



# Belgrade-Brooklyn-Elrosa Public Schools

## Student Demographic Information

_____ Child's Name/ Last      First      Middle			_____ Date of Birth		_____ Birth Place (City/County/State)		M	F	
							Sex		
_____ Father/Guardian's Name			_____ D.O.B.		_____ Mother/Guardian's Name			_____ D.O.B	
(_____) _____ Home Phone			(_____) _____ Work Phone		(_____) _____ Home Phone			(_____) _____ Work Phone	
(_____) _____ Cell Phone			_____ E-mail Address		(_____) _____ Cell Phone			_____ E-mail Address	
_____ Address				_____ Address					
_____ City, ST, ZIP Code				_____ City, ST, ZIP Code					
Student lives with: Both Parents ____ Mother ____ Father ____ Other ____ Bus Driver/Animal _____									

## Alternative Emergency Contacts

\*2 contacts required \*If parent cannot be reached, these people can be contacted to pick up child from school if ill or otherwise needed.

_____ Primary Emergency Contact/Relationship			_____ Secondary Emergency Contact/Relationship		
(_____) _____ Home Phone			(_____) _____ Work Phone		(_____) _____ Work Phone
(_____) _____ Cell Phone			(_____) _____ Cell Phone		

## Medical Information

\_\_\_\_\_  
Hospital/Clinic Preference

\_\_\_\_\_  
Physician's Name

(\_\_\_\_\_) \_\_\_\_\_  
Phone

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

In case of serious accident/injury/EMERGENCY, school district procedure will be to contact the parent or guardian at home or at work. If that contact cannot be made, school district personnel will call for emergency medical assistance, 911.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**For Office Use Only**    Teacher: \_\_\_\_\_    Grade: \_\_\_\_\_

Records Request History

School \_\_\_\_\_    Contact \_\_\_\_\_    Date \_\_\_\_\_

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<b>Elementary School</b> 245 School Ave N Brooten MN, 56316 320-254-8211 elemoffice@bbejaguars.org	<b>High School</b> 710 Washburn Ave Belgrade MN, 56312 320-254-8211 hsoffice@bbejaguars.org
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**Student Medical Information Continued**

Does your child have allergies?	YES / NO	To what?
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Typical treatment when allergic reaction occurs?

Does your child have asthma? *If student needs to have inhaler/meds at school, please complete the "Physician Order for Giving Asthma Medications in School" form.	YES / NO	
Any medications taken on a regular basis? *If meds need to be taken at school, please complete the "Medication Policy Form for BBE Students."	YES / NO	If yes, what meds/reason?
Any dietary restrictions or special needs? *Any dietary restrictions or needs must be ordered by physician. Please complete the "Special Diet Statement" form.	YES / NO	Explain:
Any vision problems?	YES / NO	Glasses / Contacts
Any hearing problems?	YES / NO	
Any serious illness/injury/hospitalization during this past year?	YES / NO	Explain:

\*Any prescription medication must be sent to school nurse in the original pharmacy container along with a Medication Policy form signed by the physician and parent.

Parent Signature	Date
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**Student Registration**

Former School. \*If student attended more than one school, please list grade level and attendance dates.

_____	(____)	(____)
Address of School	Phone	Fax

Former School. \*If student attended more than one school, please list grade level and attendance dates.

_____	(____)	(____)
Address of School	Phone	Fax

Current services student was receiving (check all that apply)

Special Education (please circle) LD/EBD/Other       LEP Service  
 Case Manager \_\_\_\_\_  
 Title I       Targeted Services (After school program)  
 Speech       Other: \_\_\_\_\_



## Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate AND Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

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

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

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

## Belgrade-Broten-Elrosa Public School District Student Residency Questionnaire

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Person completing form:

- Parent or guardian       Unaccompanied youth (a youth that does not live with a parent or guardian)  
 Youth                       Other: \_\_\_\_\_

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

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

**Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.**

1. Is the student's address a temporary living arrangement?  Yes  No  
 2. Is the student's living arrangement due to loss of housing or financial hardship?  Yes  No

**If the answer to any of the above is YES, please complete the following:**

Where is the student identified above currently living? (Please check one)

