



THE LION'S ROAR

September 1, 2023

UPCOMING EVENTS

September 4 LABOR DAY

Tuesday, September 5
FIRST DAY SCHOOL 6-12 GRADERS

September 5 & 6
ASSESSMENT DAYS for K-5

Thursday, September 7
FIRST DAY SCHOOL for K-5

Monday, September 11
PICTURE DAY 4K-12

Tuesday, September 12
Jostens Ring Rep here to meet with 10th graders about class rings

Monday, September 18, 7pm
SCHOOL BOARD MEETING

[Click Here](#) to see more upcoming events

ANNOUNCEMENTS

Happy Labor Day Weekend

FIRST DAY SCHOOL for 6th - 12th Graders

Tuesday, September 5, 2023

8:00 - 8:20 Breakfast in cafeteria

8:25 Report to GYMNASIUM (Tardy Bell)

Welcome from Student Council President – Ethan Crouch
Handbook and other updates - Mr. Kjelland

9:00 - Class Meetings - location announced during welcome
Schedules handed out at class meetings

9:30 - Report to Block 1

Computer Handout

10:00 - Seniors

10:15 - Juniors

10:30 - Sophomores

10:45 - Freshmen

1:40 - 8th Grade

1:55 - 7th Grade

2:10 - 6th Grade

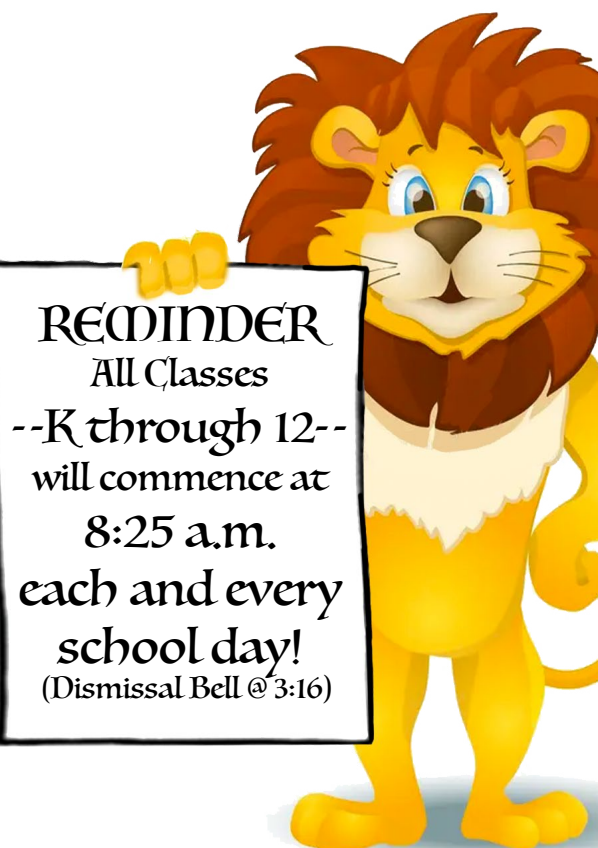
OUR MISSION

*Inspiring
students to meet challenges
with confidence.*



[This weeks
message
from Mr.
Kjelland
Click Here!](#)

Sorry, his video may freeze after about 10 seconds, but the audio does continue. Lots of good, beginning of the year information.



REMINDER

All Classes
--K through 12--
will commence at
8:25 a.m.
each and every
school day!
(Dismissal Bell @ 3:16)

ASSESSMENT DAYS & CONFERENCES

TEACHERS/ GRADES	SEPTEMBER	NOVEMBER	JANUARY	MARCH
Kindergarten - Bjerke/Solberg 1 st Bratland 1 st Becker 2 nd Tollefsrud 2/3 Schultz	Assessment Days 7:45 am - 6:15 pm both days Tuesday, September 5 & Wednesday, September 6 Classes begin Thursday September 7	NO Conferences	Conferences Tues., January 23 & Thu., January 25	NO Conferences
3 rd Morken 4 th Parker 4 th Strand 5 th Hammel 5 th Grinde Deck	Assessment Days 10:15 am - 6:15 pm Tuesday, September 5 & 7:45 am - 3:15 pm Wednesday, September 6 Classes begin Thursday September 7	Conferences 4:00 - 7:00 Tuesday Nov 14, Thursday Nov 16	NO Conferences	Conferences 4:00- 7:00 Thursday Mar 14, Tuesday Mar 19,
6th - 12th Grade	NO Assessment Days Classes begin Tuesday, September 5	Conferences 4:00- 7:00 Tuesday Nov 14, Thursday Nov 16	NO Conferences	Conferences 4:00- 7:00 Thursday Mar 14, Tuesday Mar 19,

SEPTEMBER ASSESSMENT DAYS SIGN UP

K-5 grade parents....

if you haven't signed up for an assessment time
for each of your K-5 children,

please do so ASAP!

