

Cass Lake-Bena Middle School

Independent School District #115 • 15314 State Highway 371 NW • Cass Lake, Minnesota 56633
218-335-2203 Fax: 218-335-1194

Dear Parent/Guardian,

Greetings and thank you for your interest in enrolling your student in the Cass Lake-Bena Middle School!

Please fill out the attached registration packet completely. Missing information may delay the registration process.

Registration Packets may be submitted via:

Fax: 218-335-1194

Mail: Cass Lake-Bena Middle School Office
15314 ST Hwy 371
Cass Lake, MN 56633

Hand delivered: Middle School Office - 8am to 4:00pm - Monday thru Friday

Once the completed registration packet is turned in, our school will contact the previously attended school(s) to request transcripts and records. After we have received transcripts and records from the previously attended school(s), our office will be in contact with you on the status of your registration.

If you have any questions, please feel free to contact the Middle School office at 218-335-2203.

Again, we thank you for your interest in the Cass Lake-Bena Middle School and look forward to meeting and getting to know you and your student.

Sincerely,

Middle School Office

Independent School District #115
Cass Lake-Bena Middle School
15314 State Highway 371 NW
Cass Lake, MN 56633
Phone (218) 335-2203 Fax (218) 335-1194

RELEASE OF STUDENT RECORD INFORMATION

NAME (Legal Name) **BIRTH DATE** **GRADE**

School Records are requested from:

Name of School

Address of School

School phone and/or fax number

Please send the following records to the address above or fax to the number above:

Academics

Attendance

Health (Immunizations, etc.)

MARSS #

Psychological

Special Ed. (IEP)/Title I

Standardized Tests

All Discipline Records

*****Immunization Records within 30 days*****

Was the student receiving services from the following:

___ Title/Chapter

___ Math

___ Reading

___ IEP

___ Language

___ 505 Plan

___ Special Ed.

___ EBD/Day Treatment

___ MMI/MSMI

___ OHI/POHI

**** Current IEP and assessment summary is needed immediately****

Has this student been suspended or excluded for:

___ Fighting

___ Weapons

___ Other (specify)

Date: _____

Signature: _____

In accordance with revised Federal and State Statutes, permission of the parent or adult student is no longer required when records are requested by authorized personnel.

(OFFICE USE ONLY)

Starting Date: _____

Records Requested: Date: _____

Mail: ___ Fax: ___

FOR OFFICE USE ONLY
STARTING DATE: _____
GRADE/TEACHER: _____

REGISTRATION

INDEPENDENT SCHOOL DISTRICT 115
CASS LAKE, MN

OPEN ENROLLMENT
 Yes
 No

PLEASE PRINT							
TODAY'S DATE	SCHOOL	GRADE	HOME LANGUAGE	DOES YOU STUDENT HAVE SPECIAL EDUCATION NEEDS?			
				YES NO			
STUDENT FULL <u>LEGAL</u> NAME (LAST, FIRST, MIDDLE)			GENDER	HOME PHONE			
			M / F	CELL PHONE			
				EMERGENCY PHONE			
				EMERGENCY NAME			
MAILING ADDRESS			CITY	ZIP CODE	COUNTY		
PHYSICAL ADDRESS							
DATE OF BIRTH		PLACE OF BIRTH – CITY & STATE					
LAST SCHOOL ATTENDED		CITY	STATE	LAST DATE AT PREVIOUS SCHOOL			
FATHER'S NAME (LAST, FIRST, MIDDLE)		EMPLOYER	WORK PHONE	STUDENT LIVES WITH <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEP PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN/OTHER			
MOTHER'S NAME (LAST, FIRST, MIDDLE)		EMPLOYER	WORK PHONE				
GUARDIAN'S NAME (LAST, FIRST, MIDDLE)							
RACE/ETHNICITY (Circle ONLY ONE) <div> <div>American Indian</div> <div>Black, not of Hispanic Origin</div> <div>Asian or Pacific Islander</div> <div>White, not of Hispanic Origin</div> <div>Hispanic</div> </div>							
ADDITIONAL RACE/ETHNICITY CATEGORIES ARE REQUIRED. Mark the box YES or NO in Part A below. More than one “YES” may be circled in Part B . <div> <div> PART A – IS THE CHILD HISPANIC/LATINO (choose ONLY one) <input type="checkbox"/> NO, not Hispanic/Latino <input type="checkbox"/> YES, Hispanic/Latino </div> <div> PART B – WHAT IS THE CHILD'S RACE? YES NO...American Indian/Alaska Native YES NO...Asian YES NO...Black/African American YES NO...Native/Hawaiian/Pacific Islander YES NO...White </div> </div>							

LIST ALL CHILDREN IN HOUSEHOLD UNDER 21 (Use Back if needed)

