

BUS #	TEACHER/COUNSELOR	STUDENT ID#	ROOM #
RE-ENROLL? <input type="checkbox"/> Yes <input type="checkbox"/> No	BIRTH CERTIFICATE	PRESCHOOL SCREENING	RECORDS REQUESTED
MARRS #	START DATE	LANGUAGE	LAST LOC
	ALC <input type="checkbox"/>	NEEDS TRANSPORTATION <input type="checkbox"/> Yes <input type="checkbox"/> No	
	ENTRY CODE	ENTRY DATE	

Legal Last Name	First Name	Middle Name	Nickname	(voluntary)	Ethnicity: (State of MN Mandate) Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No (Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture or origin, regardless of race)
Birth Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade	Date moved to #592	<input type="checkbox"/> Special Ed <input type="checkbox"/> Active IEP <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> ESL <input type="checkbox"/> 504 <input type="checkbox"/> Currently Expelled	Student's Race: (Choose one or more) <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black, African American <input type="checkbox"/> White, not of Hispanic Origin
Major Health Concerns	Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Other Relationship: _____				

**FAMILY INFORMATION**

**\* Primary Contact for District Announcements**

* Primary Parent/Guardian #1:	First Name	Relationship	Street Address	City, State, Zip	Home Phone <input type="checkbox"/> Confidential	Work Phone
Last Name						
* Primary Parent/Guardian #2:	First Name	Relationship	Email (used most often)	Cell Guardian #1	Cell Guardian #2	Work Phone
Last Name						

Request Second Household Mailing:  Yes  No  Homeless, living in a shelter or motel, living with friends or family, temporary foster care, etc.

Parent/Guardian Second Household	First Name	Relationship	Street Address	City, State, Zip	Home Phone <input type="checkbox"/> Confidential	Work Phone
Last Name						
Parent/Guardian Second Household	First Name	Relationship	Email (used most often)	Cell Guardian (2 <sup>nd</sup> household)	Cell Guardian (2 <sup>nd</sup> household)	Work Phone
Last Name						

**Previous School (s) Attended**

Name of School	City	State	Dates

**Other Siblings under 21 in home**

Last Name	First Name	Gender	Birth date	School attending
Last Name	First Name	Gender	Birth date	School attending
Last Name	First Name	Gender	Birth date	School attending

**HOME LANGUAGE QUESTIONNAIRE**

First language learned by student other than English?	Language normally used by student with friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language normally used by student at home?	Can adult in the home read English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What language do adults in the home speak?		

# PERSONAL AND FAMILY DATA FOR SCHOOL RECORDS

Independent School District #592  
Climax, Minnesota 56523

STUDENT'S NAME _____			MALE: _____	FEMALE: _____
First	Middle	Last		
ADDRESS _____			PHONE # _____	
			CELL #: _____	
BIRTHDATE _____		BIRTHPLACE _____		
Month	Day	Year	City	County State
_____ American Indian/Alaskan Native		_____ Asian/Pacific Islander		_____ Hispanic
_____ Black/Not of Hispanic Origin		_____ White/Not of Hispanic Origin		

**PREVIOUS SCHOOLS ATTENDED:**

Name of School	Address	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the student ever been enrolled in a Minnesota school system? If yes, where? \_\_\_\_\_

**FATHER'S INFORMATION:**

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Work Hours: \_\_\_\_\_

**MOTHER'S INFORMATION:**

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? ANSWER Yes \_\_\_\_\_ No \_\_\_\_\_

**SIBLINGS:**

First	Middle	Last	Gender	Birthdate	Birthplace
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



**COMPLETE ONLY IF YOUR STUDENT TAKES MEDICATION(S) AT SCHOOL**

Student's Name:		Date of Birth:	Allergies:	
Teacher/Grade:		Parent/Guardian's Name:		Daytime Phone #:
Medication:		Date Started:	Reason for Medication:	
Dosage:	Time to be given:	Route of Administration:	Possible Side Effects:	
Termination Date:	Special Instructions:			
Health Care Provider's Name:		Clinic Name:		
Clinic Phone #:		Clinic Fax #:		

