian – This form contains two permission forms. Please sign and date **each** of the areas below. A brief description of each of the permissions is included.

STUDENT INFORMATION:

First Name: _____ MI: _____ Last Name: _____

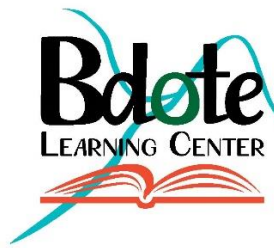
- During the school year, your child may be photographed, filmed, and/or interviewed for school publications. By signing below, you are giving permission for your child to be included in the various publications.

Parent/Guardian Signature: _____ Date: _____

- Children in the Bdote Learning Center will participate in “Field Trip” opportunities throughout the year. Field Trip experiences will be organized by the school staff and supervised. These excursions allow the children to build upon our work in place-based/project-based learning and will include involvement in the community. Field Trip opportunities are an outgrowth of learning activities pertaining to the curriculum and are considered essential to the program at the school. By signing below, you are giving permission for your child to participate in supervised Field Trip experiences and other activities as designated and/or approved by the staff of Bdote Learning Center Charter School that will occur outside of the school building.

A notice and explanation of each field trip will be sent home prior to the activity. The parent will have an opportunity to refuse a field trip at any time.

Parent/Guardian Signature: _____ Date: _____



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HOME LANGUAGE QUESTIONNAIRE 2022-2023

Child's First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ / _____ / _____ Grade (Sept 1, 20 2): _____
Month Day Year

Country of Birth: _____

Grades attended in a **Minnesota** school: (check all that apply)

___ K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8

Grades attended in a school in the **United States**: (check all that apply)

___ K ___ 1 ___ 2 ___ 3 '

CHILD IDENTIFICATION INFORMATION

In order to help your child succeed in every way possible, the school needs to determine which language your child uses the most. Please respond to the questions below by checking the appropriate box.

Which language(s) did your child learn first?

- ___ Dakota/Ojibwe (circle one)
___ English
___ Other (specify) _____

Which language(s) is spoken the most in the home?

- ___ Dakota/Ojibwe (circle one)
___ English
___ Other (specify) _____

Which language(s) is your child most comfortable speaking?

- ___ Dakota/Ojibwe (circle one)
___ English
___ Other (specify) _____

Parent/Guardian Signature: _____ Date: _____

STUDENT HEALTH FORM



Student's Name _____ Birthdate ___ / ___ / ___ Gender ___ Grade (2022-23) _____

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

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

_____ **NO HEALTH CONCERNS**

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

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

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

_____ **Food Intolerance** _____;reaction _____

_____ **Asthma:** _____

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

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

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

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

_____ **Behavioral/Mental Health Concern** _____

_____ **Recent Surgery/Restrictions** _____

_____ **Other Health Concern** _____

Clinic and Doctor _____

Health Insurance _____

Preferred Hospital in the event of an emergency _____

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

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

Parent/Guardian Printed Name Parent/Guardian Signature Date

Phone Number(s) Email

Emergency Contact 1 Name Phone Number

Emergency Contact 2 Name Phone Number

STUDENT MEDICATION FORM



1. ONE (1) MEDICATION PER FORM – Required for all medication (prescription and over the counter)
2. Form is required to be completed each school year AND when anything changes
3. Medication must be submitted in the original container with pharmacy label (if prescription)
4. Medication must be locked in the Health Office (unless an alternate plan is made with the school nurse)

Student Name: _____ Birthdate: ____/____/____ Grade: _____

Medication Name: _____ Concentration: _____

Dose: _____ Route: _____ Frequency/Time: _____

Indication/Instructions for “as needed” medication: _____

PARENT/GUARDIAN PORTION

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

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

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

PRESCRIBER PORTION

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

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

Prescriber Name: _____ Phone: _____

Prescriber Signature: _____ Date: _____

Bdote Learning Center

Dear Parent/Guardian:

Our school provides healthy meals each day at no cost to families.

Your children may also qualify for other educational and nutritional benefits like the E-PBT program to continue coverage of meals during distance learning.. 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. Additionally, you may be eligible for P-EBT to help with meal cost during distance learning. 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 Bdote Learning Center:
3216 E 29th St. Minneapolis, MN 55406

Who can get compensation for meals during distance learning? 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.

How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2021-22 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, 2021 through June 30, 2022.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Add for each additional person	8,399	700	350	324	162

Step 1: Children

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

Step 2: Case Number

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

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

- **Social Security Number/Total Household Members.** An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- **Child Income.** If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- **Adult income.** Report the names of adult household members and income earned in this section.
 - o List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
 - o **Gross Earnings from Work.** This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.
 - o 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.
 - o **Are you Self-Employed or a Farmer?** List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
 - o **Any Other Gross Income.** List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

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

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



2022-2023 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). Mail or return completed form to: (School/District Information)

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 (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 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	W	Bi-w	2x	M
\$	<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.

<p>Names of All Adult Household Members (First and Last)</p> <p>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.</p>	<p>Gross Earnings from Working at Jobs</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">W e e k l y</td> <td style="width: 10%;">B i - w</td> <td style="width: 10%;">M o n t h l y</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	W e e k l y	B i - w	M o n t h l y	<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"/>	<p>Are you Self-Employed or a Farmer?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">M o n t h l y</td> <td style="width: 30%;">Y e a r l y</td> <td style="width: 40%;">N e t i n c o m e f r o m F a r m o r S e l f - E m p l o y m e n t . D o n o t d u p l i c a t e e l s e w h e r e .</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	M o n t h l y	Y e a r l y	N e t i n c o m e f r o m F a r m o r S e l f - E m p l o y m e n t . D o n o t d u p l i c a t e e l s e w h e r e .	<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"/>
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Do Not Fill Out: For School Office Use Conversions to Annualize All Income:		<input checked="" type="checkbox"/> X 2 6 <input type="checkbox"/> X 2 4 <input type="checkbox"/> X 1 2 <input type="checkbox"/> X 1 1		<input type="checkbox"/> Verified? Attach Tracker	<input type="checkbox"/> Denied After Verified
All Total Income (Include child and adult income)		B i - w e e k l i y 2 X M o n t h l y A n n u a l i z e		Household Size:	Denied
\$					
Determining Official Signature:					Date:
Confirming Official Signature:					Date:

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

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

Printed name of adult signing form _____ Daytime Phone _____

Address (if available) _____ Apt# _____ City _____ Zip _____

SIGN HERE: Signature of Household Adult _____ Date _____

OPTIONAL: Children's Racial and Ethnic Identities
 We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility 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 Income for Adults _____

Sources of Child Income	Examples
<ul style="list-style-type: none"> • Earnings from work • Social Security <ul style="list-style-type: none"> a. Disability Payments b. Survivor's Benefits • Income from person outside the household • Income from any other source 	<ul style="list-style-type: none"> • A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security • A Parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none"> • Salary, wages, cash bonuses (before deductions or taxes) • Net income from self-employment (farm or business) • If you are in the U.S. Military: <ul style="list-style-type: none"> a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) b. Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> • Cash Assistance from State or local government • Supplemental Security Income • Unemployment benefits • Worker's compensation • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security • Disability benefits • Regular income from trusts or estates • Annuities • Investment income • Rental income • Regular cash payments from outside household

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 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 program. 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at [Filing a Program Discrimination Complaint as a USDA Customer](http://www.ascr.usda.gov/complaint_filing_cust.html), 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.

This institution is an equal opportunity provider.