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER M / F	BIRTHDATE	GRADE

ARE YOU LIVING WITH: <input type="checkbox"/> RELATIVE/FRIENDS <input type="checkbox"/> IN A HOTEL <input type="checkbox"/> IN A SHELTER <input type="checkbox"/> IN YOUR OWN HOME <input type="checkbox"/> OTHER	HAVE YOU RECENTLY MOVE TO THIS SCHOOL DISTRICT WITHIN THE LAST 36 MONTHS FOR TEMPORARY OR SEASONAL AGRICULTURE OR FISHING WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Student Busing Request Form ISD #115 Cass Lake - Bena Schools

- This form is required to initiate Busing
- This form is required to make Busing changes
- Deliver this form to the School Building
- Allow 5 working days for Implementation
- Phone confirmation will be made when in place

- Tyler Wittner, Transportation Director
335-2203 Ext. 1991 twittner@isd115.net
- Maria Lahr, Transportation Secretary
335-2203 Ext. 1992 mlahr@isd115.net

Date: _____ Student's Name: _____

Grade: _____ School Building: ☐ Elementary ☐ Middle ☐ High ☐ ALC

Adult(s) in Household

1. Name _____ Relationship to Student _____

Phone _____

2. Name _____ Relationship to Student _____

Phone _____

Home (Physical) Address

City _____ Zip Code _____ County _____

Daycare/Alternate Information

Contact Person _____ Relationship to Student _____

Phone _____

Daycare/Alternate Address _____

City _____ Zip Code _____ County _____

AM Pick up my student at the nearest Bus stop Location to	<input type="checkbox"/> Home Address	<input type="checkbox"/> Day Care/Alternate
AM I will transport my student to School	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
PM Drop off my student at	<input type="checkbox"/> Home Address	<input type="checkbox"/> Day Care/Alternate
PM I will pick up my student at....	<input type="checkbox"/> B&G Club	<input type="checkbox"/> Flagpole

Office Use Only: Bus # _____ Pick Up Time _____ Drop Off Time _____

CASS LAKE-BENA MIDDLE SCHOOL
PARENT INFORMATION UPDATE
2021-2022
(Two Sided)

STUDENT NAME: _____

GRADE: _____

MOTHER'S NAME _____

Home Phone #: _____

Work #: _____

Cell #: _____

Email Address: _____

FATHER'S NAME _____

Home Phone #: _____

Work #: _____

Cell #: _____

Email Address: _____

GUARDIAN'S NAME _____

Home Phone #: _____

Work #: _____

Cell #: _____

Email Address: _____

EMERGENCY PHONE NUMBER: _____

NAME/RELATIONSHIP TO STUDENT: _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

Bus #: _____

Please let us know where your child will be going after school. **This will be where your child will go EVERY DAY after school.** If your child does need to go somewhere after school other than their primary destination, it is the parent/guardians responsibility to provide that transportation.

My child's P.M. destination for Monday – Friday will be (check one):

Home: _____

Daycare _____

Name of Daycare and Provider: _____

Physical Address: _____

Phone Number: _____

Bus #: _____

Grandparent or other relative _____

Name: _____

Physical Address: _____

Phone Number: _____

Bus #: _____

Other: _____ please provide information.

Parent /Guardian Signature _____ Date _____

*Bus passes are limited and for emergencies only.

*NO bus passes will be issued without a written note from the parent/guardian.

*NO bus passes will be issued after 1:00 p.m.

2021-22 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 FDPIR? Medical assistance **does not** qualify. If **NO** > Go to STEP 3.

If **YES** > Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3)

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

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

B. Child Income.

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

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

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

Names of All Adult Household Members (First and Last)
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 Working at Jobs				
Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).
<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"/>	\$

Are you Self-Employed or a Farmer?		
Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$

Any Other Gross Income				
Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

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 give 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** _____

Do Not Fill Out: For School Office Use Conversions to Annualize All Income:	X52	X26	X24	X12	X1	<input type="checkbox"/> Verified? Attach Tracker	No change <input type="checkbox"/>	Free After Verified <input type="checkbox"/>	Reduced After Verified <input type="checkbox"/>	Denied After Verified <input type="checkbox"/>
	Weekly	Bi-weekly	2X Month	Monthly	Annualize		Categorical Eligibility <input type="checkbox"/>	Free <input type="checkbox"/>	Reduced <input type="checkbox"/>	Denied <input type="checkbox"/>
All Total Income (Include child and adult income)						Household Size:				
\$	<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"/>
Determining Official Signature:										
Confirming Official Signature:										

OPTIONAL: Children's Racial and Ethnic Identities

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

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

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

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none">Earnings from workSocial Security<ul style="list-style-type: none">Disability PaymentsSurvivor's BenefitsIncome from person outside the householdIncome 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 wagesA child is blind or disabled and receives Social SecurityA Parent is disabled, retired, or deceased, and their child receives Social Security benefitsA friend or extended family member regularly gives a child spending moneyA child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

