



Dear Parents, Students and Families,

Welcome new and returning Hmong College Prep Academy students to the 2020-2021 school year!

2019-2020 was another great year at HCPA!

- **Financial Aid:** The class of 2020 was awarded **over \$1.5 million dollars** in scholarship and grants, over four years, from the schools to which they were accepted.
- **Graduation rate:** 100% of the class of 2020 earned their diploma (our highest rate of all time!) and 75% confirmed their college enrollment by making a deposit and/or registering for classes.
- **Being an HCPA student for four years:** There is no doubt about it...the longer a student is at HCPA, the higher chance to graduate on time. In 2019-2020, the graduation rate for students who had been with us since ninth grade was 100%.
- **Top 10 Students:** 100% attended HCPA since 9th grade and 50% attended since 6th grade

Distance Learning

- Due to input from our families, staff members and in strong consideration of the Governor's guidelines, HCPA implement distance learning this fall. We will continue to assess the data and keep all stakeholders informed regarding plans for the spring of 2021.
- Parent survey results
 - Due to concern for the health and safety of their families, 75% of HCPA's parents indicated they would not allow their students to attend on-site classes this fall.
- Distance Learning enhancements for Fall 2020
 - More synchronous lessons to increase student engagement and rigor
 - Improved access to technology
 - Increased family support including meal pick up twice per week
- Even during distance learning, we will continue to provide our students the best academics and college readiness programming.

Exciting News - Phase V Expansion

- This fall, we will begin a major campus expansion. The approximate \$25 million project will feature a 72,000 plus square-foot middle school addition with 48 new classrooms and gymnasium as well as a state-of-the-art robotics lab. A skyway will also be constructed that connects the new school to the main campus.
- Renovations will also be made to the current facility including a new student common area, updated office space and an expanded lunchroom.

Important initiatives for the 2020-2021 school year include:

- Providing our students with state-of-the-art technology with iPad access for all K-2 students and Google Chromebook access for all 3-12 grade students.
- Implementing research-based literacy practices that will get our students reading at grade level by third grade
- Providing a mentorship program for new staff
- Implementing Minnesota's new science standards

All that a school should be.



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- Building a strong multi-tiered system of support that ensures all HCPA students' needs are met
 - Utilizing ACT Aspire tests in grades 3-9 to ensure all our students are college and career ready
 - Continued expansion of our high school AP and CIS course offerings

In closing, please know I am honored, humbled and excited to serve as the Superintendent of Hmong College Prep Academy. I look forward to meeting and working with all students and parents to fulfill the promise and potential of our school district.

Sincerely,

Superintendent

August 2020**Hello Students, Parents, Guardians, and Community Members,**

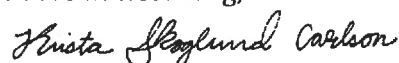
I hope this message finds you and your family healthy and well. This summer has been different than any other in the history of Hmong College Prep Academy. Though the summer months have always been spent in preparation for the school year to come, this summer has been full of planning for an uncertain fall. Per the governor's June mandate, our K-12 team has been busily discussing and brainstorming around three possible academic and operational scenarios: 1.) a full school reopening with staff and students, 2.) a hybrid of in-person and at-school learning for staff and students, and 3.) a continuation of distance learning from the spring. We have also been working diligently to survey your thoughts and perspectives around what is best for your students and family. Following the governor's announcement of a COVID-19 case rate-based reopening plan at the end of July, HCPA made the decision to begin our 2020-2021 school year with distance learning. It was a decision that was made with careful deliberation and to best ensure the safety of our students, staff, and community.

For many families, especially those of our elementary learners, we know that the spring distance learning period was challenging. Students and parents faced the difficult task of quickly adapting to a new learning environment while juggling work and family obligations. Many students greatly missed connecting with their friends and teachers. However, there were also successes. In elementary, we saw students learning new things, trying out new technology, and becoming more independent in their work. With your feedback in mind, we are happy to announce several changes to our distance learning structures to further support you and your student. A few of these changes include:

- **iPads for all students in Kindergarten through 2nd grade.** Students in 3rd through 12th grade will continue to be issued Chromebooks. HCPA will now have devices for every student enrolled.
- **Seesaw as a new learning management system in Kindergarten through 2nd grade.** This platform is used by many other schools with young students. It is very kid-friendly and allows students to more easily engage in and show their learning.
- **More opportunities to connect with classmates and learn from teachers** through a structured 8:00-2:00 daily schedule, similar to what students might encounter inside the building. This schedule will include daily video-conferences and lessons with teachers and peers.
- **More support for parents and families to learn the technology and tools their students will be using in distance learning** via online videos and tutorials.

To begin the school year, HCPA will be hosting a back-to-school, drive-up orientation in August to share expectations for the school year and to pick up distance learning resources. **To maintain health and safety guidelines and to best support your family, orientation times have been staggered. Please be on the lookout for a letter with your specific family orientation time in the coming weeks.** While we cannot wait to be back together in-person with our students and staff, we are confident that even in distance learning, we can work together towards our mission of providing the best integrated, challenging, and well-rounded educational experience to students in grades K-12. We look forward to your continued collaboration and feedback as we start our 2020-2021 school year.

Yours in Learning,



Krista Skoglund Carlson
K-5 Director of Teaching and Learning

All that a school should be.

August 2020

Dear students, parents, and members of our Warrior Community,

I hope this letter finds you healthy and safe. The past several months have been challenging for our community. However, the start of the school year is a perfect time to reflect on the past and plan even better for the future. As you know, HCPA will be implementing a Distance Learning Model for the 2020/2021 School Year. While we know there are pros and cons to distance learning, your safety is our #1 priority, and with that in mind we intend to deliver high quality and engaging instruction through Distance Learning.

Your feedback through surveys and other communications have been valuable to us as we plan for the 2020/2021 school year. You said you would like more guidance on how to support your child through distance learning. **Please stay tuned for upcoming sessions that will help you, the family, support your child(ren) and navigate distance learning.**

Other feedback has been about creating more synchronous learning opportunities that follow a daily routine and schedule. Each class will have both synchronous and asynchronous components. You also asked that Schoology be more streamlined for easier navigation. **Students will get information about the daily schedule and Schoology organization.**

We have moved from a 4 period block schedule to a 6 period schedule. **The 6 period schedule will offer more elective opportunities for students, and also more intensified reading and math classes for students who need them.** Language and Math Essentials will be offered to students who need additional support in reading and math, and that extra support will be critical during the distance learning model.

I will be working with teachers to focus, first and foremost, on building connections and relationships with students. **Your child's well-being - physical, emotional, and mental - is our priority and we know that relationships are essential to creating engaging learning opportunities.** In addition, our Counseling Department will continue to provide support to any student who would like to process through current events.

Finally, your support of your child's education has never been more important. **Some ways to help your child during distance learning include:**

- Time each day dedicated to learning
- Attend our family sessions
- Be in communication with teachers about what is going well or not well

Please join us for these important dates this fall:

- Student Orientation for **NEW students** – Thursday, August 27
- Student Orientation for **all MS & HS students** - Monday, August 31
- Student Orientation for **Special Education students** - Wednesday, September 2
- **First Day of School** – September 8

Student orientation will be on campus. At that time, you will pick up Chromebooks, pay fees, etc.

Finally, I want you to know that I am here for you. Please reach out with any questions or concerns that you have. My team and I are here to support you.

Thank you for your partnership.

Respectfully,

Danijela Duvnjak
Director of Teaching and Learning
1515 Brewster St, St Paul MN 55108
(w) 651/332-8586 (c) 651/274-3228

All that a school should be.

