



# MIDKOTA SCHOOL DISTRICT

## Enrollment Form



1) Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female

Child's Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian/other pac islander ☐ White

Is this student Hispanic or Latino? Yes No

2) Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female

Child's Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian/other pac islander ☐ White

Is this student Hispanic or Latino? Yes No

3) Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female

Child's Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian/other pac islander ☐ White

Is this student Hispanic or Latino? Yes No

4) Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female

Child's Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian/other pac islander ☐ White

Is this student Hispanic or Latino? Yes No

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Guardian #1 Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

- ☐ Father ☐ Stepfather ☐ Legal Guardian  
☐ Mother ☐ Stepmother ☐ Foster Parent  
☐ Address same as Child's above.

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

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

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian #2 Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

- ☐ Father ☐ Stepfather ☐ Legal Guardian  
☐ Mother ☐ Stepmother ☐ Foster Parent  
☐ Address same as Child's above.

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

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

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Siblings:** (not enrolled in school yet)

Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_ DOB:\_\_\_\_\_  
Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_ DOB:\_\_\_\_\_

I give permission for my child(ren) to go on field trips. I release Midkota School and individuals from liability in case of an accident during activities related to Midkota School as long as normal safety procedures have been taken. \_\_\_\_\_YES \_\_\_\_\_NO

**Storm Home Information**

Name:\_\_\_\_\_  
Address:\_\_\_\_\_  
Phone:\_\_\_\_\_

**In Case of An Emergency:**

Physician's Name:\_\_\_\_\_ Phone:\_\_\_\_\_

Should an emergency arise and we are not able to contact you, do we have your permission to take your child to the emergency room of the nearest hospital, at your expense, and do we further have your authorization for the hospital and its medical staff to provide such treatment as a physician deems necessary for the well-being of your child? \_\_\_\_\_YES \_\_\_\_\_NO

**Please check if your child(ren) have any medical conditions:**

Child's Name:\_\_\_\_\_ ☐ Allergies (specify):\_\_\_\_\_

☐ Asthma ☐ Diabetes ☐ Seizures ☐ Other:\_\_\_\_\_

Child's Name:\_\_\_\_\_ ☐ Allergies (specify):\_\_\_\_\_

☐ Asthma ☐ Diabetes ☐ Seizures ☐ Other:\_\_\_\_\_

**Emergency Contact #1 Information:**

Name:\_\_\_\_\_  
Relationship to student(s):\_\_\_\_\_  
Address:\_\_\_\_\_  
City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_  
Home Phone:\_\_\_\_\_  
Work Phone:\_\_\_\_\_  
Cell Phone:\_\_\_\_\_

**Emergency Contact #2 Information:**

Name:\_\_\_\_\_  
Relationship to student(s):\_\_\_\_\_  
Address:\_\_\_\_\_  
City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_  
Home Phone:\_\_\_\_\_  
Work Phone:\_\_\_\_\_  
Cell Phone:\_\_\_\_\_

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

**Office Use Only:**

Copy of Birth Certificate:\_\_\_\_\_ Student Records Request:\_\_\_\_\_ Immunization Record:\_\_\_\_\_

Student entered into: Powerschool\_\_\_\_\_ Automated Calling\_\_\_\_\_ Messenger List\_\_\_\_\_ Renaissance\_\_\_\_\_

# Midkota School Student Information Form



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Male ☐ Female ☐ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

What language(s)...

Did your child learn when he/she first began to talk? \_\_\_\_\_

Does your child speak/use? \_\_\_\_\_

Does your child use the most often at home? \_\_\_\_\_

Do you use most often to speak to your child? \_\_\_\_\_

Has your child ever been in an English Learner (EL) Program? Yes ☐ No ☐ Unsure ☐

If your child has attended school outside of the U.S.:

What language or languages did your child learn/use in school? \_\_\_\_\_

In which country or countries did your child attend school? \_\_\_\_\_

Circle the grades your child has attended in the United States.	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12
Circle the grades your child has attended outside of the U.S.	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12

Would your child be considered a refugee student? Yes ☐ No ☐ Unsure ☐

A refugee student is new to the U.S. within the past three years and left their home country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion and has fled to another country to be resettled. Newly arrived is defined as within the last three (3) years.