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 governmentSupplemental Security IncomeUnemployment benefitsWorker's compensationAlimony paymentsChild support paymentsVeteran's benefitsStrike benefits	<ul style="list-style-type: none">Social SecurityDisability benefitsRegular income from trusts or estatesAnnuitiesInvestment incomeRental incomeRegular 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 or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

Nondiscrimination statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program complaint of discrimination, you have two options: 1. Complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at [Filing a Program Discrimination Complaint as a USDA Customer](#), http://www.ascr.usda.gov/complaint_filing_cust.html 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.

This institution is an equal opportunity provider.

All boxes must be filled in with complete information if applicable

STUDENT INFORMATION

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Mailing Address		City		State	Zip Code
Physical Address		Do you live on leased land, Leech Lake Housing or Cass Lake Housing? Yes____ No____ If yes, what is the name of the site?			

Please fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION

Parent/Guardian Mother's Last Name	First Name	Name and Address of Mother's Employer
Parent/Guardian's Father's Last Name	First Name	Name and Address of Father's Employer

Please fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States.			
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank

Please fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer.			
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

Please fill in the above boxes with complete and accurate information

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

*** By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.**

→Signature of Parent/Guardian _____ →Date _____

	LEP Education 1500 Highway 36 West Roseville, MN 55113-4266	HOME LANGUAGE QUESTIONNAIRE	ED-01336-08E
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THE FOLLOWING IS TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL :

STUDENT IDENTIFICATION INFORMATION		
Student's Name (First, Middle, Last)		
Date of Birth	Age	Grade Level

DISTRICT IDENTIFICATION/VERIFICATION INFORMATION	
School Name	District Number
<p style="text-align: center;">I hereby verify that the above information is true and accurate to the best of my knowledge and belief.</p> <div style="text-align: center; margin-bottom: 10px;"> _____ Name (Printed) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 33%; text-align: center;"> _____ Signature – Responsible Authority </div> <div style="width: 33%; text-align: center;"> _____ Title </div> <div style="width: 33%; text-align: center;"> _____ Date </div> </div>	

THE FOLLOWING IS TO BE COMPLETED BY PARENT/GUARDIAN:

STUDENT LANGUAGE INFORMATION	
<p><i>Dear Parents and Guardians:</i></p> <p><i>In order to help your child learn, your child's teachers need to determine which language your child uses most.</i></p> <p><i>Please respond to the questions below by checking the appropriate box.</i></p> <div style="display: flex;"> <div style="flex: 1;"> <p>1. Which language did your child learn first?</p> <p>2. Which language is most often spoken in your home?</p> <p>3. Which language does your child usually speak?</p> </div> <div style="flex: 1;"> <p> <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____ </p> <p> <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____ </p> <p> <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____ </p> </div> </div>	

PARENT/GUARDIAN VERIFICATION OF INFORMATION	
<p style="text-align: center;">I hereby verify that the above information is true and correct to the best of my knowledge and belief.</p> <div style="text-align: center; margin-bottom: 10px;"> _____ Name (Printed) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; text-align: center;"> _____ Signature – Parent/Guardian </div> <div style="width: 35%; text-align: center;"> _____ Date </div> </div>	

Nonresident Agreement

Agreement Between School Boards, Enrollment Exceptions M.S. 1240.08, Subd 1-2;

Transfer requires the approval of both districts; the resident district first. (Code 11)

Student's Last Name		First Name		Middle Name		School Year	Grade
Student's Address		Apt. No.	City			Zip Code	
				Student's Birthdate		Gender <input type="checkbox"/> F <input type="checkbox"/> M	
Parent or Guardian Last Name		First Name		Middle Name		Phones H: W:	
Parent Address (If different from student's)		Apt. No.	City			Zip Code	
Reason this transfer is requested:							
Serving School District Name		District Number	School Student Would Attend		Last Date Attended	Has student been receiving Special Ed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident School District Name		District Number	School Most Recently Attended				

Signature of Parent/Guardian	
X _____	_____
The above information is true and correct to the best of my belief and knowledge. Date	

NON-RESIDENT/SERVING DISTRICT APPROVAL/DISAPPROVAL	
X _____	_____
Signature of Superintendent/Responsible Authority Date Signed	
<input type="checkbox"/> Application APPROVED <input type="checkbox"/> Application DISAPPROVED	

RESIDENT/SERVING DISTRICT APPROVAL/DISAPPROVAL	
We acknowledge the student listed above to be a resident of our school district and will assume responsibility for educational costs for the current school year or until such time as their residency status may change.	
X _____	_____
Signature of Superintendent/Responsible Authority Date Signed	
<input type="checkbox"/> Application APPROVED <input type="checkbox"/> Application DISAPPROVED	

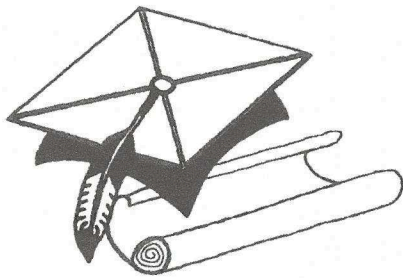
Non-Resident Agreement Form

Instructions:

Do you reside within the boundaries of the Cass Lake-Bena School District? If so, the non-resident agreement form does not apply to you.

