

Summer 2022

Dear Students, Parents, and Members of Our Warrior Community,

It is hard to believe that we are quickly approaching the 2022-23 school year! In our world of education, there has been a great deal of change in the last few years. With COVID-19, we joined classes from home in distance learning. Then, we transitioned from teaching during a pandemic to being back on-site. Our community has gone through many changes, including the addition of our middle school space and a change to leadership. However, through these changes, your commitment to your child's education has made us even more **Warrior Strong!** I can assure you that all the things that make HCPA a wonderful school - the welcoming environment, the focus on the individual child, the strong academic program, and the phenomenal teachers and staff - continue to be in place now and into the future. I am committed to making sure that HCPA is all that a school should be!

Here are some important items to be aware of for the 2022-23 school year:

- **Masks are recommended but not required on campus.** We encourage you and your child to determine what makes most sense for your family. We realize many students will want to continue to wear a mask and we fully support this decision. We will continue to have masks available at school entrances.
- Next year, we will begin to implement a **new social-emotional learning (SEL) curriculum this year: RULER** from the Yale Center for Emotional Intelligence. RULER stands for: Recognizing, Understanding, Labeling, Expressing and Regulating. Dealing with the effects of the pandemic, it has never been more important to support our students' emotional intelligence and to maintain a positive school climate. Training will begin next year with teachers and staff. Then, through homerooms or College Prep classes, students will explore the value of emotions and building strong relationships.
- **HCPA's Parent Teacher Organization (PTO) will be active throughout the school year.** I strongly encourage you to be involved. Through monthly meetings, Parent Empowerment Academies, and other opportunities, parents work together to contribute to the success of every student. With the addition of Dr. Dao Lor as our Director of Family Engagement, our PTO has never been stronger. Please reach out to Dr. Lor or me for more information.
- **HCPA is also happy to have received a grant to provide more professional development for our teachers and staff.** Through this grant, teachers will receive even more training to support our multilingual learners, build positive relationships, and create a strong classroom culture.

Please note these important dates:

- Student Orientation - Wednesday, August 24th; 4:00-6:00 p.m. More details will follow.
- First Day of School - Tuesday, September 6th.

Finally, I want you to know that I, along with our team of directors, teachers, and staff, am here for you. Please reach out with any questions or concerns that you have. We are here to support you. Thank you for your partnership.

Respectfully,

Danijela Duvnjak

Danijela Duvnjak
Chief Academic Officer

danijela.duvnjak@hcpak12.org

(w) 651/332-8586 (c) 651/274-3228

All that a school should be.

IMPORTANT CONTACT INFORMATION 2022-2023

Attendance Office attendance@hcpak12.org 651-332-8567	Transportation Office hcpa_transportation@hcpak12.org 651-289-1877	Health Office healthoffice@hcpak12.org 651-209-8004
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651-703-8332

COVID-19 School Updates

Fall 2022

Masks

Based on current county transmission rates, **masks are recommended, but not required on HCPA's campus for all staff and students.** We encourage you and your child to determine what makes most sense for your family. Masks will continue to be available in classrooms and at school entrances. Adjustments to our masking expectations may be made throughout the school year pending information on county COVID-19 transmission rates and internal cases..

Building and Classroom Safety

High standards of cleanliness continue to be of importance on HCPA's campus. Our custodial staff will continue wiping and disinfecting public spaces and high-touch surfaces across our building throughout the school day. All staff will have access to cleaning materials so that they can clean and disinfect spaces as needed. Each classroom will receive a PPE kit including gloves, face shields, extra masks, and disinfectant. Sanitation stations with gloves, masks, and hand sanitizer will continue to be placed on each floor and in high-traffic areas. Our air filtering system continues to operate on every heating/cooling system throughout the school. Portable air purification devices with hospital-grade HEPA filters will be placed in all high-traffic areas, including cafeterias.