Tuesday, September 5 and Wednesday, September 6.

K - 2/3 (Schultz) are 7:45am - 6:15pm both days and
3rd - 5th grade are 10:15 am - 6:15 pm Tuesday, September 5
& 7:45 am - 3:15 pm Wednesday, September 6

The link to sign up on PTCfast for assessments: https://ptcfast.com/schools/Spring_Grove_School

4K OPEN HOUSE TIMES:

Tuesday, September 6 - 8:30-9:15
Tuesday, September 6 - 1:00-1:45
Tuesday, September 6 - 5:30-6:15
Wednesday, September 7 - 9:00-9:45

4K First Day of School

Thursday, September 8 - 8:15-8:30
Drop off in 4K Room from 8:10-8:25

If you are still interested in signing up for 4K
please contact the school office or Bethany
Bergsgaard.

The link is also on the homepage of the school webpage
under "Links for Parents" (bottom of the page)
If you/your student does not attend a fall assessment
day, your student will be marked absent from school.

STUDENT PLANNERS

AVAILABLE IN THE OFFICE

Elementary Planners \$4

5th & 6th grade Planners \$4.25

FREE BOOKS!

Each year we add books to our school library collection and when the shelves get full, some need to find a new home. Stop in the hallway by the office in the next few weeks to take a look and bring some books home.

Picture books and novels!



Classes begin for 6th-12th

TUESDAY, SEPTEMBER 5 8:25 A.M.

Breakfast 8:00-8:20, Tardy Bell 8:25

There will be Assessment days for K-5
on September 5 & 6

Classes begin for grades K-5

THURSDAY, SEPTEMBER 7, 8:25 A.M.

Breakfast 8:00-8:20, Tardy Bell 8:25



YOUR PORTRAITS. YOUR WAY.

**JOSTENS PICTURE DAY
MONDAY, SEPTEMBER 11**

All students 4K through 12th grade will have their photos taken. Photos can be ordered on line through Jostens. Retake day will be Monday, October 9, 2023



FALL PLAY!

**Auditions for "Murder's in the Heir" will be
September 19th and 20th
from 3:30-5pm. Rehearsal begins Oct. 1.**

Almost every character in this hilarious mystery has the weapon, opportunity, and motive to commit the unseen murder, and it's up to the audience to decide who actually did it! Each of the heirs to the tyrannical billionaire Simon Starkweather has the means and the motive to do away with him. Starkweather gathers his family and employees to announce the contents of his will. His lawyer, Lois van Zandt, reveals that he has bequeathed vast fortunes to his befuddled niece Fiona, her

playboy son Jordan, his great-niece Paula (a Southern belle) and his grandson Simon III, as well as to his many servants. Then Lois delivers the bombshell: within hours this will becomes invalid. Of course, the rejected heirs are not pleased. Predictably, the lights go out, and Simon is discovered murdered. Simon III is determined to find his grandfather's killer, with the help of detective Mike Davis. The actors will play the ending that the audience chooses at intermission.

2023-24 SPORTS are UNDERWAY!



Pictures from volleyball at it's home opener on Thursday, August 31 with Hawaiian night and Autograph Night.

September has only started but the fall sporting events are well under way. Varsity football came out on top in their first two games, and so did the varsity volleyball team! Boys and Girls soccer (coop with Caledonia) is also out of the starting gates!

Be sure to check here for Spring Grove schedule of events <https://southeast-conference.org/public/genie/3/school/9/> and here for the Caledonia/SG soccer games: <https://3riversconference.org/public/genie/20/school/2/>



ADMISSION:

Adults \$6/Student \$4

★ Season Passes: ★

Adult \$75/Student \$50/
Senior Citizen (65 or older) \$30

Season passes are good for all regular season HOME volleyball, football, and basketball (boys & girls) games. (not valid for tournament games). To purchase a season pass, stop at the school office



Grants in Place
ROOTed

ROOTed Projects to Begin this Fall

Rural Schools Collaborative is proud to be an honoree of the Compeer Financial General Use Grant, a Grant Program which underscores their commitment to champion the hopes and dreams of rural America. With this award, RSC is pleased to announce three recipients of the ROOTed in Place place-based education grants. Waltham Elementary K-8 in Utica, Illinois, Platteville Middle School, Platteville, Wisconsin AND **Spring Grove Schools, Spring Grove, MN.**

Ms. Gina Morken is the Assistant Superintendent and Transformational Leader at Spring Grove Schools. She uses a blend of expertise in place-based, experiential, whole child, project-based, and community-based learning.