You must complete the form if you reside outside the boundaries of the Cass Lake-Bena School District.

If you are unsure what school district you reside in, contact the School District Office at 218-335-2204 ext. 6000.



INDIAN EDUCATION PROGRAM

Cass Lake - Bena School
Independent School District #115
15308 State 371 N.W.
Cass Lake, MN 56633

Phone: (218) 335-2203 ext. 1206 Fax: (218) 335-7649

SY: 2021-2022

Boozhoo Families,

The Cass Lake-Bena Indian Education Program is designed to meet the unique educational and cultural needs of Native American students. Our overall goal is to provide relevant academic and cultural support for all grade levels, and to ensure each and every one of our student's progress toward graduation. Our District's overall population is comprised of close to 90% of Indigenous students!

If your student is Native American, please fill out the attached forms. We are required to have a "Title VI Student Eligibility Certification Form" for all Native American students in our District. If your student is JOM eligible, he/she is automatically counts as a Title VI student.

Note: If your child is a transfer student, and had a form at the previous school, these forms will not transfer to CLB schools. A new form will be needed for Cass Lake-Bena Schools.

_____ **Title VI Student Eligibility Certification Form:** For all Native American students, and if your student(s) are not enrolled or not eligible for enrollment with a federally or state recognized tribe, but is a descendent by parent or grandparent. *If your student is a JOM student, we need the JOM form on file.

_____ **Johnson O'Malley Student Certification Form:** For students that are enrolled or eligible for enrollment with a federally or state recognized tribe, or has a combined total of one-fourth (1/4) Native American blood degree. *If your student is a JOM student, we need the Title VII form on file.

X _____ **Both Title VI and JOM Documents (all incoming Native American students)**

***Please fill out these forms to the best of your knowledge. All information is kept confidential and will be used for educational purposes only.**

Please fax the completed form to 218-335-7649 (Attn: Indian Education), or feel free to drop off at any Cass Lake-Bena School front offices, and the form(s) will be forwarded to the Indian Education Office.

If you have any questions, please call Emmy Morgan, Indian Education Secretary at 218- 335-2203 ext 1206, or myself at 218-335-2203 ext 1322.

Chi-miigwech!
Sydney Harper, American Indian Education Director
Cass Lake-Bena American Indian Education Program
sharper@isd115.net
218-335-2204 ext 1322

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 _____



Leech Lake Education Division

JOHNSON O'MALLEY STUDENT CERTIFICATION FORM

All information requested is voluntary. However, failure to fully complete the student and parent information sections may result in delays and/or make it impossible to process this certification request and student may be considered ineligible for JOM services. The information obtained as a result of this request will be used for educational purposes only.

School Name: _____

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____
Tribe/Agency: _____ Degree of Blood: _____
Enrollment #: _____ Social Security Number: _____

PARENT INFORMATION

Mother's Name: _____ Date of Birth: _____
Tribe/Agency: _____ Enrollment #: _____
Father's Name: _____ Date of Birth: _____
Tribe/Agency: _____ Enrollment #: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Parent/Legal Guardian Requesting Information: (This form will be considered invalid if this section is not fully complete with signature.)

Print Name: _____ Relationship to Child: _____
Mailing Address: _____
Signature: _____

Mail Form to:

LL Education Division
115 Sixth Street NW, Suite E
Cass Lake, MN 56633

Fax Form to:

JOM Program Coordinator
218-335-8339

Drop Form off at:

LL Education Division/JOM Program Office
located in the Cass Lake Facility Center on
16126 John Moose Drive NW Cass Lake, MN

*** OFFICE USE ONLY ***

Based on the records and information available for this family, I certify that the above named student is:

- ☐ 1. An enrolled member of this
Tribe/Agency: _____
Degree of blood: _____ Enrollment #: _____
- ☐ 2. Eligible for enrollment
with: _____
☐ *Enrollment pending Tribal Action* ☐ *Not Applicable*
- ☐ 3. Not eligible for enrollment, but has the following degree(s) of Indian blood decedent of:
Tribe/Agency: _____ Degree of blood: _____
Tribe/Agency: _____ Degree of blood: _____
- ☐ 4. No information as listed on this form, and/or in current Tribal office records, reflect that this student has a combined total of one fourth (1/4) Indian blood degree as required for Johnson O'Malley eligibility.