HMONG COLLEGE PREP ACADEMY | 2020-2021 CALENDAR

Student Days: 172 (S1=87; S2=85) +Indicates early release.

August 2020							* 17-18 New Teachers/Staff Workshops (2 days)	* 1 S2 Begins	February 2021						
Su	M	T	W	Th	F	Sa	* 19-26 All Teachers/Staff Workshops (6 days)	* 15 No School: President's Day	Su	M	T	W	Th	F	Sa
						1				1	2	3	4	5	6
2	3	4	5	6	7	8	* 21 Student Orientation 3-6pm		7	8	9	10	11	12	13
9	10	11	12	13	14	15	* 27-31 Open for teachers/staff meetings and classroom setup		14	15	16	17	18	19	20
16	17	18	19	20	21	22			21	22	23	24	25	26	27
23	24	25	26	27	28	29	* 27-31 MN State Fair		28						
30	31														

September 2020							* 1-7 MN State Fair	* 11 Evening Parent/Teacher Conferences 5-8pm	March 2021						
Su	M	T	W	Th	F	Sa	* 1-4 Open for teachers/staff meetings and classroom setup	* 12 No School: Parent/Teacher Conferences 10-4pm	Su	M	T	W	Th	F	Sa
		1	2	3	4	5		* 26 +Early Release at 11am/ Teachers/Staff Workshops		1	2	3	4	5	6
6	7	8	9	10	11	12	* 7 No School: Labor Day		7	8	9	10	11	12	13
13	14	15	16	17	18	19	* 8 First day of school for K-12/ S1 Begins		14	15	16	17	18	19	20
20	21	22	23	24	25	26			21	22	23	24	25	26+	27
27	28	29	30						28	29	30	31			

October 2020							* 13 Evening Parent/Teacher Conferences 5-8pm	* 5-9 No School: Spring Break	April 2021						
Su	M	T	W	Th	F	Sa	* 14 No School: Parent/Teacher Conferences 10-4pm	* 12 Classes Resume	Su	M	T	W	Th	F	Sa
				1	2	3	* 15 No School: Regular work Day- Teachers/Staff Workshops						1	2	3
4	5	6	7	8	9	10	* 16 No School for Students and Staff		4	5	6	7	8	9	10
11	12	13	14	15	16	17			11	12	13	14	15	16	17
18	19	20	21	22	23	24			18	19	20	21	22	23	24
25	26	27	28	29	30	31			25	26	27	28	29	30	

November 2020							* 13 Mid-semester 1	* 7 No School: Teachers/Staff Workshops	May 2021						
Su	M	T	W	Th	F	Sa	* 25 HCPA World Culture Day +Early Release at 1pm	* 31 No School: Memorial Day	Su	M	T	W	Th	F	Sa
1	2	3	4	5	6	7	* 26-27 No School: Thanksgiving Break								
8	9	10	11	12	13	14			2	3	4	5	6	7	8
15	16	17	18	19	20	21			9	10	11	12	13	14	15
22	23	24	25+	26	27	28			16	17	18	19	20	21	22
29	30								23	24	25	26	27	28	29
									30	31					

December 2020							* 21-31 No School: Winter Break	* 10 Last day of school/ +Early Release at 11am	June 2021						
Su	M	T	W	Th	F	Sa		* 11 Semester 2 Ends/ Grading Senior Commencement 6pm	Su	M	T	W	Th	F	Sa
		1	2	3	4	5		* 14 Summer School Begins (tentative)			1	2	3	4	5
6	7	8	9	10	11	12			6	7	8	9	10+	11	12
13	14	15	16	17	18	19			13	14	15	16	17	18	19
20	21	22	23	24	25	26			20	21	22	23	24	25	26
27	28	29	30	31					27	28	29	30			

January 2021							* 1 No School: Winter Break	* 5 July 4th observed	July 2021						
Su	M	T	W	Th	F	Sa	* 4 Classes Resume	* 8 Summer School Ends (18 days)	Su	M	T	W	Th	F	Sa
					1	2	* 18 No School: MLK						1	2	3
3	4	5	6	7	8	9	* 29 No School: Semester 1 Ends/ Teachers/Staff Workshops/ Grading		4	5	6	7	8	9	10
10	11	12	13	14	15	16			11	12	13	14	15	16	17
17	18	19	20	21	22	23			18	19	20	21	22	23	24
24	25	26	27	28	29	30			25	26	27	28	29	30	31
31															

Distance Learning Support Contact

K-12 Support

Mr. Pao Yang

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Cell Phone: 612-290-2793

Directors of Teaching and Learning

Krista Skoglund – K-5 Director

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Danijela Duvnjak – 6-12 Director

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Jenee Nordstrom – Assistant

Director of Teaching & Learning 6-12

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Mariah Mercil – 3-5 Instructional

Coach

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Cell Phone: 651-358-5985

Dean of Students

Cindy Jones – High School

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Cell Phone: 651-336-2630

Ali Fenstermacher – Middle School

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Cell Phone: 651-703-8332

Xao Xiong – Elementary School

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Cell Phone: 612-807-8125

Seesaw & Ipad Support

Hmong Her

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Schoology Support

Email: schoology@hcpak12.org

Cell Phone: 651-274-3228 (Jenee Nordstrom) or 952-426-8984 (Shawn Kulavik)