**Request to Administer Medication at School**

*Please complete the following information and return to the student's school.*

- The school nurse, teacher, or person designated by the school nurse is authorized to administer the above medication as directed.
- By signing this form, I authorize the release of my child's health information to appropriate school staff and request that this medication is administered to my child as prescribed.
- I authorize the prescriber and the school nurse to exchange information necessary for the safe administration of this medication.
- I release school personnel from liability in the event adverse reactions result from medication(s) and/or treatment(s)/procedure(s).

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

**Health Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**No Medications (including Over the Counter meds such as Tylenol) will be given unless Parent and Health Care Provider have filled out the "Request to Administer Medication at School" form.**

A supply of the properly labeled prescription from the pharmacy should be left at school. It is the parent's responsibility to supply medications for administration to the school and gather the medication supply when discontinued or at the end of the school year (whichever is first). Medications that are left after the school year will be destroyed.

**Please fax this completed form to:**

Climax-Shelly Public School  
Attn: Jill Perkerewicz, RN  
Fax: (218) 281-7376

PO Box 403 • Crookston, MN 56716  
218-281-3385 (office) • 218-281-7376 (fax)



Climax-Shelly School Phone: (218) 857-2385 Fax: (218) 857-3544

**Climax-Shelly School Health Information Sheet: Parent's Report**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 EMERGENCY CONTACT (if parent is unavailable): Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

YES	NO	PROBLEM	IF YES, EXPLAIN
		Vision Problem: Glasses or Contacts	
		Hearing Problems	
		Allergies: To What? Type of Reaction?	
		Stomach Problems	
		Heart Problems (Ex: Murmur)	
		Skin Problems	
		Bladder or Kidney Problems	
		Bone, Joint, or Muscle Problems	
		Diabetes	
		Lung Problems (Ex: Asthma)	
		Epilepsy or Seizures	
		Surgeries or Hospitalizations	
		Mental Illness (Ex: Depression, Anxiety, etc.)	
		Emotional Problems	
		Behavior Concerns (Ex: concerns, ADD, ADHD, etc.)	
		OTHER: Chickenpox History	Date of Chickenpox Illness: _____

\*The items in RED will need additional paperwork completed each school year. The School Nurse will send you the forms.

Does your child take any medication? \_\_\_ Yes \_\_\_ No Does your child take medication at school? \_\_\_ Yes \_\_\_ No

If medications are to be given in school, please contact the Climax-Shelly School for the **Medication Consent Form**. The form is **REQUIRED** for all medications taken at school including prescription and over the counter meds and must be signed by BOTH the medical provider and the parent.

I agree to allow the above information to be shared with teachers and staff in order to provide comprehensive care to my student.

**Parent or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for completing and returning these forms. Please let me know if you have questions or concerns regarding your child's health!

Jill Perkerewicz, Registered Nurse; Polk County Public Health

PO Box 403 • Crookston, MN 56716  
 218-281-3385 (office) • 218-281-7376 (fax)

# Climax-Shelly School

## 2024-2025 School Calendar

August 2024							0 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	

September 2024							20 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30						

October 2024							21 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	31			

November 2024							19 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
					1	2	
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	

December 2024							15 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30	31					

**New Student Registration**  
July 23rd, 2024 5:00-7:00 pm

**First and Last Day of School**  
First—September 3, 2024  
Last—May 22, 2025

**Staff Development Days-No School For Students**  
August 26, 27, 28, 29, & 30, 2024  
January 20, 2025  
May 23, 2025

**Early Out- Students Dismissed @ 1:00 pm**  
October 4, 2024(staff development)  
November 27, 2024  
December 20, 2024  
April 17, 2025(staff development)