Contact Tracing

Like other local school districts, HCPA will no longer conduct contact tracing following a positive COVID-19 case report. Recommendations for isolation or quarantine will focus on individuals with symptoms as well as positive cases and their household members only. Families will no longer be notified if someone in their student's class, bus, or other extracurricular activity has tested positive for COVID-19. As required, HCPA will continue to report confirmed cases of COVID-19 within the staff or student body to the Minnesota Department of Health. **If your student(s) tests positive for COVID-19, please contact our health office team immediately at 612-209-8002.**

Quarantine and Isolation

Staying home when sick with symptoms of COVID-19 is essential to keep infectious diseases, such as influenza and COVID-19, out of the school setting. HCPA will continue to follow the Minnesota Department of Health's recommendations for isolation and quarantine. More information and details may be found at hcpak12.org.

- If your child is exhibiting symptoms of COVID-19, please keep your student home, contact HCPA, and have your child tested via at-home test, COVID-19 testing center, or doctor's visit.
- **Students who test positive for COVID-19 must stay home for a minimum of 5 days** from the test date or onset of symptoms. Students may return on Day 6 if they are fever-free (temperature is 100.4°F or lower) for at least 24 hours, without using medicine that lowers fevers, and if their symptoms have improved. When returning to school, students must wear a well-fitting mask for Days 6-10.
- If a student tests positive for COVID-19, siblings who are not fully vaccinated must also stay home for a minimum of 10 days. Fully vaccinated siblings are not required to quarantine.
- If a student exhibits symptoms of COVID-19 while at school, they will be assessed by our health office team. If deemed necessary, they will be sent home along with siblings who are not fully vaccinated.
- The Minnesota Department of Health's definition of "fully vaccinated" is having received all recommended vaccine doses and eligible boosters, with at least two weeks having past since the date of the last dose.

Health Screening



**If you have any of these symptoms,
go home, stay away from other people,
and get tested.**

- FEVER OR FEELING
FEVERISH**
- CHILLS**
- COUGH**
- SHORTNESS OF BREATH**
- SORE THROAT**
- MUSCLE ACHES**
- LOSS OF SMELL OR TASTE**

Kev Ntsuas Mob



Yog tias koj muaj tej tsos mob li no,
mus tsev, nrug deb ntawm lwm tus neeg,
thiab mus kuaj mob.

- UA NPAWS LOSSIS ZOO LI UA NPAWS
- IB CE TSHEE TXIAS
- HNOOS
- TXOG SIAV
- MOB QA
- MOB LEEG NQAIJ
- MOB TAUB HAU
- TSIS HNOV NTXHIAB TSW LOSSIS SAJ TSIS
HNOV QAB

HEALTH SCREENING

နမူና အိန်ဒီ: တၢ်ဆါပ နီၣ် တဖၣ်, အိန် လၢ ဟံၣ် လၢ
ဃီ, ဟး ဆဲး: တၢ် လီၢ် လၢ ပှၤ အိန် အါ အ လီၢ် ဒီး
လဲၤမၤ ကွၢ်နသး .

- တၢ် ကိၢ် ထီၣ်
- တၢ် ချံၣ် အသး, မ့ တ မ့ၢ် ဘၣ် က နီၣ်
- ကူး
- ကသါဃံး
- ကိၢ် ယုၢ်ဆါ
- ထူၣ် ပျၢ်ဆါ တကံ တကး
- ကိၢ် ပှၤ လီၤ ဘျါ ဒီး အ နါ နါ တအိန် လၢ ဘၣ်

HMONG COLLEGE PREP ACADEMY | 2022-2023 CALENDAR

Student Days: 172 (S1=86; S2=86) +Indicates early release.