- In a motel or hotel due to loss of housing or financial hardship  
 In an emergency shelter, transitional housing facility, or abandoned in a hospital  
 Sharing another family's house or apartment  
 In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building  
 In a bus or train station  
 Moving from place to place (couch surfing)  
 In a public or private place not meant to be used as a regular place for people to sleep  
 Other: \_\_\_\_\_

Last school the student attended:

School: \_\_\_\_\_ District: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Parent, Guardian or education decision maker:

Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

OR  
 Student (if an unaccompanied youth that is homeless):  
 Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

OFFICE USE ONLY			
Date Completed:	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative:	Comments:

# Belgrade-Brooten-Elrosa High School Student Health Information

(Must be filled out annually)

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

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

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

Does your child have allergies:    YES    NO    If yes, allergic to what? \_\_\_\_\_  
What is a typical reaction? \_\_\_\_\_  
Treatment: \_\_\_\_\_  
Should medication be given at school? \_\_\_\_\_

Any dietary restrictions or special needs?    YES    NO    Explain: \_\_\_\_\_  
\*\*Any dietary restriction must be ordered by a physician.

Does your child have any known medical conditions that may result in a medical emergency:    YES    NO  
If yes, please explain below.

Does your child have asthma?    YES    NO    What medications are used? \_\_\_\_\_  
**\*\* Medication Administration form needed if child requires inhaler in school\*\***

Any vision problems?    YES    NO    \_\_\_\_\_ Contacts    \_\_\_\_\_ Glasses

Any hearing problems?    YES    NO    Please explain below.

Any medications taken on a regular basis?    YES    NO    If yes, what med and for what reason? \_\_\_\_\_

**\*\* Any medications to be taken in school are required to come in the original pharmacy container. A medication policy form must also be completed. If at all possible, parents should attempt to give medications at home. \*\***

Any additional health information or history that the health office should know when providing care for your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will review my contact information and emergency contacts on Infinite Campus and update the information or contact the school to update as needed. I will ensure that I have at least 2 emergency contacts listed in Infinite Campus.

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

\_\_\_\_\_  
Date

## **\*\*Optional:**

I give permission for my secondary student to carry and use nonprescription pain relief medications (**ex: Tylenol, Ibuprofen**) in a manner consistent with the labeling. I acknowledge the school district may revoke a student's privilege to possess and use nonprescription pain relievers if the school district determines that the student is abusing the privilege.

This does not apply to any drug or product containing ephedrine or pseudoephedrine.

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

\_\_\_\_\_  
Date



# Belgrade-Broten-Elrosa Public Schools

## Request for Student Records

\_\_\_\_\_ Date: \_\_\_\_\_  
Former School Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, and Zip

\_\_\_\_\_ Fax number  
Phone number

Please send any and all information on: Psychological, Educational, Medical, Profiles of Learning, or other nature, (MARSS request enclosed) concerning:

Student \_\_\_\_\_ Grade Level \_\_\_\_\_ Birthdate \_\_\_\_\_

Please forward this information to:

Registrar  
Belgrade-Broten-Elrosa High School  
710 Washburn Ave. PO Box 339  
Belgrade, MN 56312  
FAX: 320-346-2589 Email: nbertram@bbejaguars.org

It is understood that this information will be used in a confidential and professional manner in the best interest of the student. Thank you for your attention and anticipated cooperation.

Students and/or parental signatures are no longer required when authorized school personnel request records. (Section 1232g of the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g)

## #Bold #Boundless #Engaged

**Elementary School**  
245 School Ave N  
Broten MN, 56316  
320-254-8211  
elemoffice@bbejaguars.org

**High School**  
710 Washburn Ave  
Belgrade MN, 56312  
320-254-8211  
hsoffice@bbejaguars.org

## Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

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

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

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

*[You must select “yes” or “no” to this question.]*

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

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

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

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

*Go to Question 1.*

*[Select “yes” to at least one of the Questions (1-6) below.]*

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

**Yes** *[If yes, go to Question 1a.]*

**No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

*Go to Question 2.*

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



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

Yes [Go to Question 3.]

No [Go to Question 3.]

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

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

No [If no, go to Question 4.]