**School Closed/Holiday Break**  
Labor Day--September 2, 2024  
MEA Break--October 17 & 18, 2024  
Thanksgiving break--November 28 & 29, 2024  
Christmas Break--December 23, 2024-January 1, 2025  
February 14, 2025  
President's Day--February 17, 2025  
Easter Break--April 18 & 21, 2025

**Parent Teacher Conferences- Early Out @ 1:00 pm**  
October 15, 2024  
February 13, 2025

**Graduation**  
May 17, 2025

**End of the Quarter**  
End of 1st 9 weeks--November 1, 2024  
End of 2nd 9 weeks--January 17, 2025  
End of 3rd 9 weeks--March 21, 2025  
End of 4th 9 weeks--May 23, 2025  
171 Student Days  
179 Staff Days

January 2025							21 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

February 2025							18 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28		

March 2025							21 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						

April 2025							20 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30				

May 2025							16 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	

June 2025							0 Days
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30						

# Climax-Shelly School Supply List 2024-2025

## Preschool: PRINT NAME ON EVERYTHING BEFORE IT IS BROUGHT TO SCHOOL

Backpack	1 Glue Stick	1 Old Shirt(for painting)	1 Box Crackers
1 box Kleenex		Tennis Shoes	8 Count Markers

\*Bag with extra clothing to keep in your locker (include students name on all clothing)

## Kindergarten: DO NOT PRINT NAME ON ANYTHING

Backpack	2 Boxes of Kleenex	10 Glue Sticks	1 Box Markers
1 Box Crayons	1 Pair of Headphones (with cord, no earbuds)		4 Large Boxes of Crackers or similar snack

\*Bag with extra clothing to keep in your locker (include students name on all clothing)

## 1<sup>st</sup> Grade: PRINT NAME ON EVERYTHING

Backpack	1 Composition Notebook	3 Glue Sticks	1 Bottle Elmer's Glue	Crayons
Pencils	Fiscars Brand Scissors	Crayola Markers	Large Pink Eraser	2 Boxes Kleenex
Pencil Box	4 Dry Erase Markers	1 Spiral Notebook	1 Folder with Pockets	2 Boxes of Crackers

Headphones (to leave at school)      \*Bag with extra clothing to keep in your locker (include name on all clothing)

## 2<sup>nd</sup> Grade: PLEASE WRITE YOUR NAME ON ALL SUPPLIES, SHOES, JACKET, SNOWPANTS, ETC...

Backpack	1 Spiral Notebook	4 Large Glue Sticks	1 Box Kleenex	Pencil Box
Calculator	Crayola Markers	24 Count Crayons	Large Pink Eraser	Ear Buds (to keep in school)
Pencils	2 Box Crackers	Fiscars Brand Scissors		

## 3<sup>rd</sup> Grade: PLEASE LABEL ALL SUPPLIES

Backpack	2 Glue Sticks	3 Spiral Wide Ruled Notebooks (different colors)	2 Black Sharpie Markers
Ruler	5 Red Pens	Pencils (no mechanical)	2 Boxes Kleenex
Erasers	Scissors	2 Packages 3x5 Notecards	1 Pair of Earbuds (to be left at school)

1 Box Crayons, Markers, or Colored Pencils

## 4<sup>th</sup> Grade: PLEASE LABEL ALL SUPPLIES

Backpack	Erasers	Pencils(no mechanical)	2 Wide Ruled Notebook	2 Glue Sticks	Black Sharpie
Ruler	Scissors	2 Boxes Kleenex	Calculator	1 Box Crayons, Colored Pencils	
Pencil Box	1 Red Pen	2 Folders with Pockets	2 Composition Notebook	Ear Buds (left at school)	

## 5<sup>th</sup> Grade: PLEASE LABEL ALL SUPPLIES

Backpack	Pencils	Box of Band-Aids	Pack of Red Pens	Pencil Box	Scientific Calculator
Scissors	2 Glue Sticks	2 Sharpie Markers	2 Boxes Kleenex	Ruler	4 Highlighters
1 Composition Notebook		1 Box Colored Pencils	1 Box 8 Pack Markers	Deodorant	
Ear Buds (left at school)		200 3x5 Lined White Note Cards		100 Sheets Wide Ruled Loose Leaf Paper	

\*These items will stay in school all year.