Technology Support

Email: Shawn Kulavik

ITsupport@hcpak12.org

Attendance

Email: attendance@hcpak12.org

Phone: 651-332-8567

Counseling Support

Cecelia Lee – Director of Counseling

Email: cecelia.lee@hcpak12.org

Main Office/Child Care

Mary Vang – Main Office Manager

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Cell Phone: 651-334-5529

HCPA Food Service

Aemillianna (Chao) Thao – Assistant

Director of Operations

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Business Department

Chong Her

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Cell Phone: 651-358-5658

Human Resources

Wendy Morina

Email: wendy.morina@hcpak12.org

Registration/Enrollment

Mai Qer Yang/Gao Sheng Lo

Email: enrollment@hcpak12.org

Cell Phone: 651-334-5842



**HMONG COLLEGE
PREP ACADEMY**



KINDERGARTEN			
2 - Packs of PRIMARY pencils ("Fat" pencils) 2 - Packs 24 Crayola color crayons 1 - Pack 12 colored pencils 1 - Pack 8-count washable markers 1 - Pack of Expo dry-erase markers 1 - Pack watercolor paints 1 - Scissors (<i>round-tip "kid" scissors</i>) 12 - Glue sticks 1 - Bottle Elmer's Liquid Glue 2 - Folders (<i>2 pockets, solid color</i>) 2 - Wide ruled composition book 3 - Large boxes of Kleenex (<i>facial tissues</i>) 2 - Containers Clorox (<i>disinfecting</i>) wipes 2 - Hand sanitizers 1 - Box sandwich size Ziploc bags 1 - Box gallon size Ziploc bags <u>LABEL with Child's Name</u> 1 - Set of extra clothes (<i>to be left at school, does not have to be school uniform</i>)	2 - Packs of pencils (<i>24 total</i>) 3 - Large pink erasers 1 - Pack 24 Crayola color crayons 1 - Pack washable markers 1 - Pack of Expo dry-erase markers 1 - Pack watercolor paints 1 - Scissors 8 - Glue sticks 1 - Bottle Elmer's Liquid Glue 1 - Folders (<i>2 pockets</i>) 2 - Wide ruled composition book 1 - Wide ruled notebook 3 - Large boxes of Kleenex (<i>facial tissues</i>) 1 - Container Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box of snack or sandwich size Ziploc bags <i>Optional for Grade 1</i> 1 - Box Band-Aids	3 - Packs of #2 Pencils (<i>36 total</i>) 2 - Large pink erasers 1 - Pack 24 Crayola color crayons 1 - Pack 12 colored pencils 1 - Pack 8-count washable markers 1 - Pack 2 black felt-tip pens (<i>Paper Mate Flair Felt Tip Pens</i>) 1 - Pack Expo dry-erase markers (<i>4 count</i>) 1 - Scissors (<i>round tip</i>) 8 - Glue sticks 3 - 2 Pocket folders (<i>1 red, 1 blue, 1 yellow</i>) 1 - "Fun" folder (<i>can be any design or color</i>) 1 - Wide ruled notebook 1 - Wide ruled composition book 3 - Pack of Post-it Notes (<i>3 inches square</i>) 4 - Large boxes of Kleenex (<i>facial tissues</i>) 2 - Containers Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box Ziploc bags (<i>snack size, quart size, or gallon size</i>) 1 - Roll paper towels 1 - Hard pencil box or case (<i>no zippered bag</i>)	GRADE 2 1 - Pencil box OR zipper pencil case 4 - Packs of pencils (<i>48 total</i>) 1 - Large pink eraser 1 - Pack 24 Crayola color crayons 1 - Pack 12 colored pencils 1 - Pack Expo dry-erase markers 1 - Scissors 6 - Glue sticks 5 - 2 Pocket folders (<i>1 red, 1 blue, 1 yellow, 2 choice colors</i>) 5 - Wide ruled notebooks (<i>solid colors only</i>) 1 - Wide ruled composition book 1 - Pack wide ruled loose leaf lined paper 4 - Large boxes of Kleenex (<i>facial tissues</i>) 2 - Containers Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box sandwich size Ziploc bags 1 - Box gallon size Ziploc bags
GRADE 3			
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GRADE 4			
1 - Pencil box 4 - Packs of pencils (<i>48 total</i>) 3 - Large pink erasers 1 - Pack 24 Crayola color crayons 1 - Pack 24 colored pencils 1 - Pack washable markers 1 - Pack of Expo dry-erase markers 2 - Highlighter markers 1 - Scissors 8 - Glue sticks 1 - Bottle Elmer's Liquid Glue 4 - Folders (<i>2 pockets, solid colors</i>) 6 - Wide ruled notebooks (<i>solid colors only</i>) 3 - College ruled composition notebooks (<i>2 black, 1 green</i>) 2 - Packs of wide ruled loose leaf lined paper 5 - Boxes of Kleenex (<i>facial tissues</i>) 1 - Container Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box Ziploc bags (<i>any size</i>)	2 - Packs of pencils (<i>24 total</i>) 3 - Large pink erasers 1 - Pack 24 Crayola color crayons 1 - Pack washable markers 1 - Pack of Expo dry-erase markers 1 - Pack watercolor paints 1 - Scissors 8 - Glue sticks 1 - Bottle Elmer's Liquid Glue 1 - Folders (<i>2 pockets</i>) 2 - Wide ruled composition notebooks (<i>2 black, 1 green</i>) 2 - Packs of wide ruled loose leaf lined paper 3 - Boxes of Kleenex (<i>facial tissues</i>) 1 - Container Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box Ziploc bags (<i>any size</i>) 1 - Roll paper towels	3 - Packs of #2 Pencils (<i>36 total</i>) 2 - Large pink erasers 1 - Pack 24 Crayola color crayons 1 - Pack 12 colored pencils 1 - Pack 8-count washable markers 1 - Pack 2 black felt-tip pens (<i>Paper Mate Flair Felt Tip Pens</i>) 1 - Pack Expo dry-erase markers (<i>4 count</i>) 1 - Scissors (<i>round tip</i>) 8 - Glue sticks 3 - 2 Pocket folders (<i>1 red, 1 blue, 1 yellow</i>) 1 - "Fun" folder (<i>can be any design or color</i>) 1 - Wide ruled notebook 1 - Wide ruled composition book 3 - Pack of Post-it Notes (<i>3 inches square</i>) 4 - Large boxes of Kleenex (<i>facial tissues</i>) 2 - Containers Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box Ziploc bags (<i>snack size, quart size, or gallon size</i>) 1 - Roll paper towels 1 - Hard pencil box or case (<i>no zippered bag</i>)	1 - Pencil box or zippered bag 4 - Packs of pencils (<i>48 total</i>) 1 - Large pink eraser 1 - Pack of colored pencils 1 - Pack Crayola markers (<i>thick lined</i>) 2 - Packs of Expo dry-erase markers 2 - Black Sharpie Permanent Markers 2 - Highlighter markers 1 - Scissors 6 - Glue sticks 1 - Bottle Elmer's Liquid Glue 6 - Folders (<i>2 pockets - variety of colors</i>) 7 - Wide ruled spiral notebooks (<i>variety of colors</i>) 2 - College ruled composition notebooks 3 - Packs of wide ruled loose leaf lined paper 1 - Pack of 3x5 index cards 3 - Boxes of Kleenex (<i>facial tissues</i>) 1 - Container Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box Ziploc bags (<i>any size</i>) 1 - Roll paper towels
GRADE 5			
1 - Pencil box or zippered bag 4 - Packs of pencils (<i>48 total</i>) 1 - Large pink eraser 1 - Pack of colored pencils 1 - Pack Crayola markers (<i>thick lined</i>) 2 - Packs of Expo dry-erase markers 2 - Black Sharpie Permanent Markers 2 - Highlighter markers 1 - Scissors 6 - Glue sticks 1 - Bottle Elmer's Liquid Glue 6 - Folders (<i>2 pockets - variety of colors</i>) 7 - Wide ruled spiral notebooks (<i>variety of colors</i>) 2 - College ruled composition notebooks 3 - Packs of wide ruled loose leaf lined paper 1 - Pack of 3x5 index cards 3 - Boxes of Kleenex (<i>facial tissues</i>) 1 - Container Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box Ziploc bags (<i>any size</i>) 1 - Roll paper towels	3 - Packs of #2 Pencils (<i>36 total</i>) 2 - Large pink erasers 1 - Pack 24 Crayola color crayons 1 - Pack 12 colored pencils 1 - Pack 8-count washable markers 1 - Pack 2 black felt-tip pens (<i>Paper Mate Flair Felt Tip Pens</i>) 1 - Pack Expo dry-erase markers (<i>4 count</i>) 1 - Scissors (<i>round tip</i>) 8 - Glue sticks 3 - 2 Pocket folders (<i>1 red, 1 blue, 1 yellow</i>) 1 - "Fun" folder (<i>can be any design or color</i>) 1 - Wide ruled notebook 1 - Wide ruled composition book 3 - Pack of Post-it Notes (<i>3 inches square</i>) 4 - Large boxes of Kleenex (<i>facial tissues</i>) 2 - Containers Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box Ziploc bags (<i>snack size, quart size, or gallon size</i>) 1 - Roll paper towels 1 - Hard pencil box or case (<i>no zippered bag</i>)	3 - Packs of #2 Pencils (<i>36 total</i>) 2 - Large pink erasers 1 - Pack 24 Crayola color crayons 1 - Pack 12 colored pencils 1 - Pack 8-count washable markers 1 - Pack 2 black felt-tip pens (<i>Paper Mate Flair Felt Tip Pens</i>) 1 - Pack Expo dry-erase markers (<i>4 count</i>) 1 - Scissors (<i>round tip</i>) 8 - Glue sticks 3 - 2 Pocket folders (<i>1 red, 1 blue, 1 yellow</i>) 1 - "Fun" folder (<i>can be any design or color</i>) 1 - Wide ruled notebook 1 - Wide ruled composition book 3 - Pack of Post-it Notes (<i>3 inches square</i>) 4 - Large boxes of Kleenex (<i>facial tissues</i>) 2 - Containers Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box Ziploc bags (<i>snack size, quart size, or gallon size</i>) 1 - Roll paper towels 1 - Hard pencil box or case (<i>no zippered bag</i>)	HCPA recommends for all students to purchase their school supplies by the first day of school (September 8th). <u>These supplies will be used by students during Distance Learning.</u> If HCPA resumes on-site classes, supplies can be brought with students to school. Elementary students may also benefit from a set of headphones or earbuds at home to support with listening to instruction on their device.