Would your child be considered an immigrant student? Yes ☐ No ☐ Unsure ☐

Immigrant students are students who have attended schools in the U.S. for three years (3) or less and may qualify for additional services. If yes, please list:

Country of origin \_\_\_\_\_ (Refugee students: this is the country you originally fled, not the country you lived in most recently.)

U.S. entry date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Heritage language \_\_\_\_\_



# Midkota School Student Information Form



Would your child be considered a Native American or an Alaska Native student? Yes ☐ No ☐ Unsure ☐

Would your child be considered a Migrant student? Yes ☐ No ☐ Unsure ☐

Migrant students have moved in the past 36 months to join a parent/guardian or spouse who is a migratory agricultural worker.

Is the Student in Foster care? Yes ☐ No ☐

Foster Care Parents \_\_\_\_\_

Case Manager \_\_\_\_\_ Agency \_\_\_\_\_

The answer you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- ☐ In a shelter ☐ In a hotel/motel ☐ In a car, park, bus, train station ☐ In permanent housing
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ Other temporary living situation (please describe): \_\_\_\_\_

Please list all children living with you from Pre-K through high school. If needed, use an additional sheet.

Student ID #	First Name	Last Name	Birth Date	School	Grade

What type of assistance below would be helpful to you? (check if applicable):

Medical	Dental	Counseling	Homeless Center	School Transportation	School Supplies	Other

I declare, under penalty of perjury under the laws of this state, that the information provided here is true and correct.

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

Print Name of Parent, Guardian, or Student (for unaccompanied homeless youth) \_\_\_\_\_

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth) \_\_\_\_\_





**Midkota Public School Extended School Day/Summer School  
Participant Registration Form  
School Year: 2021 - 2022**

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

\*Gender ☐ Male ☐ Female \*How many family members live in your home \_\_\_\_\_

\*Ethnicity ☐ American Indian/Alaska Native ☐ African American ☐ Asian/Pacific Islander  
☐ Hispanic or Latino ☐ White

\*Special Services or Programs ☐ Special Education or IEP ☐ Limited English  
Proficiency ☐ Eligible for Free or Reduced-Price Meals

*\*Required questions/information for participation in the NESC 21<sup>st</sup> CCLC Program*

Parent/Guardian (1) \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mobile/Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian (2) \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mobile/Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

**Before School Programming (site opens at 7 a.m.) Days attending the Before School Program:**  
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

What is the approximate time your child will arrive for the morning program(s): \_\_\_\_\_ a.m.

**Days attending the After School Program (site closes at 5 PM):**  
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

**How will your child be picked up/depart from the after school program each day?**  
*Busing is provided at 5 p.m. to some outlying areas of our school district.*

\_\_\_\_\_ Walk  
☐ Home or ☐ Other, please specify where if other than home \_\_\_\_\_

\_\_\_\_\_ Picked up by parent/guardian: \_\_\_\_\_  
What is the approximate time your child will be picked up each day: \_\_\_\_\_ p.m.

\_\_\_\_\_ My child will need bus transportation to: \_\_\_\_\_

**IN CASE OF EMERGENCY, WHO MAY WE CONTACT:**

**Contact 1:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Contact 2:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Is there anyone prohibited from picking up your child:** ( ☐ ) Yes or ( ☐ ) No

**Name(s) of person(s) prohibited from picking up your child:**

\_\_\_\_\_

**May we take photos of your student during 21<sup>st</sup> CCLC activities:** ( ☐ ) Yes or ( ☐ ) No

**Medical Information:** ( ☐ ) Allergies \_\_\_\_\_

( ☐ ) Medication \_\_\_\_\_

**In case of an early dismissal (typically something weather related), how will your student get home:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For office use	
Date Received:	
Program Start Date	

# FOOD ALLERGY/RESTRICTION FORM

## MIDKOTA PUBLIC SCHOOL

Student Name: \_\_\_\_\_  
First Last

Grade: \_\_\_\_\_

DIETARY REQUIREMENT | If applicable, please select your dietary requirement from the list below:

- ☐ Celiac Disease (I am allergic to wheat, rye, oats, or barley and any food containing gluten.)  
☐ Religious Food Restrictions (Please list): \_\_\_\_\_

FOOD ALLERGY | I have the following food allergy (please select all that apply):