August 2022							* 15-16 <u>New Teachers/Staff Workshops (2 days)</u> * 17-24 <u>All Teachers/Staff Workshops (6 days)</u> * 24 <u>Student Orientation 4-6pm</u> * 25-31 <u>Open for teachers/staff meetings and classroom setup</u> * 25-31 <u>MN State Fair</u>	* 20 <u>No School: President's Day</u>	February 2023							
Su	M	T	W	Th	F	Sa			Su	M	T	W	Th	F	Sa	
	1	2	3	4	5	6				1	2	3	4			
7	8	9	10	11	12	13				5	6	7	8	9	10	11
14	15	16	17	18	19	20				12	13	14	15	16	17	18
21	22	23	24	25	26	27				19	20	21	22	23	24	25
28	29	30	31							26	27	28				

September 2022							* 1-2 <u>Open for teachers/staff meetings and classroom Setup</u> * 1-5 <u>MN State Fair</u> * 5 <u>No School: Labor Day</u> * 6 <u>First day of school for K-12/ S1 Begins</u>	* 2 <u>Evening Parent/Teacher Conferences 5-8pm</u> * 3 <u>No School: Parent/Teacher Conferences 10-4pm</u> * 24 <u>+ Early Release at 11am/ Teachers/Staff Workshops</u> * 31 <u>Mid-semester 2</u>	March 2023							
Su	M	T	W	Th	F	Sa			Su	M	T	W	Th	F	Sa	
				1	2	3				1	2	3	4			
4	5	6	7	8	9	10				5	6	7	8	9	10	11
11	12	13	14	15	16	17				12	13	14	15	16	17	18
18	19	20	21	22	23	24				19	20	21	22	23	24+	25
25	26	27	28	29	30					26	27	28	29	30	31	

October 2022							* 18 <u>Evening Parent/Teacher Conferences 5-8pm</u> * 19 <u>No School: Parent/Teacher Conferences 10-4pm</u> * 20 <u>No School: Regular work Day- Teachers/Staff Workshops</u> * 21 <u>No School for Students and Staff</u>	* 3-7 <u>No School: Spring Break</u> * 10 <u>Classes Resume</u>	April 2023							
Su	M	T	W	Th	F	Sa			Su	M	T	W	Th	F	Sa	
						1								1		
2	3	4	5	6	7	8				2	3	4	5	6	7	8
9	10	11	12	13	14	15				9	10	11	12	13	14	15
16	17	18	19	20	21	22				16	17	18	19	20	21	22
23	24	25	26	27	28	29				23	24	25	26	27	28	29
30	31									30						

November 2022							* 11 <u>Mid-semester 1</u> * 23 <u>HCPA World Culture Day +Early Release at 1pm</u> * 24-25 <u>No School: Thanksgiving Break</u>	* 12 <u>No School: Teachers/Staff Workshops</u> * 29 <u>No School: Memorial Day</u>	May 2023							
Su	M	T	W	Th	F	Sa			Su	M	T	W	Th	F	Sa	
		1	2	3	4	5				1	2	3	4	5	6	
6	7	8	9	10	11	12				7	8	9	10	11	12	13
13	14	15	16	17	18	19				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			

December 2022							* 19-30 <u>No School: Winter Break</u>	* 9 <u>Last day of school/ +Early Release at 11am Semester 2 Ends/ Grading</u> * 9 <u>Senior Commencement 6pm</u> * 19 <u>NO SCHOOL: Juneteenth Holiday</u> * 20 <u>Summer School Begins</u>	June 2023									
Su	M	T	W	Th	F	Sa			Su	M	T	W	Th	F	Sa			
				1	2	3						1	2	3				
4	5	6	7	8	9	10						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	

January 2023							* 2 <u>No School: New Year Observed</u> * 3 <u>Classes Resume</u> * 16 <u>No School: MLK</u> * 27 <u>No School: Semester 1 Ends/ Teachers/Staff Workshops/ Grading</u> * 30 <u>S2 Begins</u>	* 4 <u>July 4th Holiday</u>	July 2023													
Su	M	T	W	Th	F	Sa			Su	M	T	W	Th	F	Sa							
																	1					
1	2	3	4	5	6	7										2	3	4	5	6	7	8
8	9	10	11	12	13	14										9	10	11	12	13	14	15
15	16	17	18	19	20	21										16	17	18	19	20	21	22
22	23	24	25	26	27	28										23	24	25	26	27	28	29
29	30	31														30	31					