Tribal Official Signature: _____

Tribal Official Name Printed: _____

Date: _____



Leech Lake Education Division

JOHNSON O'MALLEY STUDENT CERTIFICATION FORM

All information requested is voluntary. However, failure to fully complete the student and parent information sections may result in delays and/or make it impossible to process this certification request and student may be considered ineligible for JOM services. The information obtained as a result of this request will be used for educational purposes only.

School Name: Cass Lake Bena Schools

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____
Tribe/Agency: _____ Degree of Blood: _____
Enrollment #: _____ Social Security Number: _____

PARENT INFORMATION

Mother's Name: _____ Date of Birth: _____
Tribe/Agency: _____ Enrollment #: _____
Father's Name: _____ Date of Birth: _____
Tribe/Agency: _____ Enrollment #: _____

RELEASE

Parent/Legal Guardian Requesting Information: (This form will be considered invalid if this section is not fully complete with signature.)

Print Name: _____ Relationship to Child: _____
Mailing Address: _____
Signature : _____

Mail Form to:

LL Education Division
115 Sixth Street NW, Suite E
Cass Lake, MN 56633

Fax Form to:

JOM Program Coordinator
218-335-8339

Drop Form off at:

LL Education Division/JOM Program Office
located in the Cass Lake Facility Center on
16126 John Moose Drive NW Cass Lake, MN

OFFICE USE ONLY ***

Based on the records and information available for this family, I certify that the above named student is:

- ☐ 1. An enrolled member of this
Tribe/Agency: _____ Degree of blood: _____ Enrollment #: _____
- ☐ 2. Eligible for enrollment
with: ☐ *Enrollment pending Tribal Action* ☐ *Not Applicable*
- ☐ 3. Not eligible for enrollment, but has the following degree(s) of Indian blood decedent of:
Tribe/Agency: _____ Degree of blood: _____
Tribe/Agency: _____ Degree of blood: _____
- ☐ 4. No information as listed on this form, and/or in current Tribal office records, reflect that this student has a combined total of one fourth (1/4) Indian blood degree as required for Johnson O'Malley eligibility.

Tribal Official Signature: _____

Tribal Official Name Printed: _____ Date: _____



Dear Parents/Guardians of Cass Lake-Bena School District Students,

With the new school year approaching fast, the Health Offices would like to inform you of important information in order for your student to start school in the fall. Please provide required health forms to Health Offices prior to school starting.

1. **Immunizations:** Immunizations are an important part of getting your student ready for school. In order for your student to be enrolled in the Cass Lake-Bena School District, the school must have a copy of your student's immunization record showing that he/she is up-to-date on all Minnesota Department of Health required immunizations. A chart of the required immunizations is available on the school's website under Health Services.
2. **Annual Health Information Form:** Please help the Health Offices properly provide for the health and welfare of your student by completing the health information form for each child enrolled in the Cass Lake-Bena School District every year. This information will assist the Health Offices by providing them with the necessary health status of your student.
3. **Food allergies:** Students with a food allergy or requiring a diet modification need to have a form signed by their medical provider stating the type of modification needed. The student will need to have a "Special Diet Statement" form completed for meal modifications at the school. These forms are available from the office or located on the school's website under Health Services.
4. **Permission to administer medications:** Middle School and High School do not furnish over-the-counter medications such as Tylenol or Tums for students. Parents who wish their student to be given over-the-counter medications by the Health Offices may provide the schools with this medication at the beginning of the school year. The Health Office must have a signed consent to administer medications to your student during the school day. The medications need to be in the original bottle and labeled with the student's name. Medications need to be current as we will not administer expired medications.

Prescription medications to be given to your student during school hours are required to have a signed parent/guardian consent and physician/licensed prescriber medication order. The medication must be supplied in the original pharmacy labeled bottle to the school and brought to the school by the parent/guardian or approved adult. Any medications present at school need to go through the Health Offices. The school nurse will help families with this process.

Health Office Forms are also available on the school's website under Health Services.

If you have any questions about these matters, please call the health staff connected with the school your student attends.

We are looking forward to a Happy and Healthy school year!

Melissa Jenson, RN
District/High School Nurse
218-335-2203 ext 1309

Krissy Grover, LPN
Middle School Health Office
218-335-2203 ext 1905

Rhonda Reimer, LPN & Lisa Goss
Elementary Health Staff
218-335-2201 ext 5111

Cass Lake-Bena Health Services
ANNUAL HEALTH INFORMATION 2021-2022

Please complete both sides of this form. Return to the school health office when completed.