All that a school should be.

Hmong College Prep Academy would like to extend a warm welcome from our family to yours!

We are excited to welcome back all students who will be joining us this year. Our teachers have been working hard to get their classrooms ready for the first day of school. Please find below a list of recommended school supplies. If you should have any questions, please do not hesitate to call us at 651-209-8002.

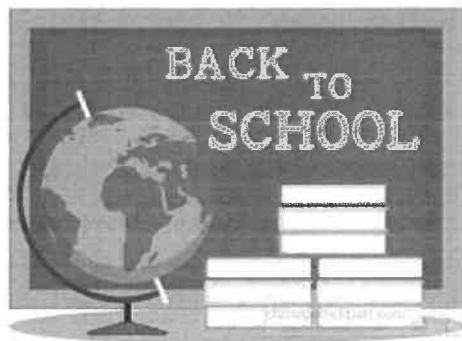
✓	QUANTITY	ITEM
	1	Black backpack (<i>hnab ev ntawv/xim-dub</i>)
	12	#2 Pencils (<i>xaum qhuav</i>)
	10	Black pens (<i>xaum npiv dub</i>)
	10	Blue pens (<i>xaum npiv xiav</i>)
	10	Red pens (<i>xaum npiv liab</i>)
	2	Erasers (<i>lub lwv ntawv</i>)
	2	Highlighters
	6	Pocket folders
	6	College-ruled single subject notebooks (<i>phau ntawv sau</i>)
	4	Packs of college-rule paper for writing compositions (<i>ntawv sau</i>)
	3	1" 3 ring binder <u>or</u> 1 3" binder
	7	Sets of divider tabs
	1	Scientific calculator (Texas Instrument - TI-30X-II model) (<i>lub laij lej</i>)
	1	TI-83 or TI-84 graphing calculator (for students taking Pre-Calculus or Calculus 1 only) (<i>lub laij lej</i>)
	1	12" ruler (<i>pas ntswas los sis maib npas thav</i>)
	1	Protractor (Geometry and Foundation classes only)
	2	Graph paper notebooks
	1	Package 3 inches x 3 inches post-it note pads
	1	Package of index cards 3 x 5
	3	Boxes of Kleenex (<i>ntawv so ntsws</i>)
	1	USB memory stick (64 MB - 128 MB)

Please note:

• No personal pencil sharpeners	• All pencils should be #2
• No permanent markers	• Two-pocket folders only
• No novelty items – Hello Kitty, Disney, Transformers, etc.	

If you cannot find what is on the list, you may substitute a similar item.

Free Back to School Supplies!



The 2020-2021 school year is coming up fast and it is time to start getting school supplies for children. There are many resources available to families in need of school supplies!

Here is a list of some of the resources out in the Greater Twin Cities area. Restrictions may apply, according to the city/township that families live in.

August 22nd, 2020: Back to School Celebration

Organization: Merrick Community Services

Location: 1669 Arcade Street N., Suite 4, Saint Paul, MN 55106

Time: By appointment

Requirement: You must register online at [MERRICKCS.ORG/BACK-TO-SCHOOL-BACKPACK-REGISTRATION-2020/](https://merrickcs.org/back-to-school-backpack-registration-2020/)

Contact: 651-771-9339

August 26th, 2020: Annual Back to School Event

Organization: Family Values for Life

Location: First Covenant Church

1280 Arcade Street, Saint Paul, MN 55106

Time: 12:00pm - 8:00pm

Requirement: Pre-Registration is required. Register online at <https://www.eventbrite.com/e/10th-annual-back-to-school-event-registration-tickets-113664840598?aff=ebdssbdestsearch>

Contact: 651-774-6663

Month of August: Salvation Army Back-to-School Donations and Distributions

Location: Your Local Salvation Army

Time & Date: Please visit and/or ask your local Salvation Army to determine their date for distribution

Requirement: Call your local Salvation Army to preregister. Most location require a photo ID, a piece of mail that verifies you address, and some form of identification for each child (medical card, school ID, etc.)

You can also check with your local faith organizations to see if they will be hosting a Back to School Supplies event!

DID YOU KNOW?

When buying school supplies for your child(ren), **REMEMBER TO HOLD ON TO THOSE RECEIPTS!!!!

*** You can claim the credit on your MN Income Taxes the next time you file!

All that a school should be.



1515 Brewster Street, Saint Paul, MN 55108
Office: (651) 209-8002 • Fax: (651) 289-1802
www.hcpak12.org

August 10, 2020

Dear HCPA Families,

For the health and safety of our students and staff, our school district has made the decision to offer Distance Learning (DL) for all students in grades K-12 for this coming school year 2020-2021. What does that mean for the food program at HCPA? Although students are learning from home, breakfast and lunch will be offered to students via meal distribution. These steps must be completed before you can participate in the food meal distribution this coming school year.

Step 1 (complete before 8/31/2020):

Go to schoolcafe.com/hcpa to sign-up for an account and complete the online Application for Educational Benefit form or complete the attached application and return to the school office. School will certify your student's application into category as: FREE, REDUCED, or FULL PAID based on household income. Once the school certifies your application, you will receive notification via email or mail.

If your student is certified for FREE or REDUCED, you will receive meals at no charge. If your student is certified as FULL PAID, you will have to pay for your student's meals if you wish to participate in meal pick-up.

Step 2 (submit payment before 8/31/2020):

FULL PAID students who wish to pick-up school meals, must make payment via SchoolCafe.com/hcpa before meal pick-up. You may also drop off or mail in your student's payment to the school. Make sure to put your student's name, grade, and ID number if you know.

Meal cost for FULL PAID student is **\$2.00 for breakfast** and **\$3.00 for lunch**.

Food Distribution for school year 2020-2021

Parents and students can pick-up school meals every Monday and Wednesday anytime from 9:00AM – 2:00PM. To participate in school meals distribution for school year 2020-21, please follow the steps below.

Step 1:

If you want to participate in the school meal distribution every Monday and Wednesday, you must call the school main office to request for meals. Be sure to provide your student's name, grade, ID and parent's information. You only need to call one time to request meal for continual pick-up. If you wish to stop meal pick-up, you **MUST** call the main office to remove your name from the list. If you don't call, the school will assume you will pick-up every week.

Please note: For FULL PAID students, if you do not call to cancel meals, you will be charged whether you pick up meals or not until we get notification from you to stop preparing meals.

Step 2:

Arrive at the school between the hours of 9AM – 2PM for meal pick-up every Monday and Wednesday. Park outside of DOOR B and remain in your vehicle and staff will bring out your meals.

If you should have further questions or need help with your online application, please contact the Food Services department at 651-209-8002 or you may also email aemillianna.thao@hcpak12.org.