NEW HCPA UNIFORMS



**Red, White or Black
Short Sleeve Polo**



**Red, White or Black
Long Sleeve Polo**



**Red or Black
Sweaters**



**Black Pants or Black Jeans
No Leggings**

**All students are required to be in uniform daily.
Grade K-12 have the option to wear any of the following above.**



NO CROCS



NO HAT



NO OPEN TOES



NO HOODIES



NO SHORTS



NO LEGGINGS



<p>KINDERGARTEN</p> <p>1 - Pack of PRIMARY pencils ("Fat" pencils) 2 - Packs 24 Crayola color crayons 1 - Pack 8-count washable markers 1 - Pack of Expo dry-erase markers 1 - Scissors (<i>round-tip "kid" scissors</i>) 12 - Glue sticks 1 - Bottle Elmer's Liquid Glue 2 - 2-Pocket Folders (<i>solid color</i>) 1 - Wide ruled composition notebook 3 - Large boxes of Kleenex (<i>facial tissues</i>) 2 - Containers Clorox (<i>disinfecting</i>) wipes 1 - Box sandwich size Ziploc bags 1 - Box gallon size Ziploc bags</p> <p>LABEL with Child's Name 1 - Set of extra clothes (<i>to be left at school, does not have to be school uniform</i>)</p>	<p>GRADE 1</p> <p>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 - 2-Pocket Folder 1 - Wide ruled composition 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 1 - Hard pencil box or case (<i>no zippered bag</i>) <u>Optional for Grade 1</u> 1 - Box Band-Aids</p>	<p>GRADE 2</p> <p>3 - Packs of pencils (<i>36 total</i>) 2 - Large pink erasers 1 - Pack 24 Crayola color crayons 1 - Pack 12 colored pencils 2 - Pack 8-count washable markers 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 notebook 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 - Hard pencil box or case (<i>no zippered bag</i>)</p>	<p>GRADE 3</p> <p>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 3 - Glue sticks 4 - 2-Pocket folders (<i>1 red, 1 blue, 1 yellow, 2 choice color</i>) 5 - Wide ruled notebooks (<i>solid colors only</i>) 1 - Wide ruled composition notebook 4 - Large boxes of Kleenex (<i>facial tissues</i>) 2 - Containers Clorox (<i>disinfecting</i>) wipes 1 - Hand sanitizer 1 - Box gallon size Ziploc bags 1 - Pencil box or zippered pencil case</p>
<p>GRADE 4</p> <p>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 4 - 2-Pocket Folders (<i>solid colors</i>) 4 - Wide ruled notebooks (<i>regular or composition - solid colors only</i>) 1 - College or wide ruled composition notebook 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>) 1 - Pencil box or zippered pencil case</p>	<p>GRADE 5</p> <p>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 1 - Pack black Sharpie Permanent Markers 2 - Highlighter markers 1 - Scissors 3 - Glue sticks 1 - Bottle Elmer's Liquid Glue 6 - 2-Pocket Folders (<i>variety of colors</i>) 6 - Wide ruled spiral notebooks (<i>variety of colors</i>) 2 - College or wide 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 1 - Hard pencil box or case (<i>no zippered bag</i>)</p>	<p>GRADE 6</p> <p>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 1 - Pack black Sharpie Permanent Markers 2 - Highlighter markers 1 - Scissors 3 - Glue sticks 1 - Bottle Elmer's Liquid Glue 6 - 2-Pocket Folders (<i>variety of colors</i>) 6 - Wide ruled spiral notebooks (<i>variety of colors</i>) 2 - College or wide 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 1 - Hard pencil box or case (<i>no zippered bag</i>)</p>	<p>OTHER NOTES</p> <ul style="list-style-type: none"> • A backpack large enough to fit a standard-size folder or notebook is recommended for all students • Please no personal hand-held pencil sharpeners • Please no permanent markers (excluding 5th grade) • No novelty items (Hello Kitty, Transformers, etc.) <p>if you cannot find what is on the list, feel free to substitute for similar items.</p>

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>)
	4	Black pens (<i>xaum npiv dub</i>)
	2	Highlighters
	6	Pocket folders
	6	College-ruled single subject notebooks (<i>phau ntawv sau</i>)
	1	TI-83 or TI-84 graphing calculator (for students taking Pre-Calculus or Calculus 1 only) (<i>lub laji le</i>)

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.