Student Name: _____ Gender: _____
Last First Middle Initial

Birth Date: _____ Grade/School: _____

Street Address: _____

Parent/Guardian Name: _____ Phone #: _____

Parent/Guardian Name: _____ Phone #: _____

EMERGENCY CONTACTS *(Persons authorized to care for student when ill and will act in an emergency when parents cannot be reached).*

Name #1: _____ Phone: _____

Name #2: _____ Phone: _____

Health information from this form assists with planning for your child's needs at school.

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital (for emergency) _____

**Please provide your child's school health office with a current immunization record, which can be faxed from your doctor's office.*

HEALTH CONCERNS: Please check all that apply.

☐ **No Health Concerns**

Identified Health Concerns:

☐ Please Circle or Specify: ADHD/ADD/Autism/Other Learning Disabilities _____

☐ Allergies to what? _____

a) Signs of the actual reaction? _____

b) Does the student have a prescription for epinephrine (Epipen)? ☐ Yes ☐ No

☐ Asthma or other breathing problems (describe): _____

a) Does your child use a prescription inhaler? ☐ Yes ☐ No

☐ Bladder/Bowel problems? (describe): _____

☐ Chickenpox (list month and year he/she had the disease): _____

☐ Diabetes: ☐ Type 1 ☐ Type 2

Managed by: ☐ Diet Only ☐ Oral Medications ☐ Insulin Injections ☐ Insulin Pump

☐ Seizures: Type: _____ Date of last seizure: _____

☐ Social/Emotional/Behavioral/Mental Health concerns (describe): _____

☐ Anxiety disorder/panic attacks (describe): _____

☐ Vision deficit (describe): _____

☐ Hearing deficit (describe): _____

☐ Other health concerns or significant history of problems: _____

☐ Surgeries or hospitalizations in the last year. Explain: _____

EMERGENCIES: Does your child have a health problem that could result in an emergency? ☐ Yes ☐ No

If yes, describe: _____

MEDICATIONS TAKEN EVERY DAY OR WHEN NEEDED (This section does not serve as a medical order for administration).

List medications that your child takes:

Medication Name	Reason	Dose	How often taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your child needs to take medication at school, please consider the following:

1. The Authorization for Medication Administration form is REQUIRED for all medication(s) taken at school, including non-prescription (over the counter) medications. Students must take all medications at school through the health office unless otherwise arranged individually with the health office.
2. The Authorization for Medication Administration form must be signed by both the HEALTH CARE PROVIDER and PARENT for a prescription medication. A new consent is needed each school year.
3. Forms are available in the health office and on the Cass Lake-Bena website.

Is there any other information that might be helpful for us to know about your child or circumstances at home that could affect him/her at school?

Permission for Release of Information

1. I give permission for the school nurse to communicate, as needed with school staff about my child's medical condition and medications my child is taking.
2. I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the listed medication(s) or medical condition(s) my child has.
3. I give permission for the physician/licensed prescriber to release information to the above medication(s) and medical condition(s) to the school nurse.

Parent/Guardian signature

Date

Relationship to student

Return to: MS Health Office Phone: (218) 335-2203 Ext 1905 Fax: (218) 335-1194

The school district intends to use the requested information to provide your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequences for not providing the information. It may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's safety and school success.

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____ Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<input type="text"/>	
Meningococcal (MCV4)				<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- ☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- ☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian’s beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me

on _____ (date)

by _____
(name of parent or guardian)

Notary Signature: _____

Notary Stamp

STATE OF MINNESOTA, COUNTY OF _____

3. Consent to share immunization information: This school is asking for permission to share your child’s immunization record with Minnesota’s immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child’s school to share my child’s immunization documentation with Minnesota’s immunization information system:

Signature: _____ Date: _____
(of parent/guardian)

CASS LAKE-BENA MIDDLE SCHOOL

Cass Lake, MN 56633
Clifford Skagen, Principal

Attendance Policy

I understand

- 1) The Cass Lake-Bena School District Policy requires my child to attend school regularly.
- 2) The following are considered excused absences:
 - a. Illness
 - b. Lice (the day the nurse sends the student home and the next day, except on Fridays, the student is expected to return to school on Monday)
 - c. Serious illness in the student's immediate family
 - d. A death in the student's immediate family or of a close friend
 - e. Appointments for medical, dental or orthodontic treatment or counseling (appointment slip required upon return)
 - f. Religious Holidays
 - g. Court appearances occasioned by family or personal action
 - h. Physical emergency conditions such as fire, flood, storm, etc.
 - i. Impassible roads
 - j. Official school field trip or other school-sponsored outing
 - k. Removal of a student pursuant to a suspension. Suspensions will be handled as excused absences and students will be permitted to complete make-up work.
 - l. Traditional gathers (PRE-APPROVED with homework completed upon return)
 - m. Family Trips (PRE-APPROVED with homework completed upon return)
- 3) For unexcused absences the process used by Cass Lake-Bena Schools will be:
 1. 3 unexcused absences – Letter sent
 2. 5 unexcused absences – Intervention Plan
 3. 7 unexcused absences – Education Neglect charges file on Parent/Guardian
- 4) A student who has 15 consecutive absences (excused or unexcused) during the school year will be dropped – according to MN State Law – and must re-enroll in order to return to class.
- 5) Attendance is a factor to be considered when deciding whether or not to promote a child to the next grade level – (see Handbook for more information).