Sincerely,

Aemillianna Thao
Assistant Director of Operations

All that a school should be.

1. Name of the person		2. Date of birth		3. Place of birth		4. Nationality		5. Sex		6. Marital status		7. Date of marriage		8. Date of divorce		9. Date of death		10. Date of burial		11. Date of cremation		12. Date of interment		13. Date of exhumation		14. Date of reinterment		15. Date of removal		16. Date of return		17. Date of repatriation		18. Date of repatriation		19. Date of repatriation		20. Date of repatriation		21. Date of repatriation		22. Date of repatriation		23. Date of repatriation		24. Date of repatriation		25. Date of repatriation		26. Date of repatriation		27. Date of repatriation		28. Date of repatriation		29. Date of repatriation		30. Date of repatriation		31. Date of repatriation		32. Date of repatriation		33. Date of repatriation		34. Date of repatriation		35. Date of repatriation		36. Date of repatriation		37. Date of repatriation		38. Date of repatriation		39. Date of repatriation		40. Date of repatriation		41. Date of repatriation		42. Date of repatriation		43. Date of repatriation		44. Date of repatriation		45. Date of repatriation		46. Date of repatriation		47. Date of repatriation		48. Date of repatriation		49. Date of repatriation		50. Date of repatriation		51. Date of repatriation		52. Date of repatriation		53. Date of repatriation		54. Date of repatriation		55. Date of repatriation		56. Date of repatriation		57. Date of repatriation		58. Date of repatriation		59. Date of repatriation		60. Date of repatriation		61. Date of repatriation		62. Date of repatriation		63. Date of repatriation		64. Date of repatriation		65. Date of repatriation		66. Date of repatriation		67. Date of repatriation		68. Date of repatriation		69. Date of repatriation		70. Date of repatriation		71. Date of repatriation		72. Date of repatriation		73. Date of repatriation		74. Date of repatriation		75. Date of repatriation		76. Date of repatriation		77. Date of repatriation		78. Date of repatriation		79. Date of repatriation		80. Date of repatriation		81. Date of repatriation		82. Date of repatriation		83. Date of repatriation		84. Date of repatriation		85. Date of repatriation		86. Date of repatriation		87. Date of repatriation		88. Date of repatriation		89. Date of repatriation		90. Date of repatriation		91. Date of repatriation		92. Date of repatriation		93. Date of repatriation		94. Date of repatriation		95. Date of repatriation		96. Date of repatriation		97. Date of repatriation		98. Date of repatriation		99. Date of repatriation		100. Date of repatriation	
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2020-2021 Hmong College Prep Academy
Application for Educational Benefits/Free and Reduced Price Meals
 Complete one application per household. Please use a pen (not a pencil).

Apply online at
<https://schoolcafe.com/HCPA>

STEP 1 — All HCPA students in the Household (Extra Fields)

Student ID (optional)	Last Name	First Name	MI	Date of Birth (optional)	Grade (Optional)	Foster	Homeless	Migrant	Runaway	Head Start
				MMDDYY						
				MMDDYY						
				MMDDYY						
				MMDDYY						
				MMDDYY						
				MMDDYY						
				MMDDYY						
				MMDDYY						
				MMDDYY						
				MMDDYY						

STEP 3 — All Household Member Income (Extra Fields) (Skip this step if you answered 'Yes' in STEP 2)

Please read **How To Apply for Free and Reduced Price School Meals** for more information. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.

Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly

Household Member Name (First and Last)	Earnings from Work	How Often?				Public Assistance / Child Support / Alimony	How Often?				Pensions / Retirement / All Other Income	How Often?			
		W	E	T	M		W	E	T	M		W	E	T	M

Privacy Act Statement: This explains how we will use the information you give us.

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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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: 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

This institution is an equal opportunity provider.

APPLICATION FOR EDUCATIONAL BENEFITS/FREE OR REDUCED PRICE MEALS - 2020-2021 SCHOOL YEAR

If you have any questions, please call Food Services at 651-209-8002. This application is also available online at <https://schoolcafe.com/HCPA>

We cannot accept faxed or emailed copies. Completed originals can be mailed using the business reply envelope (if provided), given to the main office, or mailed to HCPA Food Services, 1515 Brewster St., St. Paul, MN 55108. A new application must be completed each school year.

Incomplete, difficult to read or incorrect applications will delay meal benefits. Until your application is processed, you will need to provide a lunch for your child(ren) or give them money to purchase school meals. Visit <https://schoolcafe.com/HCPA> to pay online.

Please allow 10 working days for eligibility determination. We will send you a letter with the results (free, reduced, or denied). If you have any questions, please call Food Services at 651-209-8002.

If you've received a letter from us that ALL of your children have already qualified for free meals, you do not need to fill out an application. If any children are not listed on the letter, please call Food Services at 651-209-8002.

APPLY FOR BENEFITS: You may apply for benefits at any time during the school year. If you are not eligible now but your income goes down, you lose your job, your family size becomes larger, or you become eligible for SNAP, MFIP or FDPIR benefits, you may complete an application at that time. If you have already completed an application and your income changes, call Food Services at 651-209-8002.

FAIR HEARING: You may talk to school officials if you do not agree with the decision on your application or the results of verification. You may also ask for a fair hearing. You may do this by calling or writing: Aemillianna Thao, Assistant Director of Operations, 1515 Brewster St., Saint Paul, MN 55108, 651-209-8002.

VERIFICATION: If you submit an application and it is approved, the application may be verified by the district and/or the MN Department of Education at any time during the school year. School officials may require documentation that your child(ren) are eligible for free or reduced-price meals. Your child's eligibility status for free or reduced-price meals may be verified with any data available for this purpose, including data from MN Departments of Economic Security, Revenue and Human Services.

SOCIAL SECURITY NUMBER: The household's primary wage earner or another adult household member must provide the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box labeled "Check if no SSN".

PRIVACY OF YOUR CHILD'S ELIGIBILITY STATUS: Your child's eligibility status for school meals (qualified for "free", "reduced-price" or "denied") is private data used by the school to provide the correct school meal benefits to your child. At public school district, each child's eligibility status is recorded on a statewide computer system used to report student data to the MN Department of Education as required by state law. The MN Department of Education used this information to: (1) administer state and federal program; (2) calculate the compensatory revenues for public schools; and (3) judge the quality of the state's educational program. Federal law allows a school to release a child's meal eligibility status to officials of the following types of programs; (1) federal education program; (2) state health or education program administered by the school or a state agency; and (3) federal, state, or local nutrition program that has participation requirements similar to the National School Lunch Program. School officials may send information about other programs or benefits that may be of interest to households that have qualified for free or reduced-price school meals. School meal eligibility information is also used for statistical reports, without individuation identification. A child's eligibility status will not be release for any other purpose unless a parent or guardian requests the release in writing.

PRIVACY OF INFORMATION THAT YOU PROVIDE ON THIS FORM: Information that you provide on this form is private data. The information is used to determine and verify whether children in your household qualify for free or reduced-price school meals. The school and the MN Department of Education may use the information provided on this form in carrying out efforts to verify the correctness of household size and income and public assistance information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting state agencies such as the MN Departments of Economic Security, Human Services, or Revenue to verify claims or legal actions if incorrect information is report. The information you provide on this application is not released for any other purpose unless a parent or guardian requests the release in writing.

SHARING INFORMATION WITH MINNESOTA HEALTH CARE PROGRAMS: Children who are eligible for school meal benefits may be eligible for Minnesota Health Care Programs. Your child's eligibility status for school meals (qualified for free or reduced-price meals) may be shared with Minnesota Health Care Programs unless you tell us not to. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

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: 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.

