



STUDENT INFORMATION FORM

I. STUDENT INFORMATION (PLEASE PRINT)

Last Name _____ First Name _____ M.I. _____

Primary Address _____

City: _____ State: _____ Zip: _____

Sex: Female _____ Male _____ Preferred Pronouns (she/her, he/him, etc.) _____

Student's Birthday ____ / ____ / ____ Student will be in ____ grade in the 20__ - 20__ school year

II. STUDENT ETHNICITY & RACE (CHOOSE ALL THAT APPLY)

Is student Hispanic/Latino? _____ Yes, Hispanic/Latino _____ No, not Hispanic/Latino
(Of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture or origin, regardless of race.)

American Indian or Alaska Native _____
(A person having origins in any of the original peoples of North, South and Central America, and who maintains tribal affiliation or community attachment.)

Asian _____
(A person 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, Philippine Islands, Thailand & Vietnam.)

Black or African American _____
(A person having origins in any of the black racial groups of Africa.)

White/Caucasian _____
(A person having origins in any of the original peoples of Europe, the Middle East or North America.)

Native Hawaiian or Pacific Islander _____
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)

III. TRANSPORTATION (PLEASE PRINT)

Laura Jeffery Academy provides transportation within the city of St. Paul for students who live more than 1 mile away from LJA. Our school bus service is operated by Saint Paul Public Schools and includes a transfer at Ramsey Middle School.

Do you plan on using our school bus service? Yes _____ No _____ Maybe _____

Are you interested in carpooling with other LJA families who live in your neighborhood?
Yes _____ No _____ Maybe _____

PLEASE RETURN THE COMPLETED FORM ONE OF THE FOLLOWING WAYS:

EMAIL: info@laurajeffreyacademy.org

FAX: 651-414-6006

MAIL/DROP-OFF: 1550 Summit Ave, Saint Paul, MN 55105



**LAURA JEFFREY
ACADEMY**

IV. HEALTH (PLEASE PRINT)

Does your student have any health concerns that we should be aware of? If so, what are they?
(All families will also be asked to fill out a Student Health Information form at the beginning of each school year.)

V. BACKGROUND (PLEASE PRINT)

Tell us a little bit about your student. What are their strengths, talents, or interests?

What poses challenges for your student? What do you or teachers do that helps your student work through challenges?

VI. SCHOOL HISTORY (PLEASE PRINT)

Please list all schools attended prior to LJA beginning with preschool. Indicate if homeschooled for any grades or if more than one school was attended during a school year.

<u>School Name</u>	<u>Grades Attended</u>	<u>City, State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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VII. MISC

For the purposes of communication and safety, are there any custody arrangements related to your child that LJA should be aware of?

Yes_____ No_____ (If yes, please be sure to communicate the specifics with us.) _____

Is there a computer or tablet with Internet access at home for the student to use?

Yes_____ No_____ Sometimes_____

Does your family need help connecting with local agencies to assist with housing, child care, health care, early childhood education, mental health services, eating disorders, addiction recovery or violence prevention services?

Yes_____ No_____

Presently are you or any of your household members in any of the following living situations?

- | | | |
|--|--|--|
| <input type="checkbox"/> Sharing housing of others due to loss of housing, economic hardship or similar reason | <input type="checkbox"/> Unsheltered (living in a car, street, abandoned building) | <input type="checkbox"/> Migrant worker |
| <input type="checkbox"/> Staying in a shelter | <input type="checkbox"/> Staying in a motel/hotel due to loss of housing | <input type="checkbox"/> Transitional housing unit |
| | | <input type="checkbox"/> Unaccompanied youth (under 18 with no guardian) |

The McKinney-Vento Act is a federal law that defines homeless children and youths as individuals who lack a fixed, regular, and adequate nighttime residence. The act guarantees certain rights to eligible children and youth. If you answered yes to any of the above questions, your student qualifies for benefits such as free meals and special transportation through the McKinney-Vento Act.