- |   |                                   |                                       |                                    |
|---|-----------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Peanuts        | <input type="checkbox"/> Airborne | <input type="checkbox"/> Skin Contact | <input type="checkbox"/> Ingestion |
| <input type="checkbox"/> Tree Nuts      | <input type="checkbox"/> Airborne | <input type="checkbox"/> Skin Contact | <input type="checkbox"/> Ingestion |
| <input type="checkbox"/> Dairy          | <input type="checkbox"/> Airborne | <input type="checkbox"/> Skin Contact | <input type="checkbox"/> Ingestion |
| <input type="checkbox"/> Eggs           | <input type="checkbox"/> Airborne | <input type="checkbox"/> Skin Contact | <input type="checkbox"/> Ingestion |
| <input type="checkbox"/> Wheat          | <input type="checkbox"/> Airborne | <input type="checkbox"/> Skin Contact | <input type="checkbox"/> Ingestion |
| <input type="checkbox"/> Fish/Shellfish | <input type="checkbox"/> Airborne | <input type="checkbox"/> Skin Contact | <input type="checkbox"/> Ingestion |
| <input type="checkbox"/> Other*         | <input type="checkbox"/> Airborne | <input type="checkbox"/> Skin Contact | <input type="checkbox"/> Ingestion |

\*Please list your other food allergies here: \_\_\_\_\_

Are any of these food allergies considered severe? ☐ Yes ☐ No

*A severe food allergy is defined as a dangerous or life threatening reaction to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.*

FOOD INTOLERANCE | I have the following food intolerance (please select all that apply):

- ☐ Lactose  
☐ Gluten  
☐ Other\*

\*Please list your other food intolerances here: \_\_\_\_\_

Does your student understand their food restrictions and how to manage them? ☐ Yes ☐ No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physicians Signature REQUIRED: \_\_\_\_\_ Date: \_\_\_\_\_





# Request to Administer Medication at School

Please complete the following information and return to the student's school.

OTC ☐  
Prescription ☐

Student's Name:		Date of Birth:	Allergies:
Teacher/Grade:	Parent/Guardian's Name:		Daytime Phone #:
Medication :		Dosage :	Date Started:
Time to be given:		Route of Administration:	Possible Side Effects:
Termination Date:		Special Instructions :	
Health Care Provider's Name:		Clinic Name:	
Clinic Phone#:		Clinic Fax#:	

- I authorize the Midkota Staff Medication Trained individuals to administer the above medication as directed:
- By signing this form, I authorize the release of my child's health information to appropriate school staff and request that this medication is administered to my child as prescribed.
- I authorize the prescriber and the school designee to exchange information necessary for the safe administration of this medication.
- I release school personnel from liability in the event adverse reactions result from medication(s) and/or treatment(s)/procedures(s).
- **Student Self-Administration:** This student has received instruction in self-administering this medication in a secure manner. In addition, the student has education on any side effects or adverse interactions associated with the medication and how to prevent them.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS CONFIDENTIALITY AGREEMENT (the "Agreement") dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ with the above signed and Midkota Public School.

**NO PRESCRIPTION MEDICATIONS** will be given unless Parent **AND** Health Care Provider have given consent. A supply of the labeled prescription from the pharmacy should be left at school. It is the parent's responsibility to supply medications for administration to the school and gather the medication supply when discontinued or at the end of the school year (whichever is first).

**Medications such as Tylenol, Ibuprofen will not be given unless supplied by the student in the original bottle along with this form!**

Medications that are left after the school year will be destroyed. (See Policy ACBD - Exhibit 11)

Please fax or send this completed form to: Midkota Public School, 203 Curtis Ave W, Binford, ND 58416 (fax #: 701-676-2510)





## Breakfast and Lunch Free for All Students for School Year 2021/2022

Dear Families:

The U.S. Department of Agriculture (USDA) has announced that it will extend the free school meals program helping to keep millions of kids fed amid the Corona Virus Pandemic through the new school year.

Students may receive one breakfast and one lunch each day. USDA will only reimburse the school for meals, not just milk. A meal must contain at least 3 of the 5 components: Meat/Protein, Fruit, Vegetable, Grain and Milk. If your student brings cold lunch and takes a milk, the milk will be charged to your account.