This institution is an equal opportunity provider.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Add for each additional person	8,288	691	346	319	160

Sources of Income for Children

Source	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security	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 of 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

Sources of Income for Adults

Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
Salary wages, cash bonuses Net income from self-employment (farm or business) If you are in the U. S. Military: Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household



General Permission Slip

HCPA requires all parents/guardians to complete the permission slip form to allow your child to be picked up by someone other than parents. In order to ensure the safety of your child, we will only release your child to their parents or the designated person(s) listed below:

Student Name: _____	Grade: _____	Date of Birth: _____	ID#: _____
Student Name: _____	Grade: _____	Date of Birth: _____	ID#: _____
Student Name: _____	Grade: _____	Date of Birth: _____	ID#: _____
Student Name: _____	Grade: _____	Date of Birth: _____	ID#: _____
Student Name: _____	Grade: _____	Date of Birth: _____	ID#: _____

Mother/Guardian: _____	Home Phone: _____	Cell Phone: _____
	Work Phone: _____	Email: _____

Father/Guardian: _____	Home Phone: _____	Cell Phone: _____
	Work Phone: _____	Email: _____

CHILD PICK UP/ EMERGENCY INFORMATION CONTACT RECORD

Please note: The adult that picks up your child MUST show a PHOTO ID or they will NOT be permitted to pick up your child. Name of a person to call in emergency other than a person the student lives with:

	<u>Adults Full Name</u>	<u>Relationship to Child</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I give permission for the above person(s) to pick up my child from HCPA in case of an emergency or in my absence. In case of an accident or serious illness, I ask that the school contact me. If the school is unable to reach me, I authorize the school to contact the individuals listed above and follow his/her instructions. If no one can be reached, the school may arrange for care as needed. If I decide to change or add additional person(s), it will be my responsibility to notify the school in writing five school days prior to changes take effect.

Parent Signature: _____ **Date:** _____

1. Do you give permission for your child to attend and be transported, by licensed bonded services, to all field trips and school wide events during the school year and to participate in walking field trips around the school, neighborhood and local neighborhood parks? **(Circle one) Yes No**
2. I understand if I do not want my student's photos or names included in HCPA publications I may request, sign and submit the "opt out" form from the main office annually by October 15.

Parent Signature: _____ **Date:** _____

HCPA STUDENT HANDBOOK

I understand I may refer to the handbook and can view it at any time on the school's website at hcpak12.org.

Parent Signature: _____ **Date:** _____

All that a school should be.

Annual Student Health Form

Student Name: _____ Birth Date: _____ ☐ Male ☐ Female Grade: _____ School Year: _____
Parent/Guardian: _____ Phone: _____ Work: _____ Cell: _____

Please answer ALL questions on this form and return it to school as soon as possible.

HEALTH CONCERNS: ** Submit action plan for starred conditions.*

(Please check and explain if your child has any of the following)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit Hyper-Activity Disorder/ Attention Deficit Disorder (ADHD/ADD) € other social / emotional / behavioral / mental health concerns Describe _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies * to _____ Reaction _____
<input type="checkbox"/>	<input type="checkbox"/>	Food Intolerance to _____ Reaction _____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma * or breathing problem: Has the asthma been diagnosed by a physician Yes No
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes*: Type 1 € Type 2 Managed by: € Diet/Activity Oral medications € Insulin injections Pump
<input type="checkbox"/>	<input type="checkbox"/>	Seizures *: _____ Type _____ Frequency _____ Description _____ Last Seizure _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition Describe _____
<input type="checkbox"/>	<input type="checkbox"/>	Is the student pregnant? Due date _____ Does the student have children? Age of child(ren) _____
<input type="checkbox"/>	<input type="checkbox"/>	Concussion/ Traumatic Brain Injury Describe _____ Date _____
<input type="checkbox"/>	<input type="checkbox"/>	Recent surgeries, hospitalizations, injuries Describe _____
<input type="checkbox"/>	<input type="checkbox"/>	Implanted Devices What kind _____
<input type="checkbox"/>	<input type="checkbox"/>	Special Education/504 Plan
<input type="checkbox"/>	<input type="checkbox"/>	Bowel / Bladder Concerns Describe _____
<input type="checkbox"/>	<input type="checkbox"/>	Most Recent Physical Examination Date _____
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have a health problem that could result in an emergency? * Describe _____
<input type="checkbox"/>	<input type="checkbox"/>	Other Health Concerns or Activity Restrictions* Describe _____

HEALTH CARE PROVIDERS AND INSURANCE INFORMATION (Note: section below MUST be completed):

Health Care Provider's Clinic

Name: _____ Name of doctor/provider: _____
Address: _____ Phone: _____ Hospital Preference: _____

Dental Clinic

Name: _____ Name of doctor/provider: _____
Address: _____ Phone: _____

Health Insurance

Is the student cover by Health Insurance? € Yes € No Insurance Name: _____

All that a school should be.

Vision

- ☐ Glasses/contacts prescribed
- ☐ Wears glasses/contacts all the time
- ☐ Wears glasses in classroom only
- ☐ Request assistance obtaining glasses
- ☐ No vision problem

Hearing

- ☐ Frequent ear infections (3 or more per year in past year)
- ☐ Has ear tube(s)
- ☐ Hearing loss (Circle): right ear / left ear
- ☐ Hearing aid(s) (Circle): right ear / left ear
- ☐ No hearing problem

MEDICATIONS:

List **ALL** medications that your child takes daily or when needed. Consent is **REQUIRED** for **ALL** medication taken at school, including over the counter medications. **BOTH HEALTH CARE PROVIDER AND PARENT MUST SIGN THE CONSENT.** A new consent is needed each school year. Forms are available in the health office.

Medication Name	Purpose	Dose	Needed during school? How often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I attest to the information provided. I acknowledge that it is my responsibility to inform the school of any changes to the health status of this student including health conditions, needs, medications, and/or allergies. I understand and agree that this student may receive a routine screening for any vision and hearing deficiencies. I will comply with all school illness and medication policies. Furthermore, I give permission for school health staff to confidentially exchange health information - both within the school as well as with outside health care providers - for use in meeting this student's health and educational needs in school.

This health information may be shared with HCPA staff members as needed. If you do not want this health information shared, please contact Health Coordinator at 651-209-8004.

Parent/Guardian signature _____ Date _____



**HMONG COLLEGE
PREP ACADEMY**

1515 Brewster Street, Saint Paul, MN 55108
Office: (651) 209-SC02 • Fax: (651) 289-1802
www.hcpa12.org

School Medication Administration Form – 2020-2021

ONE (1) MEDICATION PER FORM – REQUIRED FOR ALL (PRESCRIPTION & OVER THE COUNTER) MEDICATIONS

Student Name: _____ Birth Date: _____

Prescriber Portion

Medication Name: _____ Concentration: _____

Dose: _____ Route: _____ Frequency: _____

Indication or instructions for "as needed" med: _____

Possible Side Effects: _____

For Emergency Medication- The student is capable, has been instructed of the proper use of this medication, and may self-carry / self-administer this medication: Yes No (Check one)

Date: _____ Prescriber Name: _____

Prescriber Signature: _____ Phone/Fax: _____

Parent/Guardian Portion

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

For Emergency Medication- The student is capable, has been instructed of the proper use of this medication, and may self-carry / self-administer this medication: Yes No (Check one)

Date: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Phone: _____

All that a school should be.