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

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

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

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

No [If no, go to Question 5.]

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

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

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

Yes [Go to Question 6.]

No [Go to Question 6.]

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

Yes

No

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

**Print/Save**



## Student Digital Equity Survey

### Survey Information

*Thank you for participating in the Student Digital Equity Survey.* This survey collects information on student access to the Internet and electronic devices used for schoolwork in the student’s home. BBE Public Schools may use this information to identify students that could benefit from additional supports to make sure they can access learning opportunities outside the classroom or school building. It is important that we gather accurate information from every student so that each student and family has the equipment, help and support needed.

The information you provide in this survey will be reported to the Minnesota Department of Education (MDE). MDE may provide state- or school-level summary data—without personal, identifying information—to the Governor, legislators, agency staff and external partners who have established data sharing agreements and protocols. BBE Public Schools will not share your personal, identifying information provided in this survey with others without your consent.

#### Instructions

Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home.” **You should answer the questions below based only on the conditions at this address.** There is an opportunity at the end of the survey to say more about additional places you live and do homework.

#### ***Student Information***

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

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

Student Primary Address: \_\_\_\_\_  
\_\_\_\_\_

#### ***Digital Device Access & Internet Access***

**1. Does the student use an electronic device like a computer, tablet or smart phone to complete homework?**

**No** (skip to question 2)

**Yes** (continue to 1a)

**a. If yes, what type of electronic device does the student usually use to complete homework?**

(select ONLY one)

- Desktop or Laptop
- Tablet
- Chromebook
- Smart phone
- Other

**b. Is the electronic device (from 1a) provided by the school?**

- Yes
- No

**c. Is the electronic device shared with anyone else in the home?**

- Yes
- No

**2. Can the student access the Internet on their electronic device at home?**

- No – Internet is **not** available at home (skip to end of survey)
- No – Internet is **not** affordable at home (skip to end of survey)
- No – Other (skip to end of survey)
- Yes (continue to 2a)

**a. If yes, what kind of Internet service do you have at home?**

- Residential broadband (e.g. Cable, Fiber, DSL)
- Cellular network
- School-provided hotspot
- Satellite
- Dial-up
- Other
- I am not sure.

**b. Can the student stream a video on their electronic device without pauses?**

- Yes – with **no** pauses or buffering
- Yes – with **some** pauses or buffering
- No – streaming doesn't work

# 2023-2024 BBE Public Schools ISD #2364 1:1 Device Insurance & Technology Agreement Form

In order for your child to receive full access to district technology resources, please complete the following technology agreement form for each student in Grades K-12.

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

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

## Section 1: Agreements

Chromebook/iPad Policy & Usage Handbook - My child & I have read and understand the information contained within the handbook. We understand student technology access is a privilege and will be available through a license that will be issued yearly to students who read the policy, agree to the conditions, and sign the contract. Failure to do so will result in limited technology access.

- Yes  
 No

Technology Acceptable Use Policy - My child & I have read and understand the information contained within the District's 524 - Acceptable Use Policy. We understand that using the district's technology systems in an unacceptable way may result in permanent loss of technology access. We also understand that the district offers these systems on an "as-is, as-available" basis and is not responsible for damage.

- Yes  
 No

Electronic Information Sharing - I understand by participating in Google Apps for Education & other educational software listed at [www.bbejaguars.org/student-software-inventory](http://www.bbejaguars.org/student-software-inventory), my child will have the ability to store and collect their classroom information electronically. Yes, confirms my consent to allow certain student information, outlined within the above link, to be used, stored, and shared with the listed providers. I give permission for my child to be assigned a full BBE School District Google Apps for Education Account & other accounts as required for learning use.

- Yes  
 No

Public Photo/Video Release: The BBE Public School District may publish videos/pictures of my child in various school activities or student work on the school's web page or other social networking sites, making them publicly accessible. First and Last names may be used.

- Yes, include my child in these publications.  
 No, do not include my child.

## Section 2: Device Insurance

Device insurance is mandatory for all district devices issued to students in Grades 3-12. Failure to complete one of the options below will disallow the student from bringing their device home.