Even though the meals will be free right now, we will still collect Free and Reduced-Price Income Applications. The October 31 free and reduced numbers are important to our school district in calculation of foundation aid, e-rate for technology grants, other grants and Title I funding. If you would normally submit an application for free or reduced meals, or if your income is down this year, please consider filling out the income application. We do not need any check stubs or tax forms at this time. We will contact 3% of the eligible families for that documentation in early October. Family income under the amounts in the chart below would be eligible for reduced price meals, possibly even free:

Household Size	1	2	3	4	5	6	7	8	Each Additional Person:
Yearly	\$23,828	\$32,227	\$40,626	\$49,025	\$57,424	\$65,823	\$74,222	\$82,621	\$8,399
Monthly	\$1,986	\$2,686	\$3,386	\$4,086	\$4,786	\$5,486	\$6,186	\$6,886	\$700
2x per Month	\$993	\$1343	\$1693	\$2043	\$2,393	\$2,743	\$3,093	\$3,443	\$350
Every 2 Weeks	\$917	\$1240	\$1563	\$1886	\$2,209	\$2,532	\$2,855	\$3,178	\$324
Weekly	\$459	\$620	\$782	\$943	\$1,105	\$1,266	\$1,428	\$1,589	\$162

If you have other questions or need help, please call 701-676-2511.

Sincerely,



Sara Bilden  
Superintendent

## 2021-22 LETTER TO HOUSEHOLDS

Dear Family:

Children need healthy meals to learn. Midkota School District offers healthy meals every school day. Breakfast and lunch are free this 2021-22 school year. Other programs such as Title I rely on area income eligibility. If your household income is below the numbers in the chart below, please fill out the enclosed income application and return to the school. **To be considered for any other income based programs the district may offer, please fill out the "Release of Information Form" as well.**

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Mrs. Sara Bilden, 203 Curtis Ave W, Binford, ND 58416
- WHO CAN GET FREE MEALS?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) the Food Distribution Program on Indian Reservations (FDPIR) or the Temporary Assistance Program for Needy Families (**TANF**) can get free meals regardless of your income. Also, your children can get free or reduced price meals if your household income is within the limits on the Federal Income Chart.
- CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** If you haven't been told your children will get free meals, please call the school at 701-676-2511 to see if they qualify.
- SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions.
- MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
- I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- WILL THE INFORMATION I GIVE BE CHECKED?** Yes, we may also ask you to send written proof of income.
- IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP TANF or FDPIR. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.
- WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: JOEL UTKE, 203 CURTIS AVE W, BINFORD, ND 58416 .
- MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes, you or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
- WHOM SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.
- WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.
- WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you receive an off-base housing allowance, it must be included as income.
- MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

**FEDERAL INCOME CHART**  
For School Year 2021-2022

Household Size	1	2	3	4	5	6	7	8	Each Additional Person:
Yearly	\$23,828	\$32,227	\$40,626	\$49,025	\$57,424	\$65,823	\$74,222	\$82,621	\$8,399
Monthly	\$1,986	\$2,686	\$3,386	\$4,086	\$4,786	\$5,486	\$6,186	\$6,886	\$700
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Every 2 Weeks	\$917	\$1240	\$1563	\$1886	\$2,209	\$2,532	\$2,855	\$3,178	\$324
Weekly	\$459	\$620	\$782	\$943	\$1,105	\$1,266	\$1,428	\$1,589	\$162

If you have other questions or need help, call 701-676-2511.

Sincerely,

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, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and 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:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

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

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

This institution is an equal opportunity provider.





# 2021-2022 Application for K-12 Benefits (Application is not required to receive free meals for the current school year, but is required for your child(ren) or your school district to receive other benefits that require a free or reduced price meal status)

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

Apply online: [www.schoolcafe.com](http://www.schoolcafe.com)

## 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.)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related." Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. **Read How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	School	Grade	Mark if Applicable	
					Foster?	Homeless, Migrant or Runaway

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: (mark which program) SNAP TANF, or FDPIR?

IF NO > Go to STEP 3 If YES> Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: \_\_\_\_\_

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

**A. Child Income:** Sometimes children in the household earn or receive income. Please include the TOTAL income received by children.

Child's Income: \$ \_\_\_\_\_

How often?	Wk	BiWk	2xMo	Mo.