Morken will work with an interdisciplinary team of educators to guide the K-12 students at Spring Grove Public Schools through an exploration of environmental landscapes and local careers by visiting local farms and parks to learn about animals, plants, and farm processes. With the ROOTed in Place Grant, Morken, the teachers, and the students will collaborate to create a design lab in a community building within walking distance from school, to expand the theater programming and to increase the nature and outdoor learning experience in the elementary. The goal is to continue to establish and engrain competencies within the system, and to increase the amount of interactions for students within the community in meaningful ways.

Grants of up to \$2,500 per project were available through this one-time program.

WELCOME to our NEW STAFF



RACHEL STORLIE
Elementary Music (part time)



Vicki Nelson
In House Sub



Thomas Dunkle
Social Studies



Lexi Thorson
School Social Worker

Another new
"worker"
this year...



BUZZ
New security feature

As before, the door to come in when you visit school is Door #1, the door to the office. A new feature is a buzzer system. You will be able to get into the lobby area by Door #1, but the office door will be locked until you "buzz in". Safety for our students and staff!

BREAKFAST

K-12 FREE

Adult/Guest \$2.50

\$.40 single milk

LUNCH

K-12 FREE

Adult/Guest: \$4.95

\$.40 single milk

It's true, all Meals are Free!

NOTE: it is a **FREE MEAL**, **NOT** a Free Buffet.

In order for meals to be free, students must choose at least 3 items at breakfast and at least 3 components at lunch, one of the items/components must be at least a 1/2 cup serving of fruit or vegetable at each meal service. **Only meals that meet the above requirements are free.** Additional entrees, milk or single items will be charged.

Meals that don't meet the requirements and second meals will be charged at the adult price of \$2.50 for breakfast and \$4.95 for lunch.

E-Learning Day Plan

The school district must give annual notice to parents and students of our e-learning day plan at the beginning of the school year. In the event that we fall below the minimum number of days according to state statute (currently 9 days), the district will utilize e-learning days to avoid lengthening the school day or adding days on to the school year. We will not have E-learning days until Day 10.

TECHNOLOGY

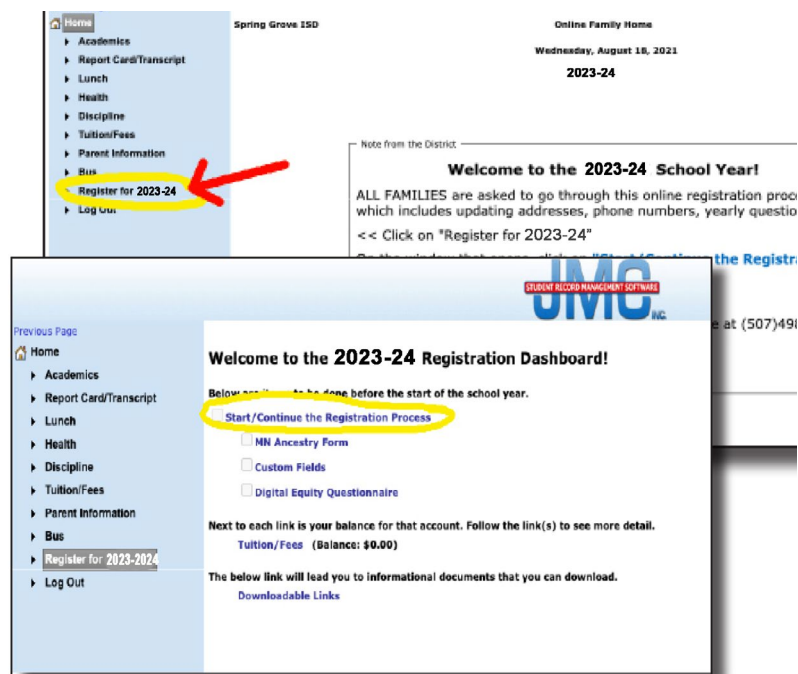
ALL K-12 students and parents **MUST COMPLETE** an Electronic Device Usage Agreement form by Friday, September 8. The form will be sent home with students on Tuesday, or some students may have already received the form at Orientations or electronically.