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ACADEMY**

VIII. PARENT/GUARDIAN CONTACT INFORMATION (PLEASE PRINT)

Name(s): _____ Relationship to student: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #1: _____ home/mom cell/dad cell/mom work/dad work/other _____
Please circle one

Phone #2: _____ home/mom cell/dad cell/mom work/dad work/other _____
Please circle one

Phone #3: _____ home/mom cell/dad cell/mom work/dad work/other _____
Please circle one

Primary e-mail address: _____

PARENT/GUARDIAN CONTACT INFORMATION (IF DIFFERENT THAN ABOVE)

Name(s): _____ Relationship to student: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #1: _____ home/mom cell/dad cell/mom work/dad work/other _____
Please circle one

Phone #2: _____ home/mom cell/dad cell/mom work/dad work/other _____
Please circle one

Phone #3: _____ home/mom cell/dad cell/mom work/dad work/other _____
Please circle one

Primary e-mail address: _____

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

Parent/Guardian Signature _____ **Date** _____

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**LAURA JEFFREY
ACADEMY**

UNIQUE LEARNING NEEDS

Laura Jeffrey Academy provides comprehensive special education services for eligible students. The following questions are essential to ensure we can plan educational services and accommodations in a timely manner for all newly enrolled students. Please respond to each question with a legal guardian's signature indicating all information is correct.

Student Name _____ Legal Guardian Name _____

Special Education Services	
<input type="checkbox"/> YES, my child currently has an IEP (Individual Education Plan) Answer the questions below.	<input type="checkbox"/> NO, my child does not currently have an IEP (Individual Education Plan) Answer the questions below.
<p>1. My child qualified for special services in the following category (check all that apply):</p> <p> <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Written Language <input type="checkbox"/> Other Health Disability <input type="checkbox"/> Developmental Cognitive Disorder <input type="checkbox"/> Emotional/Behavioral Disability <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Speech or Language Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Other (explain below) </p> <p>2. When did your child first begin receiving special services? _____ (date)</p> <p>3. If your child has a current IEP, a required IEP meeting will be arranged in a timely manner, before school starts if possible.</p> <p style="text-align: center;">If you have your child's IEP and evaluation report at home, please provide us with a copy as soon as possible.</p>	<p>Please INITIAL all that apply:</p> <p>1. _____ My child has never been assessed for special education services.</p> <p>2. _____ My child was evaluated for special education services by _____ school during the _____ school year and DID NOT qualify.</p> <p>3. _____ My child was supported with special education services at _____ school(s) for the _____ school year(s). The IEP ended on _____ (date). The IEP addressed the following learning needs:</p> <p> <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Writing <input type="checkbox"/> Speech/Language or Hearing <input type="checkbox"/> Behavioral/Emotional/Social Skills <input type="checkbox"/> Developmental Delay in Early Childhood <input type="checkbox"/> Cognitive Delay <input type="checkbox"/> Health or physical needs <input type="checkbox"/> Fine or gross motor skills (OT) <input type="checkbox"/> Other <input type="checkbox"/> Not sure or don't know </p> <p>4. _____ My child qualified for special education services and we decided to decline the services.</p>

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General Education Services

_____ **Has your student had extra academic/behavior support in the past? Please check all that apply.**

- | | |
|---|---|
| _____ Tutoring | _____ English Language Learner services (ELL) |
| _____ Reading intervention class | _____ Title I Class |
| _____ Math intervention class | _____ Summer School |
| _____ Social Skills Class | _____ Gifted and Talented Services |
| _____ 504 plan (provide a copy of the plan) | _____ Other behavior intervention/supports |

Explain any item checked above: _____

Has your student ever been retained or held back a grade? _____ No _____ Yes (grade_____)

Has your student ever been accelerated or skipped a grade? _____ No _____ Yes (grade_____)

Does your student have trouble getting to school on time or have too many absences? _____ No _____ Yes

If yes, explain _____

Have you had concerns about the quality of your student's school or classroom instruction in the past?

Interagency Coordination
It takes a village to raise a child.