Medication Receipt*To be completed by school personnel*

Student Name: _____

Birth date: _____

Medication: _____ Count: _____ Parent Initials: _____ Date: _____

Staff accepting medication: _____

AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20	20	20	20
21	21	21	21	21	21	21	21	21	21	21
22	22	22	22	22	22	22	22	22	22	22
23	23	23	23	23	23	23	23	23	23	23
24	24	24	24	24	24	24	24	24	24	24
25	25	25	25	25	25	25	25	25	25	25
26	26	26	26	26	26	26	26	26	26	26
27	27	27	27	27	27	27	27	27	27	27
28	28	28	28	28	28	28	28	28	28	28
29	29	29	29	29	29	29	29	29	29	29
30	30	30	30	30	30		30	30	30	30
31		31		31	31		31		31	

School staff administering medication will record time and initial as medication is give. Authorized Staff please print name and initial

1. _____ 2. _____

3. _____ 4. _____



AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Student's First Name _____ Last Name _____ Date of Birth ____/____/____

Parent/Guardian Name _____ Date _____ Telephone _____

I authorize Hmong Academy, Health Staff

1515 Brewster St, St. Paul, MN 55108
Street, City, Zip

651-209-8004
Telephone

651-289-1802
Fax Number

To exchange information with:

Clinic/Health Care Provider

Address City, State, Zip

Telephone Fax

The following information is requested:

Mental Health History
Office/Clinic Visit Notes
Other _____

Consultation
Admission/discharge summary

The purpose for this request is:

To provide school personnel with a better understanding of your child's needs
To collaborate services

State of Authorization:

- I understand that the authorization takes effect the day that I sign it and expires one year from the date of signature
- I understand that I may revoke this authorization at any time by giving written notification
- It is the practice of HCPA to not disclose records without consent
- A photocopy/fax of this authorization which has not been altered will be treated in the same manner as the original
- Services are not conditioned upon this release of information

Date

Signature of Parent/Guardian

Relationship to Student

All that a school should be.

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

Immunization Form

Name _____ Birthdate _____

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

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

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

Instructions for parent or guardian:

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

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

Name _____

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

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

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

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

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

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

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

☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

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

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

Minnesota Department of Health - Immunization Program (2019)

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

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

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

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

This document was acknowledged before me
on _____ (date)

by _____
(name of parent or guardian)

Notary Signature: _____

Notary Stamp

STATE OF MINNESOTA, COUNTY OF _____

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

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

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

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

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

August 11, 2020

RE: Student Ethnic and Racial Demographic Designation Form

Dear Parent or Guardian:

In an effort to assist Minnesota districts in providing targeted programs and services to help all students succeed, districts are required by law to request more detailed student ancestry or ethnic origin information based on Minnesota's largest groups, beyond what has been collected on enrollment forms under federal law since 2008. Parents or guardians are not required to answer the federal questions (in bold) on the Ethnic and Racial Demographic Designation Form for their children. However, if you choose not to answer the federal questions (in bold), federal law requires schools to choose for you. State questions are labeled as "Optional" and schools will not fill in this information for you. Refusal to respond will not impact enrollment in the school.

As a result of the new law, you are asked to report your child's information. All schools in Minnesota will collect this information using these updated categories. The Minnesota Department of Education will continue to incorporate feedback from the public into this form.

To report your child's information, **please complete the enclosed form and return it to the HCPA Main Office.**

Note: You may choose to not indicate any of the more detailed selections by marking the "decline to indicate" option(s). You may also choose to mark an "other" option if you do not see your group represented. School staff are not required to assign students to these detailed groups.

For more information about the reporting categories, please contact Aemillianna Thao at 651-209-8002.

Sincerely,



Dr. Christianna Hang
Superintendent

Enclosure: Ethnic and Racial Demographic Designation Form (one per student).

Ethnic and Racial Demographic Designation Form

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

Date of Birth: _____ District: _____ School: _____

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

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

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

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

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

☐ **No** *[If no, go to Question 1.]*

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

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

Go to Question 1.

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

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

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

☐ **No** *[If no, go to Question 2.]*

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

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

Go to Question 2.

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

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

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

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

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

☐ **No** [If no, go to Question 4.]

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

☐ Decline to indicate

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ Vietnamese

Go to Question 4.

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

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

☐ **No** [If no, go to Question 5.]

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

☐ Decline to indicate

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ Unknown

Go to Question 5.

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

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

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

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Attention parents and guardians,

Our classes will use **Google Meets** and **Schoology Conferences** as part of the COVID-19 Distance Learning Plan 2.0. These platforms will allow teachers to support students and communicate with students and parents in live video conferences. Please read through this guide to become more familiar with some of the basic expectations associated with participating in live video conferences.

Video Meeting Quick Guide for Parents

Before You Start

1. Teachers, students and parents should begin with written or phone communication regarding any questions or concerns.
2. Once a time and date is scheduled, the teacher will send meeting information via email, calendar invite, or another form of communication for Google Meets or Schoology Conference.
3. Students or parents will follow the link provided to join the conference at the teacher appointed time.
4. All video conferencing should take place during appropriately scheduled times.

Guidelines for the Parent Reaching out to Teachers

1. **An important note:** Review the [Google Meet instructions](#) or [Schoology Conference instructions](#) before the video meeting.
2. The meeting **WILL NOT** be recorded unless all attendees are informed of this action.
3. Parents and teachers should refrain from emailing or video conferencing through the student's district account.
4. Parents should have prepared a list of concerns that they wish to discuss, and take notes during the meeting. An announcement must be made when a meeting is recorded by any participant.
5. Parents should conduct themselves in a respectful manner as mutual respect is needed to have a productive meeting.
6. If appropriate, it may be beneficial to have the student present during the video conference to hear their thoughts on the matter.
7. Teachers have the right to respectfully disconnect from the video conference and reschedule for a later date.

Important Additional Notes

Please make the teacher aware of your presence anytime you join or observe class meetings. (*wave hello*)



Video Meeting Quick Guide for Students

Before You Join

1. HCPA has approved **Google Meets** and/or **Schoology Conferences** as the video conference tools allowed for the COVID-19 Distance Learning Plan 2.0.
2. Parents or guardians should understand that the teacher will be using video conferencing technology.

How to join a Google Meets class session

Step 1: Click the meeting link shared by your teacher in your Schoology or Seesaw course.

- You can also go to Meets and type in the meeting name your teacher provided for you.

Step 2: Google meet will open up in a new tab.

Step 3: Click on the button that says **Join Now**.

Step 4: **Mute your microphone** when entering the conference.



How to join a Schoology Conference class session

Step 1: Click on Conferences on the left side of the Schoology course.

Step 2: Click on the title of the session (it is blue) and the Schoology Conference will open up in a new tab.

Step 3: **Mute your microphone** when entering the conference.

Follow ALL Classroom Rules

1. Dress appropriately — as if you were in a classroom.
2. Be ready, respectful, and responsible digital citizens.
3. Do not interrupt others while they are speaking.
4. Close all unnecessary tabs during the video meeting, and minimize distracting gestures or sounds.
5. Be fully engaged and try your best. Ask questions in the chat or by "raising your hand".

Do Not

1. Do not share or give meeting access to anyone
2. Do not record video of or forward recordings of the class session

Important Additional Notes

REMEMBER — All participants are personally responsible for their behavior during any Video Conference. Report safety concerns to **HCPA See Something Say Something Safety Line at 612-888-5234**

Hmong College Prep Academy
Acknowledgement and Agreement
Regarding Video Conference and Online Recording of Classes

In response to the COVID-19 pandemic, Hmong College Prep Academy (“HCPA”) has developed video conferencing as a method to provide your student the opportunity to participate in a classroom group experience and to access HCPA’s educational services in the event your student is not able to receive in-person instruction at the school.