I agree to have my child attend school regularly and to advise the school office, in writing or by phone, when he/she is ill or a family emergency requires his/her absence.

***** Please Note *****

Notes/phone calls received more than two (2) days after the child's last day of absence will not be honored. If a reason is not given for the absence, the absence will not be excused.

Child's Name

Signature of Parent/Guardian

Date

6/22/2021

STUDENT INTERNET/COMPUTER ACCEPTABLE USE POLICY

ISD #115 Cass Lake-Bena Schools

Introduction

We are pleased to offer students of Cass Lake-Bena Public Schools access to District computer network resources, electronic mail and the Internet. We consider access to these resources to be necessary for receiving a well-rounded education in the modern world. Parents, please review this document carefully with your student. Families have the right to restrict the use of Internet and e-mail by completing a form and returning it to your school. The request for restriction is recorded in the student information system, and the form is kept on file. Any questions or concerns about this permission form or any aspect of the computer network should be referred to your school's principal. OPT-OUT requests remain in effect for the current school year.

If no opt-out documentation is on file, access to the Internet and School e-mail will be provided to students.

General Network Use

The network is provided for students to conduct research, complete assignments, and communicate with others. Access to network services is given to students who act in a considerate and responsible manner. Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Access is a privilege, not a right, and requires personal responsibility. As such, general school rules for behavior and communications apply and users must comply with district standards. Beyond the clarification of such standards, the district is not responsible for restricting, monitoring or controlling the communications of individuals utilizing the network. The District monitors communications and may review files and to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that anything stored on district servers or in the cloud will be private. The District reserves the right to terminate or otherwise restrict Computer or Network access at any time and for any reason. The District further reserves the right to monitor all network activity to maintain the integrity of the network.

Internet/E-mail Access

Access to the Internet and e-mail will enable students to use thousands of libraries, databases, and other resources. Be advised that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. Filtering software is in use, but no system is capable of blocking 100% of the inappropriate material available on the Internet. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. Ultimately, the parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, the Cass Lake-Bena Public Schools supports and respects each family's right to decide whether or not to restrict access.

Unacceptable use includes, but is not limited to the following:

- Sending, storing or displaying offensive messages or pictures;
- Using obscene language;
- **Giving personal information**, such as complete name, phone number, address or identifiable photo, without permission from teacher and parent or guardian;
- Cyberbullying, hate mail, harassing, insulting or attacking others, discriminatory jokes and remarks;
- Damaging or otherwise modifying computers, computer systems or computer networks:
- Downloading, installing, or using games, audio files, video files or other applications
- Attempting to boot devices from any source other than that designated by the District
- Violating copyright laws;
- Sharing or using others' logons or passwords or other confidential information;
- Trespassing in others' folders, work or files;
- Intentionally wasting limited resources;
- Posting information, sent or stored, online that could endanger others;
- Employing the network for nonacademic, personal, commercial, political purposes, financial gain, fraud, or illegal activity;
- Attaching unauthorized equipment to the district network.
- Use or procure outside email accounts or Internet chat rooms or view or place singles ads

Violations may result in a suspension or revocation of access. Additional disciplinary action will be determined at the school level. When applicable, law enforcement agencies will be involved.

Parent/Guardian Opt Out Request Form

Check below if you **DO NOT** want your student to have access to one or more of the following:

☐ School E-mail

☐ Internet Access

OPT OUT forms remain in effect for the current school year. If no **OPT OUT** documentation is on file, access to the Internet and School e-mail will be provided to students.

Student Name _____

School _____ Grade _____

Parent/Guardian Signature _____

Date _____

Principal's Review Signature _____

For the Opt Out to become effective, return this form to the building Principal.