The form also describes optional insurance for student devices.

PARENTS: UPDATE your Contact Info in JMC

EVERY YEAR we need parents/guardians to update their information that is in JMC (our school software program). Besides contact information, there also are questions that we ask about each of your school age children.

Thank you to those who have already logged into JMC and done so. For those of you who have not gone through the "registration" steps, please do so ASAP. To start, go to <https://sg.onlinejmc.com/>; make sure you are in the 2023-24 school year; click on the "Family" icon; from their click on the "Register for 2023-24" school year on the left hand side. Then continue through the steps



ELEMENTARY ART NOTES

Reminder to elementary
students: please bring a
paint-shirt!



SpringGrove

2023-24 6-12 Grade

SCHOOL SUPPLY LIST

ALL 9-12 Grade Students:

Writing Utensils (pens, pencils)
Notebook & Folders for Each Class
Headphones/or Earbuds
(make sure they are compatible with MacBook Air)

Give to one of your teachers on first day:

- Box of Kleenexes
- Ream of "Xerox" paper

6th, 7th & 8th Grade Students

Backpack
Pencils
Pens
Highlighters
Packet of Post-It Notes (3x3)
\$2 to the school for Math Notebook
Dry Erase Markers & Eraser
1" 3 ring binder
Pencil Box or Zippered Pencil Pouch
Notebooks
2 to 4 Folders
Colored Pencils OR Markers
2 Glue Sticks
Headphones/Earbuds
(make sure they are compatible with MacBook Air)

Give to one of your teachers on first day:

- Box of Kleenexes
- Ream of "Xerox" paper

PE 7/8

Tennis Shoes
Athletic Wear
Deodorant

6 - 8 Grade Science

Notebook
Folder
Glue sticks
Markers or colored pencils
Headphones
Scissors *(optional but very handy)*

Art Classes 7-8

(Sem 2)

2 #2 pencils
pink pearl eraser
folder
20 sheets of copy paper
notebook (can share with
another class)

Choir/Music 7-12

Headphone/earbuds

Band 7-12

Band Instrument
Band Punch Cards purchase
from office (\$10 & \$20 increments)
Pencil

Art Classes 9-12

(Sem 2)

2 #2 pencils
pink pearl eraser
folder
notebook
(can share w/ another class)
sketchbook at least 9 x 11"

English 9-12

Markers or Colored Pencils
Scissors
Glue Stick
3x3 Post-It Notes

Biology

Composition or Lab Notebook
Colored Pencils

Spanish

Notebook
2-Pocket Folder
Writing Utensils that do not match

Computer Application/ Business Classes

Notebook and Folder
For Accounting Class a Calculator

Math Classes 9-12

Box of Dry Erase markers
*(if you wish to use an individual
white board in class)*
Scientific Calculator
(Texas Instrument TI-36X Pro)

Health/PE 9 & Lifetime Fitness

Tennis Shoes
Athletic Wear
Deodorant
Notebook/Folder
Pens

Advance PE

Tennis Shoes
Athletic Wear
Deodorant

Human Anatomy & Physiology

Headphones
Notebook
Folder
Markers or
colored pencils
Glue sticks

Spring Grove

ELEMENTARY SCHOOL SUPPLY LIST 2023-24

PLEASE REUSE any supplies that are in good condition from the previous year.