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:** _____

BUS PASS

Due to COVID 19 and contact tracing requirements, we will not allow bus passes this coming school year. This means students will not be able to temporarily switch bus routes and must ride their assigned bus at all times.

PARENT PICK UP

When picking up your student at the end of the day, please call the Main Office before 1:00 PM. This will provide us with enough time to properly notify the student and staff. Parents are not allowed to take the students off the bus at the school. For security reasons, they must check in at the Main Office.

CHANGE OF ADDRESS FORM

Parents/Guardians will need to complete and sign a "Change of Address Form" when relocating to a new location. The process of a bus stop change will begin 3-5 school days after receiving the required document. To request for a Change of Address Form, you can contact us by phone or by going onto our website: (Home > Departments > Transportation > Overview).

TRANSPORTATION REQUEST FORM

Parents/Guardians will need to complete and sign a "Transportation Form" when relocating to a new location. The process of a bus stop change will begin 3-5 school days after receiving the required document. To request for a Transportation Form, you can contact us by phone or by going onto our website: (Home > Departments > Transportation > Overview).

BUS STATUS APP

Want to know if there is a delay on your child's bus or if the bus is canceled? Download the Bus Status app onto your mobile phone and track bus status and updates. The Bus Status app will also notify you of when your child's bus has cleared from school. You can also get the latest updates on a bus by visiting our website: (Home > Departments > Transportation > My Current Bus Status).

REMINDER

We ask that students arrive at the designated bus stop five minutes early each day. Students with house stops must wait outside and be ready. It is common for bus routes to run a few minutes late due to normal traffic. Please use Bus Status for current route updates. Transportation is a privilege, not a right. A student's eligibility to ride a school bus may be revoked if in violation of school bus safety, conduct policies or violation of any other law governing student conduct on a school bus. Revoking a student's bus riding privilege is not an exclusion, expulsion or suspension under the Pupil Fair Dismissal Act. More information can be found in the student handbook.



School bus will have a HCPA number sign on the window like the one shown on the left.

Contact Us:

Transportation Hotline: 651-289-1877
Main Office: 651-209-8002
www.hcpak12.org

Revised 6/29/22

TRANSPORTATION FORM

HAVE YOU MOVED? If yes, please complete **PART A** and **PART B**.

PART A If both **Part A & B** does not apply to you or your student(s), please disregard this form!

NEW ADDRESS:		Please Check: _____ New Mailing Address	
Please provide information as requested. All address changes must be signed and dated by parents/guardians.		_____ Use New Mailing Address For Transportation	_____ Will Need Alternative Transportation Address
Address:	<input style="width: 90%;" type="text"/>	City:	<input style="width: 10%;" type="text"/>
	<input style="width: 90%;" type="text"/>	State:	<input style="width: 10%;" type="text"/>
Phone Number:	<input style="width: 90%;" type="text"/>	Zip:	<input style="width: 10%;" type="text"/>
OLD ADDRESS:			
Address:	<input style="width: 30%;" type="text"/>	City:	<input style="width: 20%;" type="text"/>
	<input style="width: 30%;" type="text"/>	State:	<input style="width: 20%;" type="text"/>
	<input style="width: 30%;" type="text"/>	Zip:	<input style="width: 20%;" type="text"/>

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

Hmong College Prep Academy is pleased to provide free busing to St. Paul, Minneapolis and select suburbs!

Door-to-door pick-up and drop-off for K-5 students, where available.

Maximum 1 block walk for 6-12 grade students.

Students that have house-stops are required to wait outside.

All students must be outside at their bus stop 5 minutes prior to their assigned pick-up time.

Please allow 4 school days for a bus change to take effect.

HCPA will only allow one address change per year.