**B. All Adult Household Members (including yourself):** List all household members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed if they receive income, report total income for each source in whole dollars (no cents) only. Check how often income is received. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Each Adult Household Member (First and Last) A household member is anyone who is living with you and shares income and expenses, even if not related.	Gross Wages from Work			Net Income from Farm or Self-Employment (after business expenses) Annual	Other Support			All other Income		
	Gross Pay (before deductions) Do not enter hourly wage	How Often?			Public Assistance/Child Support/Alimony	How Often?		Pension/Retirement/Disability/Veteran's Benefits	How Often?	
	\$	Mo.		\$		Mo.			Mo.	
	\$	2xMo		\$		2xMo			2xMo	
	\$	BiWk		\$		BiWk			BiWk	
	\$	Wk		\$		Wk			Wk	
	\$			\$						
	\$			\$						
	\$			\$						
	\$			\$						

Total Household Members \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X - XX- \_\_\_\_\_ (X if NO Social Security Number)

## STEP 4 Contact information and adult signature. Mail Completed Form to: INSERT SCHOOL NAME AND ADDRESS HERE

"I certify (promise) that all information on this application is true and correct and all household members and incomes are 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."

Signature of Adult (Form must be signed to be complete.) \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_

## Release form may be required to qualify for school district benefits.

Do Not Fill Out - For School Use Only

Annual Income Conversion: (Weekly x52; Every 2 Weeks x26; Twice a Month x24; Monthly x12) Total Income \_\_\_\_\_ Approval: Case Number \_\_\_\_\_ Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_

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



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

## OPTIONAL Children's Racial and Ethnic Identities

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

Ethnicity (Check one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Check one or more) ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White

## Program Assurances and Rights

The **Richard B. Russell National School Lunch Act** requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

**Return completed form to your child's school.**

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony / Child Support	Pensions / Retirement/ All Other Income
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (<u>Farm or Business:</u> <i>if number is negative, write in \$0</i></li> <li>- If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Worker's compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private pensions or disability benefits</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul>

**The contact information below is solely to file a complaint of discrimination.**

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, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> and at any USDA office, or write a letter addressed to USDA and 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:

\*MAIL: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
FAX: (202) 690-7442; or (833) 256-1665; or  
EMAIL: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**\*Only use this address if you are filing a complaint of discrimination.**

*This institution is an equal opportunity provider.*



## Midkota GEERS Grant Tutoring & Enrichment Program Description and Application Fall Semester 2021

Midkota Public School, like all schools during this pandemic is struggling to find ways to close the gaps in learning that only seem to get larger with quarantines and pauses in education that happen when trying to control the spread of this disease. Given the factors that we are facing and the needs that we are seeing, we feel our students would greatly benefit from individual tutoring. Targeted tutoring in an area that a student is struggling with can make huge strides towards recovering lost time and educational gains. If you would like tutoring for your student, please read about the program below and complete the application form.

This type of one-to-one tutoring can happen before or after school, or during evening hours or weekends through our virtual platforms. This one-to-one time will not only provide an opportunity to work on specific educational needs, it will help create tighter bonds during a time when relationships are more difficult to cultivate and maintain. With our staff of highly qualified teachers available and willing to provide this help, we can reach many students who would like or are in need of this type of service.

Our tutoring program will provide incentives for students to participate. Each school, the high school and the elementary will have three exciting prizes to win through the tutoring program at the end of the school year. Those rewards will be a Nintendo Switch System Bundle, an iPad, and a pair of Beats Pro Wireless Headphones. Every student in the tutoring program will be given the chance to win these prizes. The prizes will be awarded in three categories, tutoring student who made the most educational gains in the tutoring program during the Fall 2021 semester, student who put in the most hours in the Fall 2021 semester, and the third category will be a drawing with the names of all tutoring students minus the two who would have already won.

Students will be offered a choice of tutor based on availability of instructors, and we will do our best to accommodate the request based on compatibility, availability and instructional needs. Parents and guardians will coordinate with the assigned instructor on a schedule for tutoring that will meet the needs and work for both student and instructor. Students who would like to do advanced projects and enrichment programs are also welcome to participate. An instructor will be able to work with the student on designing a program to meet the student's needs or interests.

If a tutoring session will be missed, the instructor needs to be contacted at least 24 hours in advanced and given another 24 hours to reschedule. The student is required to have access to internet and a computer. If the student needs help acquiring either of these things, please contact the school. After every five hours of tutoring a report of progress will need to be completed by the student with the parent and instructor's input. Program prizes will be awarded the last day of school during December 2021.