Please list any services your child gets from other providers. This information will be used in order to plan proactively for your child's success at Laura Jeffrey Academy. Before LJA staff communicates with any outside provider, a parent/guardian will be asked to sign a release of information form authorizing information sharing.

- | | |
|--|-------------------------------|
| _____ County Mental Health Social Worker | Name:_____ Phone:_____ |
| _____ Guardian Ad Litem | Name:_____ Phone:_____ |
| _____ Counselor/Therapist/Psychiatrist | Name/Agency:_____ Phone:_____ |
| _____ Private Speech, OT or PT | Name/Agency:_____ Phone:_____ |
| _____ Private Tutor: | Name:_____ Phone:_____ |

List any additional important services or individuals who could team with school staff:

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**LAURA JEFFREY
ACADEMY**

HOME LANGUAGE SURVEY

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

Student Information		
Student's Full Name: _____ Birth Date: _____		
	Check the phrase that best describes your student:	Indicate the language(s) other than English in the space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English	
2. My student speaks:	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English	
3. My student understands:	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English	
Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.		
Parent/Guardian Information		
Parent/Guardian Name (printed): _____		
Parent/Guardian Signature: _____ Date: _____		

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**LAURA JEFFREY
ACADEMY**

LAURA JEFFREY ACADEMY FEEDBACK FORM

WHERE STUDENTS BECOME SCHOLARS

We love feedback and would appreciate your insights about our enrollment process.

I. HOW DID YOU HEAR ABOUT US? (CHECK ALL THAT APPLY)

- | | | | |
|--|---------------------------------------|--|------------------------|
| <input type="checkbox"/> Social Media | <input type="checkbox"/> News Article | <input type="checkbox"/> GreatSchools.org | Other (Please specify) |
| <input type="checkbox"/> Google Search | <input type="checkbox"/> Niche.com | <input type="checkbox"/> From a current or former LJA Family | _____ |

II. TOUR EXPERIENCE

If you completed a tour of our school prior to enrolling, how would you rate your tour experience on a scale of 1-10:

1-Disappointed 2 3 4 5-Average 6 7 8 9 10-Excellent

Did you tour any other schools? If so, which ones?

III. ADDITIONAL FEEDBACK

What ideas do you have that could help other families learn about LJA?

What ideas do you have that could improve our enrollment process?

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**LAURA JEFFREY
ACADEMY**

GENERAL PERMISSION SLIP

**PARENT OR GUARDIAN - THIS FORM CONTAINS MULTIPLE PERMISSIONS.
PLEASE SIGN AND DATE EACH OF THE AREAS BELOW.**

Student Name: _____

- I hereby give permission to Laura Jeffrey Academy to publish photographs in materials (including LJA website and Facebook page, print materials, and video) that describe the work of Laura Jeffrey Academy. Teachers may use pictures for educational reasons, in the classroom, and around the school.
- I understand that if the above become public information, it may subsequently be reproduced, printed, or released by other agencies, individuals, or organizations and that I do not have the right to review and/or approve the information relating to me prior to its release.
- I understand that I may revoke this consent at any time unless the information has already been released.
- I understand that I will not get paid for the use of this information
- I understand that my decision is voluntary and will not affect, in any way, current or future delivery of services to me.
- I have been informed about what this information will be used for and that my signature amounts to a waiver of any claim I might have against Laura Jeffrey Academy or any of its employees or volunteers due to the release of information.

Photo Release - Parent/Guardian Signature _____ Date _____

- Laura Jeffrey Academy will take field trips throughout the year. Students may take walking field trips in the neighborhood as well as transported field trips. By signing below, you are giving permission for your child to participate in supervised field trips and other activities as designated and/or approved by the staff of Laura Jeffrey Academy that will occur outside of the school building.

Field Trip Release - Parent/Guardian Signature _____ Date _____

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**LAURA JEFFREY
ACADEMY**

TRANSFER OF STUDENT RECORDS REQUEST

A TRANSFER OF RECORDS IS BEING REQUESTED OF:

Previous School Name

City

State

Re: (Student's Name) _____

Date of Birth: _____

Please take note that the above referenced student enrolled/intends to enroll at Laura Jeffrey Academy beginning _____. Send records to info@laurajeffreyacademy.org or fax to 651-414-6006.