- Deductible Plan: \$40 (non-refundable, per student - \$120 family max)  
 Full Deposit: \$350 (refundable, per family, depending on use)  
 Personal Device: (limited technology support, must purchase educational apps as necessary)  
 My student is younger than 3rd grade, or I wish for my student to not bring home their device.

Please remit payment to 710 Washburn Ave Belgrade, MN 56312 or 245 School Ave N Brooten, MN 56316. If you cannot afford the insurance, please contact your building administrator before completing this form.

### Building Administrator Contacts:

Mrs. Spanier: 320-254-8211x2105 (HS Administrator)  
Mrs. Dingmann: 320-254-8211x1319 (ES Administrator)

### Technology Department Contacts:

Mr. Bertram: 320-254-8211x2220 (Tech)  
Mrs. Kaiser: 320-254-8211x2221 (Tech)

## Section 3: Parent Signature

Parent/Guardian First & Last Name: \_\_\_\_\_

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



# Student Injuries Can Happen

**Offered to Families with Students - Grades PK-12**

**Approved By Your School/School District**

## What is Student Accident Insurance?

- ◆ Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

## Why Consider Student Accident Insurance For Your Student?

- ◆ High Deductible/Copayments to your Family's Primary Health Insurance
- ◆ No Health Insurance for your Student
- ◆ Your Student participates in a interscholastic sport where an unexpected injury is more likely to occur.
- ◆ Your Student is prone to injuries

## Coverage Options Available Through Your School

- ◆ School Time Coverage - \$16.00
- ◆ Interscholastic Sports Coverage (w/School Time-\$91.00 or 24 Hour Coverage-\$174.00)
- ◆ 24-Hour/Full-Time Coverage - \$99.00
- ◆ Football Coverage - \$250.00 (Grades 9-12 for the football season)
- ◆ Extended Dental Coverage - \$9.00  
*Premium Paid Once a School Year*

## To Enroll Your Student & Review Medical Benefits

**Go to: [www.sas-mn.com](http://www.sas-mn.com)**

1. Click "Enroll" in K-12 Students & Parents
2. Select State and School/District
3. Select "Brochure" to review medical benefits, coverage options, and rates.

Parents can either print and complete the enrollment form to mail with check/money order or:

### **You Can Purchase Coverage Online:**

- *Select "Purchase Online"*
- *Complete online application (more than one student can be enrolled)*
- *Pay by Credit Card/Debit*
- *Print ID Confirmation after transaction is successful*

**Accidents Can Happen and Medical Expenses are One of the Biggest Financial Hardships for Families Every Year.**

**For Questions, Call (800) 328-2739**



**Specializing in Student Accident Insurance Since 1971.**

*The above information is just a brief description of Student Assurance Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to [www.sas-mn.com](http://www.sas-mn.com) Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company*



# Belgrade-Brooten-Elrosa Public Schools

Dear Parents/Guardians: The School District does not provide any type of health or accident insurance for injuries incurred by your child at school.

We encourage all families to have accident coverage on their children, prior to participation in any *interscholastic sports* or if a *family's current primary health insurance has a high deductible, Co-insurance Clause and / or limitation on medical benefits*. If you feel your primary health coverage is adequate, please sign the bottom of this letter and return to a school employee.

The options are:

Coverage Options	Annual Premium
<b>School Time Coverage (Not including Interscholastic Sports)</b> Provides benefits for accidents during school hours ONLY	<b>\$16.00</b>
<b>School Time Coverage Includes Interscholastic Sports</b> Provides benefits for accidents during school hours as well as participating in interscholastic sports. (Grades 7-12 Except Football Grades 9-12)	<b>\$91.00</b>
<b>Football Coverage Grades 9-12</b> Provides benefits for students 24 hours a day, 7 days a week	<b>\$250.00</b>
<b>Full Time Coverage (Not including Interscholastic Sports)</b> Provides benefits for students 24 hours a day, 7 days a week	<b>\$99.00</b>
<b>Full Time Coverage Includes Interscholastic Sports</b> Provides benefits for students 24/7 as well as when they participate in interscholastic sports (Grades 7-12 Except Grade 9-12)	<b>\$174.00</b>
<b>Extended Dental Coverage</b> Provides additional benefits for students 24 hours a day for any dental accident.	<b>\$9.00</b>

In making application for coverage, please read brochures explaining options carefully.