PART B If your student(s) have a different location for pick-up or drop-off from your home address, please fill out below.

Pick-up Address:	<input style="width: 90%;" type="text"/>	City:	<input style="width: 10%;" type="text"/>
Alternative AM:	<input style="width: 90%;" type="text"/>	State:	<input style="width: 10%;" type="text"/>
Phone Number:	<input style="width: 90%;" type="text"/>	Zip:	<input style="width: 10%;" type="text"/>
Drop-off Address:	<input style="width: 90%;" type="text"/>	City:	<input style="width: 10%;" type="text"/>
Alternative PM:	<input style="width: 90%;" type="text"/>	State:	<input style="width: 10%;" type="text"/>
Phone Number:	<input style="width: 90%;" type="text"/>	Zip:	<input style="width: 10%;" type="text"/>

I hereby confirm that the following information above is correct and that all changes are in effect according to the date signed.

I understand that it is my responsibility as the parent/guardians to report any changes of contact information to Hmong College Prep Academy, and I do not hold Hmong College Prep Academy reliable to follow up with changes of student address and phone numbers.

Parents/Guardians Print Name

Date Received: _____
Date Completed: _____

Parents/Guardians Signature

Date

August 01, 2022

RE: Student Ethnic and Racial Demographic Designation Form

Dear Parents or Guardians:

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 Mary Vang at 651-209-8002.

Sincerely,

Danijela Duvnjak
Chief Academic Officer

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/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

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

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

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

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

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

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

Go to Question 2.

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

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

Yes [Go to Question 3.]

No [Go to Question 3.]

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

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

No [If no, go to Question 4.]

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

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

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

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

No [If no, go to Question 5.]

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

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

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

Yes [Go to Question 6.]

No [Go to Question 6.]

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

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

HCPA PHOTO/VIDEO AND MILITARY OPT OUT FORM

Photo/Video Opt Out Instructions: A parent/guardian must complete and submit this form NOT LATER THAN OCTOBER 15 of each year, or within two (2) weeks of their student's enrollment in HCPA if there is an intention to opt out of allowing their student's directory information to appear in official HCPA publications, HCPA advertisements, HCPA controlled social media accounts and other HCPA approved outreach/public relations materials. **Note:** A parent/guardian must submit a form for each student attending HCPA.

HCPA has designated the following student information as directory information pursuant to 20 U.S.C. § 1232g(a)(5)(B):

Name, likeness, school work and any documents, photographs and video recording containing this information.

Note: HCPA has also designated your student's address and telephone number as directory information, however this information will ONLY be provided to military recruiters as required by federal law. To opt out of providing this information to military recruiters, please see the next page.

If an opt out form is not submitted by OCTOBER 15, it is understood that the parent/guardian accepts HCPA's policy of allowing HCPA to release their student's directory information from October 15, 2022 to August 31, 2023. A parent may also submit this form at any time between October 15, 2022 and August 31, 2023 to prevent your student's directory information from appearing in official HCPA publications, HCPA advertisements, HCPA controlled social media accounts and other HCPA approved outreach/public relations materials. A form received after October 15, 2022 will only prevent the distribution of your student's directory information after the date HCPA receives the form.

_____ **I do not give permission for my student's name, likeness school work and/or any documents, photographs or video recordings containing this information to appear in official HCPA publications, advertisements, HCPA controlled social media accounts and other HCPA approved outreach/public relations materials.**

Student Name: _____ **2022-2023 Grade:** _____

Parent/Guardian Name (Print): _____ **Date:** _____

Parent/Guardian Signature: _____

Military Opt Out Instructions (11th and 12th Grade Students Only): Please check the below box if you do not want your student's name and contact information to be distributed to military recruitment officers.

I do not give permission for my student's name, address and telephone number(s) to be distributed to military recruitment officers.

Student Name: _____ 2022-2023 Grade: _____

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____

Please return this completed form to the school's main office.

July 20th, 2022

Dear Parent/Guardian:

We are pleased to inform you that Hmong College Prep Academy will be implementing a new provision available to schools participating in the National School Lunch and School Breakfast Programs. It is called the Community Eligibility Provision (CEP) and will begin in School Year 2022-2023.