The following records are being requested: (Please send entire student record file if allowed by district policy.)

- A transcript of all grades and copies of progress notices
- MCA or other standardized test results
- NWEA or other MAP test results
- Student behavioral records
- Special Education records (entire special education file, including IEPs, evaluation reports, prior written notices, progress reports, behavior plans, etc.)
- 504 plan, including medical documentation to support the 504 plan
- Student intervention records (math, reading, socio-emotional, behavior)
- Immunization & Health records

I hereby grant permission for the transfer of the above-mentioned records:

Parent/Guardian Signature

Date

Education data is governed by state law (Minnesota Statutes, section 13.32). Per the Family Educational Rights and Privacy Act (FERPA), parental permission is no longer required when records are requested by authorized school personnel.

Schools cannot withhold records because a student owes money (Statute 120.74 subd. 2).

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STUDENT CODE OF ETHICS WITH WEB 2.0* PRODUCTS AND DIGITAL MEDIA

DETACH AND KEEP FOR FUTURE REFERENCE.

***WEB 2.0 GENERALLY REFERS TO THE USE OF THE WEB WHERE USERS INTERACT WITH THE INTERNET.**

- Students accessing or using Web 2.0 products including, but not limited to blogs, wikis,
- Podcasts, Google Applications, etc., for student assignments are required to keep personal information out of their postings. Students will not post or give out photographs of themselves or others, their family name, password, user name, email address, home address, school name, city, country or other information that could help someone locate or contact them in person.
- Students will not log in as another classmate or share the personal information of a classmate.
- Students will not share their password with others including classmates.
- Students using Web 2.0 tools will treat these tools as a classroom space. Speech that is inappropriate for class is not appropriate on Web 2.0 tools. Students will treat others and their ideas with respect. The school may restrict speech for valid educational reasons.
- Assignments on Web 2.0 tools are like any other assignment in school. Students are expected to abide by policies and procedures in the Student Handbook, including those policies regarding plagiarism and acceptable use of technology.
- Students will not use the Internet, in connection with the teacher assignments, to harass, discriminate or threaten the safety of others. If students receive a comment on any Web 2.0 tools used in school that makes them feel uncomfortable or is not respectful, they must report this to a teacher, and must not respond to the comment.
- Students will not view, send or receive materials on campus or with school issued e-mail accounts that may be considered obscene or inappropriate. Notify an LJA staff member immediately if inappropriate materials are found or received.
- Students accessing Web 2.0 tools from home or school using school equipment will not download or install any software without permission, and not click on ads or competitions.
- Students will not use the LJA network in such a way that would disrupt the use of the network by other users or take any action that disrupts system performance. Do not move, delete, overwrite, or in any way destroy another user's data.
- Students should be honest, fair and courageous in gathering, interpreting and expressing information. Always identify sources and test the accuracy of information from all sources.
- Students are accountable to their readers, listeners, and viewers and to each other. Admit mistakes and correct them promptly. Expose unethical information and practices of others.
- Failure to follow this Code of Ethics will result in disciplinary action and restriction of access to these important educational tools. Educational sanctions may be imposed such as reduction or loss of grade. Sanctions or disciplinary action may be taken regardless of whether the student is located on campus when the violation occurs. Disciplinary action may include informing law enforcement.



**LAURA JEFFREY
ACADEMY**

LJA WEB 2.0* AND DIGITAL MEDIA PERMISSION FORM

***WEB 2.0 GENERALLY REFERS TO THE USE OF THE WEB WHERE USERS INTERACT WITH THE INTERNET.**

LJA will abide by the Children's Internet Protection Act of 2001 (CIPA), updated in 2011.