In order to implement instruction via video conferencing HCPA has established Protocols for Video Conferencing Student and Parents (“Protocols”) containing the comprehensive rules and policies for participating in video conference instruction.

HCPA has also established a Video Meeting Quick Guide for Students (“Guide for Students”) and a Video Meeting Quick Guide for Parents (“Guide for Parents”) for the start of the 2020-2021 school year.

As students participate in instruction by video conferencing to begin the 2020-21 school year there are important considerations that HCPA expects students and parents to follow:

1. Confidentiality is extremely important to HCPA. When your student participates in video conference instruction, you and your student agree not to discuss or share any educational information about other students in the group outside of the classroom experience.
2. You and your student agree that during the video conference sessions, no recording or digital image retention (i.e. screenshot) of any kind will occur.
3. You and your student understand that only students, teachers and other authorized staff may be part of the video conference experience unless specific permission is granted by your teacher to include others.
4. The approved video conference tools for HCPA are Google Meets and Schoology Conferences. Due to licensing and student safety other platforms are not allowed to be used.
5. Whenever students or staff/teachers are working collectively in an online video conference tool, all groups must be using school provisioned accounts. These school provisioned accounts include, Microsoft account (@hcpak12.org), Google for Education account (@apps-hcpak12.org), Schoology account (username or @apps-hcpak12.org). **Students and Staff are prohibited from using personal accounts to connect.**
6. Any live (synchronous) video conferencing tool can only be recorded when student video feeds are not turned on. HCPA is an enterprise HIPAA and FERPA-compliant tenant of Microsoft Teams and Google for Education for use by all HCPA staff, students, and service providers using a HCPA-issued identity and password. Students must use their HCPA student account credentials, and staff must use their HCPA credentials (their @apps-hcpak12.org accounts). These designations allow for the recording of video conference sessions and protect both students and teachers so long as:

- Students are made aware that the session will be recorded.
 - Students are instructed to turn their video feed off.
 - Teachers edit any recording where a student video feed may show up.
7. When a video conference session is not being recorded it is in the best interests of all parties that the presenter disables web cameras, thus only allowing audio if students are present in a live video conference. If due to lesson activities or a student needing to use their video feed to participate in the lesson, the student can do so on their own provided permission from a parent/guardian has been received.
 8. Video conferencing that records an individual student's response that are uploaded to a service are allowed. This includes services such as Flipgrid, video/audio in a Schoology discussion board. In order to ensure online safety and protection:
 - All students must use a school account (@apps-hcpak12.org)
 - Teachers must turn on moderation features that ensure each recording is approved prior to other students viewing the recording.
 - Recordings should be vetted by the teacher to ensure they do not contain inappropriate clothing, backgrounds, attire, gestures or other information that is in violation of HCPA policy
 9. The information in paragraphs 1 through above is described in greater detail in the Protocols, Guides for Students and Guides for Parents.
 10. All other HCPA policies and regulations concerning student conduct and HCPA's expectations for students remain in effect during video conference instruction.

Acknowledgement and Agreement

I have received HCPA's Protocols for Video Conferencing for Students and Parents, the Video Meeting Quick Guide for Students and the Video Meeting Quick Guide for Parents.

My student and I acknowledge and understand that my student and I must follow all HCPA policies and regulations related to instruction via video conference and that my student and I must continue to follow all other HCPA established policies and regulations as if my student were attending school in person at HCPA.

My student and I acknowledge that failure to comply will result in HCPA administration taking appropriate action to enforce all of its policies and regulations which may include discipline or other action which HCPA administration believes is appropriate.

Student: _____

Parent/Guardian: _____

Date: _____

Date: _____

2020-2021 Student CHROMEBOOK Technology Equipment Agreement

Student Name: _____ Student ID Number: _____

College Prep Teacher: _____ Grade: _____

Please complete and submit a signed contract for each of your students (in grades 3 – 12).**I request my student receive the following equipment:**

<u>Standard Equipment</u>	<u>Replacement Cost</u>
Chromebook	\$200.00
Charger	\$ 25.00

☐ **I agree to pay the CHROMEBOOK insurance fee of \$20.00 per student or \$50.00 per family of 3 or more for the 2020-2021 academic term (applicable per incident). Insurance does not cover the event of a CHROMEBOOK being stolen or lost, you will be responsible to pay full cost (\$200) to HCPA. My decision to pay the insurance premium is voluntary.**

☐ **Credit card payment**

☐ **I paid online with debit/credit card at hcpak12.org via the "Payment Center" icon located under the QUICK LINKS FOR PARENTS AND STUDENTS at the top left of the home page. <https://eps.mvpbanking.com/cgi-bin/efs/login.pl?access=56086>**

☐ **I DO NOT agree to pay the insurance fee for use of the CHROMEBOOK listed above for the 2020-2021 academic term. I understand if the Device/Accessories are stolen, lost or damaged, I will be responsible for the payment of repair costs or replacement of the CHROMEBOOK (\$200) and accessories (\$25) (as listed in this Agreement).**

My signature below indicates I have thoroughly read and understand the above information.

Parent/Guardian Signature: _____ Date: _____

*Return completed contracts as soon as possible. Please complete Page 2 attached.**Thank you!*

**Student CHROMEBOOK Technology Equipment Agreement
2020-2021**

Please find below the guidelines that parents and students must agree to in order to be issued a CHROMEBOOK:

I (parent and child) understand:

1. The CHROMEBOOK (and accompanying equipment) are the property of Hmong College Prep Academy.
2. Students must bring their CHROMEBOOK to school every day.
3. Students are not allowed to use the device for any other purpose than academics.
4. Parent/Guardian has the opportunity to voluntarily purchase insurance to cover the replacement costs of the CHROMEBOOK in the event it is damaged.
5. Parent/Guardian are responsible for the cost of any HCPA issued equipment or accessories if they are lost, stolen or damaged or purposely damaged by student!
6. If student purposely damaged Chromebook Parent/Guardian are responsible for all costs!
7. Student's misuse of the device and/or failure to follow HCPA rules and policies related to use of the device will result in the student losing the privilege of having access to an HCPA issued device.
8. If the student withdraws/transfers from Hmong College Prep Academy during the 2020-2021 school year, they must immediately return the CHROMEBOOK (and accompanying equipment) to the Technology Department or else be charged in FULL (\$200 for the CHROMEBOOK and \$25 for the accessories). The CHROMEBOOK device will be wiped clean and unusable.
9. By the end of the school year the CHROMEBOOK and all related technology will be returned to HCPA. If technology is not returned in time we understand that we are responsible for any payment due for missing technology.

I (parent and child) agree to:

1. Keep the CHROMEBOOK device secure at ALL times when not in use.
2. Ensure that the CHROMEBOOK device is only used by the student for whom it is assigned.
3. Keep the CHROMEBOOK device in a case at all times when taking it to and from school.
4. Not deface the CHROMEBOOK or other equipment. I will keep the equipment free of marks, stickers, writings and drawings.
5. Never connect the CHROMEBOOK device to a home computer or use for entertainment or recreational purposes. Only authorized teachers are allowed to download and/or delete material from the CHROMEBOOK device.
6. Promptly return the CHROMEBOOK and accessories at the end of the school year upon request.
7. Use the CHROMEBOOK in a way that is in compliance with HCPA's Technology Use Policy and Student Discipline Policy contained in the HCPA Student Handbook.

Parent/Guardian Signature: _____ Date: _____