Key Log

NS No School
 C Parent/Teacher Conferences
 PD Professional Development Day
 WD Teacher Work Day
 OP Open House
 ED Early Dismissal (noon)
 In-S In-Service (new staff)
 LS Late Start (two hours)

Class Times

ALC 8:15 am to 3:15 pm
 Elementary 8:15 am to 3:10 pm
 Middle School 8:30 am to 3:32 pm
 High School 8:30 am to 3:32 pm

Important Dates

Open House – Sept. 7
 First Day of School Year– Sept. 8
 Last Day of School Year – June 3
 Graduation Day – May 27
 Weather Make Up Days– TBD
 Early Dismissal – Oct. 13, Nov. 24,
 Dec. 23, Feb. 11, May 27
 And June 3

Count Days

Student Contact Days – 172
 Parent/Teacher Conf. Days – 3
 Professional Development Days – 3
 Teacher Work Days – 3

January:

17 No School (holiday)
 21 End of 2nd Quarter (42 days)
 24 No School
 24 Teacher Work Day

Count Days:

19 Student
 20 Teacher

JANUARY 2022

S	M	T	W	Th	F	S
						1
2	LS	4	5	6	7	8
9	LS	11	12	13	14	15
16	NS	18	19	20	21	22
23	WD NS	25	26	27	28	29
30	LS					

AUGUST 2021

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	In-S	27	28
29	30	PD				

August:

26 New Staff In-Service
 31 Professional Development

Count Days:

0 Student
 1 Teacher

February:

11 Early Dismissal (noon)
 11 Professional Development
 12:30-3:45 pm
 21 No School (holiday)

Count Days:

19 Student
 19 Teacher

FEBRUARY 2022

S	M	T	W	Th	F	S
		1	2	3	4	5
6	LS	8	9	10	ED PD	12
13	LS	15	16	17	18	19
20	NS	22	23	24	25	26
27	LS					

SEPTEMBER 2021

S	M	T	W	Th	F	S
			PD	WD	3	4
5	NS	OP	8	9	10	11
12	LS	14	15	16	17	17
19	LS	21	22	23	24	25
26	LS	28	29	30		

September:

1 Professional Development
 All Staff In-Service
 2 Teacher Work Day
 6 No School (holiday)
 7 Open House (10 am – 6 pm)
 8 First Day of School

Count Days:

18 Student
 20 Teacher

March:

2 Conferences 3:30-7:30 pm
 3 No School
 3 Conferences 7:45 am - 3:45 pm
 4 No School

Count Days:

21 Student
 22 Teacher

MARCH 2022

S	M	T	W	Th	F	S
		1	C	NS	NS	5
6	LS	8	9	10	11	12
13	LS	15	16	17	18	19
20	LS	22	23	24	25	26
27	LS	29	30	31		

OCTOBER 2021

S	M	T	W	Th	F	S
					1	2
3	LS	5	6	7	8	9
10	LS	12	13	14	15	16
17	LS	19	ED PD	NS	NS	23
24	LS	26	27	28	29	30

October:

20 Early Dismissal (noon)
 20 Professional Development
 12:30-3:45 p.m.
 21 No School
 22 No School

Count Days:

19 Student
 19 Teacher

April:

1 End of 3rd Quarter (46 days)
 14 Early Dismissal (noon)
 15 No School (holiday)
 18 No School

Count Days:

19 Student
 19 Teacher

APRIL 2022

S	M	T	W	Th	F	S
					1	2
3	LS	5	6	7	8	9
10	LS	12	13	ED	NS	16
17	NS	19	20	21	22	23
24	LS	26	27	28	29	30

NOVEMBER 2021

S	M	T	W	Th	F	S
	LS	2	3	4	5	6
7	LS	9	C	NS	NS	13
14	LS	16	17	18	19	20
21	LS	23	ED	NS	NS	27
28	LS	30				

November:

5 End of 1st Quarter (42 days)
 10 Conferences 3:30-7:30 pm
 11 Conferences 7:45am-3:45 pm
 11 No School (students)
 12 No School
 24 Early Dismissal (noon)
 25 No School (holiday)
 26 No School

Count Days:

18 Student
 19 Teacher

May:

27 Graduation
 27 Early Dismissal (noon)
 30 No School (holiday)

Count Days:

21 Student
 21 Teacher

MAY 2022

S	M	T	W	Th	F	S
1	LS	3	4	5	6	7
8	LS	10	11	12	13	14
15	LS	17	18	19	20	21
22	LS	24	25	26	ED	28
29	NS	31				

DECEMBER 2021

S	M	T	W	Th	F	S
			1	2	3	4
5	LS	7	8	9	10	11
12	LS	14	15	16	NS	18
19	LS	21	22	ED	NS	25
26	NS	NS	NS	NS	NS	

December:

17 No School (Big Bear)
 23 Early Dismissal (noon)
 24-31 No School

Count Days:

16 Student
 16 Teacher

June:

2 End of 4th Quarter (41 days)
 2 Last day of School
 2 Early Dismissal (noon)
 3 Teacher Work Day

Count Days:

2 Student
 3 Teacher

JUNE 2022

S	M	T	W	Th	F	S
			1	ED	WD	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		