GRADE	4K	Kinderg arten	First	First	Second	2/3	Third	Fourth	Fourth	Fifth	Fifth
TEACHER	Bergs- gaard	Solberg/ Bjerke	Becker	Bratland	Tollefsrud	Schultz	Morken	Strand	Parker	Grinde	Hammel
Paint Shirt		1*	1	1	1	1	1	1	1	1	1
Water Bottle	1	1*	1	1	1	1	1	1	1	1	1
Box of Kleenex		1	1	1	1	1	1	1	1	2	1
Pencil Box or Pencil Pouch		Pencil Box*	Pencil Box	Pencil Box	1	1	1	pencil box	1	1	1
Quality Scissors		1*	1	1	1	1	1	1	1	1	1
Spiral Notebook, Wide Ruled			2	1	2		1	2	4	2	5
Composition Notebook				1	1	3		2	1		1
1" 3-ring Binder		1*	1					1	1	1	1
2-Pocket Folder	1	1-Plastic	2-Plastic	2-Plastic	2	2-Plastic	4	6	5		5
Headphones		1*	1	1	1	1	1	1	1	1	1
Pencils (#2) with Erasers		10	10 to 12	10-12	10 to 12	10 to 12	10 to 12	10 to 12	10 to 12	10 to 12	10 to 12
Extra Erasers							1	1	1		1
Black OR Blue Pen								2	2		2
Red Pen										1	
Crayons--Box, no more than 24		1Box of 24	2 Boxes of 24	1 Box	1 Box	1 Box	1 Box				or colored pencils
Colored Pencils						1 box		1 box	1 box	1	or crayons
Crayola Markers		1 Box	1 Box	1 Box	1 Box	1 Box	1 Box	1 Box	1 Box		1 Box
Crayola Water Color Paints -set of 8		1									
Play Dough	X (optional)	2 containers	2 containers	2							
Expo Dry Erase Markers		2	4	4	4	4	4	4	4	4	4
Dry Eraser								1	1		
Highlighter								4	4	1	1
Elmer's Glue (7.6 oz or larger)						1			1		
Elmer's Glue Sticks		10	10	4	2	4	2	12	8		4
Ruler					1		1				1
Scotch Tape					1	2	1				1
Post it Notes 3"					1	2		2	2	1	1
Box of 1-Gal Ziploc Bags						1		1	1		
Backpack or School Bag	X	1*	1	1		1	1	1	1		1
Student Planners					1**	1**	1**	1**	1**	1**	1**
Clorox Wipes		X		1	1	1	1	1	1		1
OTHER	Extra Set of Clothes	Towel for rest time								Band Instrument/ Lesson Book	

* label with student name

** purchase Elem Student Planners from school office.
2nd -- 4th Grade \$4 / 5th & 6th grade \$4.25

Does your child have health insurance?

If not, help may be available.

Minnesota Health Care Programs have free and low-cost health insurance for children and families who qualify.

Your child may qualify if your household income is below:

Family size	Monthly income	Yearly income
2	\$4,519	\$54,230
3	\$5,697	\$68,365
4	\$6,875	\$82,500
5	\$8,052	\$96,635

Income is one factor for qualifying. Other rules and limits apply. For more information, call your county office or visit <http://mn.gov/dhs/people-we-serve/adults/health-care/>. These income limits are valid until June 30, 2024.

To get a MNsure application for health coverage and help paying costs (DHS-6696):

- Print one from <http://mn.gov/dhs/people-we-serve/adults/health-care/>
- Call 877-KIDS-NOW toll free

- Call



SPRING GROVE SCHOOLS

113 2nd Ave NW • Spring Grove, Minnesota 55974 | 507.498.3221 | Fax 507.498.3470

Dear Parent/Guardian:

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

To apply, complete the enclosed Application for Educational Benefits and return it to: **Spring Grove Public Schools, Attn: Tanya Elton, 113 2nd Ave NW, Spring Grove MN, 55974**

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

COMMON QUESTIONS:

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

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

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

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

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

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

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

If you have other questions or need help, call Tanya Elton at (507) 498-3221, ext. 103.

Sincerely,

Rachel Udstuen, Superintendent

INDEPENDENT SCHOOL DISTRICT 297

Rachel Udstuen
Superintendent

Gina Meinertz
Assistant Superintendent

Luke Kjelland
Principal

How to Complete the Application for Educational Benefits

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

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

Maximum Total Income

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

Step 1: Children

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

Step 2: Case Number

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

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

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

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

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

2023-24 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). **Mail or return completed form to: (School/District Information) Spring Grove Public Schools, Attn: Tanya Elton**

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (Y)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIIP or FDIPIR? Medical assistance **does not** qualify. If **NO** > Go to STEP 3.

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

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

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

B. Child Income.

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

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

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

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs				Report income before deductions or taxes in whole dollars (no cents).	Are you Self-Employed or a Farmer?		Any Other Gross Income					
	Weekly	Bi-weekly	2x Month	Monthly		Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

STEP 4: Contact information and adult signature. "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

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

Printed name of adult signing form	Daytime Phone
Address (if available)	Ap# City Zip