1. Print name, address and other information clearly on the enrollment form.
2. Make check or money order payable to **Student Assurance Services, Inc.** or complete the credit card payment form.
3. Print Student's name on the face of the check.
4. Detach and retain summary of coverage, and **return the enrollment form to the school within 14 days**. Coverage will become effective at 12:01 a.m. following the date the enrollment form and premium are received and dates by the school.
5. Questions about the plan may be directed to Student Assurance Services, Inc., at (651) 439-7098, or toll free 1-800-328-2739.

Please **sign and return** form below if you already have adequate insurance.

\*\*\*\*\*

## PARENTAL INSURANCE WAIVER

Student's Name \_\_\_\_\_ School \_\_\_\_\_

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while attending regular school session and/or participating in interscholastic sports.

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### #Bold #Boundless #Engaged

<p><b>Elementary School</b> 245 School Ave N Brooten MN, 56316 320-254-8211 elemoffice@bbejaguars.org</p>	<p><b>High School</b> 710 Washburn Ave Belgrade MN, 56312 320-254-8211 hsoffice@bbejaguars.org</p>
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# Belgrade-Brooten-Elrosa Public Schools

Dear Parent/Guardian:

Our school offers healthy meals each day. Starting school year 2023-24, we are joining Minnesota's Free School Meals Program. All students can get one breakfast and one lunch free of charge each day at school. Although no application is required to receive this free meal benefit, filling out the Application for Educational Benefits is still important! Your child(ren) may qualify for other benefits like reduced fees at school. Your application may also help the school qualify for education funds, discounts, and other meal programs.

To apply, complete the enclosed Application for Educational Benefits and return it to:

Belgrade-Brooten-Elrosa Schools  
Attn: Sarah Hagen  
P.O. Box 39  
Brooten, MN 56316

**Who should complete this application?** Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children qualify without reporting household income. Alternatively, children can qualify if their household income is within the maximum income shown for their household size on the instructions.

## COMMON QUESTIONS:

**I get WIC or Medical Assistance. Can my children qualify?** Children in households participating in WIC or Medical Assistance do not automatically qualify. Children may be eligible depending on other household financial information. Please fill out an application.

**Who should I include as household members?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

**May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens for you to complete an application.

**What if my income is not always the same?** List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes. For seasonal work, write in the total annual income.

**Will the income information or case number I give be checked?** It may be. We may also ask you to send written proof.

**How will the information be kept?** Information you provide on the form, and your child's approval, will be protected as private data. For more information, see the back page of the Application for Educational Benefits.

**If I don't qualify now, may I apply later?** Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

If you have other questions or need help, call 320-254-8211.

Sincerely,

Superintendent Patrick Walsh

**#Bold #Boundless #Engaged**

**Elementary School**  
245 School Ave N  
Brooten MN, 56316  
320-254-8211  
elemoffice@bbejaguars.org

**High School**  
710 Washburn Ave  
Belgrade MN, 56312  
320-254-8211  
hsoffice@bbejaguars.org

## How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2023-24 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions**, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2023 through June 30, 2024.

### Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Add for each additional person	9,509	793	397	366	183

### Step 1: Children

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

### Step 2: Case Number

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

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

- **Social Security Number/Total Household Members.** An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- **Child Income.** If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- **Adult income.** Report the names of adult household members and income earned in this section.
  - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
  - **Gross Earnings from Work.** This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.
  - List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. For seasonal work, write in the total annual income.
  - **Are you Self-Employed or a Farmer?** List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
  - **Any Other Gross Income.** List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

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

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



## 2023-24 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) BBE District Office, PO Box 39, Broton, MN 56316**

**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." 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 <b>before deductions or taxes</b> 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 given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

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

Printed name of adult signing form \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address (if available) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**SIGN HERE: Signature of Household Adult** \_\_\_\_\_ Date \_\_\_\_\_

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

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

### Sources of Income for Adults

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

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- fax:** (833) 256-1665 or (202) 690-7442; or
- email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

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