System bundle with Mario Kart 8 & 128 G SD card



WiFi, 128 GB, Space Gray



New  
iPad



BeatsSolo3, Black, latest model

Parents may use the following link to request tutoring for their student, or use the form below.  
<https://forms.office.com/r/yQ6dTzW9Bw>

Midkota Tutoring & Enrichment Program Application for Parents/Guardian	
I give my permission for my student_____ to participate in Midkota's online tutoring program. I understand that my student will be enrolled in the tutoring program on weekday evenings or weekends as arranged with my student's tutoring instructor. I understand that this tutoring will happen before or after school or over a virtual platform such as Office Teams or Zoom. I understand that if I request a specific tutor, every effort will be made to make that possible, but it may be a different instructor who is assigned.	
Request a specific tutor: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Instructor:
My signature on this document shows that I have reviewed the tutoring program requirements and agree to abide by them.	
Parent Name (please print):	Date:
Parent Signature:	
Best phone number to call for schedule change or cancellation:	



## Student-Athlete & Parent/Legal Custodian Concussion Statement

*\*If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: \_\_\_\_\_

*This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.*

Parent/Legal Custodian Name(s): \_\_\_\_\_

- ☐ We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.  
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
Date

# G-M ATHLETICS

## GUIDELINES AND MEDICAL CARE RELEASE

(must be returned to the school office before participation)

### 2021-2022 G-M Activity Guidelines

I (student) and we (parents/guardians) have closely read the G-M Activity Guidelines for School Activities and acknowledge our acceptance and willingness to observe the guidelines and follow its rules and regulations.

We (student and parents/guardians) further acknowledge that we (student and parents/guardians) have been properly advised, cautioned, and warned by the administration and advisors/coaches of the G-M Athletics and cooperating school districts that by participating in school activities exposes oneself to the risk of serious injury including but not limited to sprains, fractures, ligament and /or cartilage damage which could result in a temporary or permanent, partial, or complete impairment in the use of any limb, brain damage, paralysis, or even death. Having been so cautioned and warned of the risk of injury, it is still my (student) desire to participate in school activities and we (parents/guardians) give our consent for our child to participate in any and all G-M Athletics/School Activities.

### Emergency Medical Care Release

We (parents/guardians) do hereby grant permission to the attending physician and/or emergency medical personnel to carry out any and all necessary medical and/or first aid procedures in the case of an emergency. We (parents/guardians) understand that every effort will be made to contact us before any procedures are carried out, if possible. However, we understand that there may be a situation in which the emergency care must be undertaken immediately by the attending physician and/or emergency medical personnel. We hereby give our consent to the above mentioned medical personnel to carry out such procedures if immediately necessary.

We (parents/guardians) further acknowledge that G-M Athletics and cooperating School Districts do not carry or provide medical insurance to participants in school activities who may be injured or become ill while participating in a G-M Athletic/School District sponsored activity. All such costs are the responsibility of the parents/guardians.

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

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

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

### Contact Information

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### Medical Information

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Does the participant have any of the following: (if yes, please explain)

physical restrictions? \_\_\_\_\_

significant medical health issues? \_\_\_\_\_

taking any medications? \_\_\_\_\_

have any allergies to drugs/food/etc? \_\_\_\_\_

surgical history? \_\_\_\_\_

Where would you want your student to be transferred to for medical care? \_\_\_\_\_

# Midkota Public School

## Activity Transportation Permission Form

Travel arrangements for all athletic events will be made by the Athletic Director/Transportation Director. In almost all cases, school vans, buses or chartered buses will be used. In special cases, LICENSED STUDENT DRIVERS may be given permission by the Athletic Director and Coach to drive personal vehicles. Those students must have a completed driving permission form on file with the school office. Students who have driving permission forms on file may drive other students to and from practice. Students who are to be the passengers must also have a completed transportation permission form on file

Transportation Permission Form (form must be signed and returned to the office)

By signing my name to this form, I grant permission for my son/daughter to drive to official athletic contests or practices as designated by the coach during the activity season, and will not hold Midkota Public School liable in case of accident or injury.

### Student Driver Permission:

Name of Student Driver: \_\_\_\_\_

I give my child permission to drive the following students: \_\_\_\_\_.

### Student Passenger Permission:

I give my child permission to ride with \_\_\_\_\_.

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

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