SIGN HERE: Signature of Household Adult _____ **Date** _____

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

Determining Official Signature: _____ **Date:** _____

Confirming Official Signature: _____ **Date:** _____

OPTIONAL: Children’s Racial and Ethnic Identities

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

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

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

INSTRUCTIONS: Sources of Income

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Examples	Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none">Earnings from workSocial Security<ul style="list-style-type: none">Disability PaymentsSurvivor’s BenefitsIncome from person outside the householdIncome from any other source	<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wagesA child is blind or disabled and receives Social SecurityA Parent is disabled, retired, or deceased, and their child receives Social Security benefitsA friend or extended family member regularly gives a child spending moneyA child receives regular income from a private pension fund, annuity, or trust	<ul style="list-style-type: none">Salary, wages, cash bonuses (before deductions or taxes)Net income from self-employment (farm or business)If you are in the U.S. Military:<ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)Allowances for off-base housing, food and clothing	<ul style="list-style-type: none">Cash Assistance from State or local governmentSupplemental Security IncomeUnemployment benefitsWorker’s compensationAlimony paymentsChild support paymentsVeteran’s benefitsStrike benefits	<ul style="list-style-type: none">Social SecurityDisability benefitsRegular income from trusts or estatesAnnuitiesInvestment incomeRental incomeRegular cash payments from outside household

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPRI) case number or other FDPRI identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

Nondiscrimination statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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

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

- (1) **mail:** U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) **fax:** (833) 256-1665 or (202) 690-7442; or
- (3) **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

4K STUDENT REGISTRATION & ENROLLMENT FORM

SPRING GROVE PUBLIC SCHOOLS

GENERAL INFORMATION & INSTRUCTIONS:

This registration form must be completed by the parent/guardian of the child. Please PRINT the information.

CHILD IDENTIFICATION INFORMATION

Child's Legal Name <i>(First, Middle, Last)</i>		
Child's Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
Primary Contact		Relationship <i>(mom & dad, mom, dad, guardian)</i>
Primary Address		
City	State	Zip Code
Primary Email		PASSWORD -- If brand new to Spring Grove Schools, please submit a Password for JMC. JMC is our school software for lunch accounts, grades, attendance, etc.

EMERGENCY CONTACTS

PHONE NUMBER	NAME	RELATIONSHIP <small>(mom, dad, uncle, aunt, etc)</small>	TYPE
			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____
			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____
			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____
			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____

PREVIOUS HEALTH & DEVELOPMENTAL SCREENING INFORMATION

Has your child received a comprehensive health and developmental screening as a preschooler (3-5 years old)? ☐ YES ☐ NO

If YES, screening date: _____ WHERE: _____

Has your child ever been evaluated for special education or ever received special education services through an Individual Education Plan (IEP), Individual Family Service Plan (IFSP) or Individual Interagency Intervention Plan (IIIP)? ☐ YES ☐ NO

☐ I give the Spring Grove School District permission to administer sunscreen & insect repellent as needed.

HEALTH HISTORY: _____

ALLERGIES: _____

MEDICATIONS: _____

Other Health Issues: _____

SIBLINGS: Please list names and dates of birth of other brothers and sisters living in the household

Name	Birthdate

*You are not done yet!
Please complete
the back →*

PRIMARY/SECONDARY LANGUAGE INFORMATION

Which Language did your child learn first?

☐ English ☐ Other (specify): _____

Which language is most often spoken in your home?

☐ English ☐ Other (specify): _____

Which language does your child usually speak?

☐ English ☐ Other (specify): _____**RACIAL/ETHNICITY**

- ☐ Hispanic-Latino
☐ American Indian-Alaskan Native
☐ North American Indian
☐ Asian
☐ Black-African American
☐ Hawaiian/Pacific Islander
☐ White

ENROLLMENT

Classes fill up quickly. Please register early to ensure a spot in our program.

Which session would you prefer? (must be 4 years old by September 1st)

	A.M. Session 8:15 - 11:15 a.m. (M - Th)	\$195/month
	P.M Session 12:15 - 3:15 p.m. (M - Th)	\$195/month

*** Payments will be due the 5th of the month.*There is a **\$25 registration fee.***All checks payable to: Spring Grove Public Schools***PERSONS AUTHORIZED TO PICK UP CHILD:**

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Under no circumstances will a child be released to anyone not known to the school without authorization from parents or guardians.**TRANSPORTATION**

Midday in-town transportation (drop-off after morning session or pick-up for afternoon session) will be available for a fee. Would you like this transportation? _____ Yes _____ No

PARENT/GUARDIAN VERIFICATION OF INFORMATION

I hereby verify that the above information is true and correct to the best of my knowledge.

Signature -- Parent/Legal Guardian_____
Date

Please send completed application and \$25 registration fee to:
Spring Grove Public Schools, 113 2nd Ave NW, Spring Grove, MN 55974