- All Internet enabled computers used by students, patrons, and staff will be subject to the LJA Internet filter.
- Online activities of minors will be supervised by staff and monitored for appropriate use.
- Staff will ensure safe and secure use of approved direct electronic communications by minors. This includes monitoring for interaction on social networking websites and chat rooms, and cyber bullying awareness and response.
- Unauthorized disclosure, use, and dissemination of personal information of minors is prohibited.
- LJA reserves the right to monitor and inspect any files, e-mails and content on an LJA owned digital device including content created off campus on school Web 2.0 tools.
- Students are not given access to connect to the school's internet on personal devices including on personal phones, mp3 players, e-readers, tablets or laptops.

We have read and understand the Student Code of Ethics with Web 2.0 Products and Digital Media.

We understand that any student violation of the code of ethics may result in loss of access to online learning tools, academic sanctions (including loss of grade) or disciplinary actions including suspension or legal actions including the involvement of law enforcement as outlined in the LJA Discipline Policy.

Digital Media Release - Student Signature _____ Date _____

Digital Media Release - Parent/Guardian Signature _____ Date _____

I give my permission for my child to have an LJA issued e-mail address and use school issued Web 2.0 tools for school purposes. Students will only be allowed to e-mail other LJA users with this account.

E-Mail Release - Parent/Guardian Signature _____ Date _____

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**LAURA JEFFREY
ACADEMY**

MEDICATION AUTHORIZATION FORM

Parent/guardian AND a licensed health care professional must provide written permission for school personnel to administer medication(s) every school year.

Student: _____ DOB: _____ Grade: _____

PHYSICIAN/LICENSED PROVIDER - PLEASE COMPLETE

MEDICATIONS REQUIRED DURING SCHOOL HOURS

All authorizations expire at the end of the school year or the following Extended Year Summer (ESY) session

Diagnosis/Reason for Medication	ICD10 Code	Medication	Dose	Time	Route	Possible Side Effects
1.						
2.						
3.						

Inhaler - please include Asthma Action Plan:

- Student may carry/self administer his/her inhaler according to the licensed prescriber's instructions. This student has been instructed on proper use, side effects, and safeguards regarding this medication.
- It is my professional opinion that this student **should not carry** his/her inhaled medication.

Epinephrine auto-injector - please include Anaphylaxis Action Plan:

- Student may carry/self administer epinephrine auto-injector (Epi-Pen™) according to the licensed prescriber's instructions. This student has been instructed on proper use, side effects, and safeguards regarding this medication.
- It is my professional opinion that this student **should not carry** his/her Epi-pen/auto-injector.

Other:

- Student may carry/self administer _____ (Please identify).

Signature of Licensed Health Care Provider **Printed name** of Licensed Health Care Provider **Date**

Clinic Name/Address Clinic Phone # Clinic Fax #

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**LAURA JEFFREY
ACADEMY**

Parent/Guardian Medication Authorization

- 1. I request the medication listed be given during school hours as ordered by this student's licensed health care provider. Only daily medications and those for life threatening/emergency conditions will be sent on field trips.*
- 2. I will provide the school with physician/licensed prescriber authorization for any change in medication(s) and/or treatment(s). (Example: dosage change, time change, discontinued, etc.)*
- 3. I give permission to designated school staff to administer the above medication(s) and/or perform treatment(s). I release the school personnel from any liability in the administration of this medication(s) or treatment.*
- 4. I understand that school health staff cannot administer the medication(s)/treatment(s)/procedure(s) indicated on this form without authorization from both my student's physician/licensed prescriber and guardian/parent.*
- 5. I give permission for health office staff to consult with this student's licensed health care provider regarding questions about the above medical condition(s) and medication/procedure being used to treat the condition.*
- 6. I give permission for the health office staff to communicate as needed with school staff about my student's health condition(s) and the action of the medication and/or treatment.*

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____ Tel # _____

MVNA/HCMC School Health Consultation April 2016

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Student Digital Equity Survey

Instructions

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

Student Information

First name: _____

Last name: _____

Grade: _____

Student Primary Address: _____

Digital Device Access

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

No (skip to question 2)

Yes (continue to 1a)

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

(select ONLY one)

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

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

- Yes
- No

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

- Yes
- No

Internet Access

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

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

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

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

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

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

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 _____

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