What does this mean for me and my students who attend the school(s) identified above? All students enrolled in a CEP school are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2022-2023 school year. Your child(ren) will be able to participate in these meal programs without having to pay a fee.

To apply online, please go this URL and complete the application: <https://www.schoolcafe.com/hcpa>

COMMON QUESTIONS:

Do I still need to complete an Application for Educational Benefits form? You still need to complete this form. Our school is eligible to receive additional state and federal funds based on the number and/or percentage of students enrolled who reside in households that meet established federal income guidelines. We use the Application for Educational Benefits to collect household information. The application also helps our school qualify for education funds and discounts.

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

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

Please provide the information requested about children's racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval.

If you have other questions or need help, contact the food department at fooddepartment@hcpak12.org or call 651-209-8002.

Sincerely,

HCPA Food Department

How to Complete the Application for Educational Benefits – School Nutrition Program

Complete the Application for Educational Benefits form for school year 2022-23 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, 2022 through June 30, 2023.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Add for each additional person	8,732	728	364	336	168

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. The information helps to ensure we are meeting civil rights requirements and fully serving our community.

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

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

2022-2023 Hmong College Prep Academy
Application for Educational Benefits/School Nutrition Program

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

Student ID (optional)	Last Name	First Name	MI	Date of Birth (optional)	Grade (Optional)	Foster	Homeless	Migrant	Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M M D D Y Y	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M M D D Y Y	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M M D D Y Y	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M M D D Y Y	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP, or FDIPIR? **Circle one:** Yes / No

Case Number:

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number then skip to STEP 4.

Do not use Medical Assistance or EBT card numbers.

STEP 3 — All Household Member Income (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 Children" section will help you with the Child Income question. 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	Child Income	How Often?			
		W	E	T	M
A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in Step 1 here.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. List all household members not listed in Step 1 (including yourself and other non-HCPA students and children) **even if they do not receive income.** For each household member listed, report total gross income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

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
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Size
(Children and Adults)

Last Four Digits of Social Security Number (SSN) of
 Primary Wage Earner or Another Adult Household Member *** - ** -

Check if no SSN

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."

Printed name of adult signing the form

Signature of household member completing the form

Today's Date

Street Address (if available)

City

State

ZIP Code

Home Phone Number

Work Phone Number

Email

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

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

- Hispanic or Latino
 Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander White



2022-2023 Hmong College Prep Academy
Application for Educational Benefits/School Nutrition Program
 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
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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: <https://www.usda.gov/oascr/how-to-file-a-programdiscrimination-complaint>, 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/SCHOOL NUTRITION PROGRAM - 2022-2023 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.

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: Bliia Her, Office Manager, 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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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.

Income Eligibility Reduced-Price Guidelines—July 1, 2022–June 30, 2023					
Family Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For each additional family member add:					
	8,732	728	364	336	168

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



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: _____



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 _____



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 651-209-8004 651-289-1802
Street, City, Zip Telephone Fax Number

To exchange information with:

Clinic/Health Care Provider

Address City, State, Zip

Telephone Fax

The following information is requested:

- Medical Records
- ENT/Audiogram/Hearing Aid
- Office/Clinic Visit Notes
- Emergency Care Plan
- Other _____
- Consultation
- Medication Records
- Admission/discharge summary
- Pertinent information for IEP/504 plan

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



School Medication Administration Form

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: _____

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
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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. _____

Immunization Form

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.

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										
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)										
<i>Haemophilus influenzae</i> type b (Hib)										
Pneumococcal (PCV)										
Polio										
Measles, Mumps, Rubella (MMR)										
Chickenpox (varicella)										
Hepatitis A										
Tetanus, Diphtheria, Pertussis (Tdap)										
Meningococcal (MCV4)										

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		

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)

Notary Stamp

by _____
(name of parent or guardian)

Notary Signature: _____

STATE OF MINNESOTA, COUNTY OF _____

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.

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)