\*All students will need additional pencils and notebooks throughout the year.

\*All students will be asked to bring 1 canister of Lysol or Clorox wipes during the course of the school year.

## 6th-12<sup>th</sup> Grade Supply List

Backpack	Notebooks	Highlighters	Two Pocket Folders	1" 3 Ring Binder	Pencils
Colored Pencils		Black or Blue Pens	Metric Ruler	Loose Leaf Paper	TI-40XIIS Calculator (7-11)
7 Composition Notebooks		Compass(Geometry Students)		Protractor(Geometry Students)	

Appropriate Gym Clothes (Shorts, T-shirt, Tennis Shoes, etc...)

\*Students will have a 7 class period day. They should have a notebook and folder for each class.

\*Students will also need additional notebooks, pencils, and pens throughout the school year.

# Climax - Shelly Public School

Independent School District No. 592  
111 East Broadway  
P.O. Box 67

Climax, Minnesota 56523



Dan Dalchow, Superintendent  
Lucas Soine, K-12 Principal  
Karen Johnson, Business Manager  
Ashley Braaten, Secretary  
Main Office: 218-857-2395 Fax: 218-857-3544  
www.isd592.org

*Home of the Knights  
"Preparing Students Today for Success in a Challenging Tomorrow"*

## Climax-Shelly School Technology/Device Agreement

Climax-Shelly School is a 1:1 school and utilizes technology to bring education to the modern world. We use Chromebooks for students grades 4-12 and Chrome Tablets for students grade K-3. All students will be assigned a device and charger at the beginning of the year. This document is the agreement between Climax-Shelly School and the student/parent.

Climax-Shelly School has the expectation the device will be returned to the school in the same condition as when it was received. If for some reason the device gets damaged the student/parent will be responsible for the repair/replacement of the device.

### Fees

To offset computer maintenance costs, Climax-Shelly School will request a \$20 fee per device. **As an added incentive this year the fee will be reduced to \$0 per device with the completion of a Free and Reduced Meal application**, which can be accessed from our website. Even if you think you do not qualify, please take 5 minutes to fill out the application, as our district benefits regardless of whether or not the applicant is eligible. You also will benefit and receive the \$20 per device reduction regardless of whether your family is eligible. Device fees may be paid electronically by utilizing our Payment Center. Below are the fees if the device is damaged.

### Chromebooks

Screen: \$40      Body: \$40  
Keyboard: \$25      Charger: \$25

### Tablets

Screen: \$40      Charger: \$15  
Body: \$40

If the device is stolen, the parent/guardian must supply Climax-Shelly School with a police report of the incident to validate the claim of theft.

Date \_\_\_\_\_

Student Print \_\_\_\_\_ Student Signature \_\_\_\_\_

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



Climax-Shelly School is pleased to provide access to a wide variety of technology resources for our students and staff. Resources include high-speed voice, video and data networks; campus-wide access to Internet resources and I:1 devices. We recognize that these technologies offer new opportunities to acquire, transfer and utilize information to positively affect the instructional programs we offer and the opportunities our students have for learning. Climax-Shelly School supports access by staff and students to these information resources, along with the development of skills to analyze and evaluate these resources.

Our goal in providing these resources is to promote educational excellence by facilitating resource sharing, innovation and communication. Our staff will blend thoughtful use of these resources with the curriculum and provide guidance and instruction to students in the appropriate uses of these technologies.

### Responsibility

Students are responsible for their behavior while using these resources just as they are in the classroom and other school facilities. All school rules apply for behavior and communication as per district policy and student/parent handbooks. Climax-Shelly School is neither responsible nor liable for student actions while using these resources. The privilege to use these resources will be provided to those students who act in an ethical, responsible and considerate manner. Willful or intentional misuse will lead to further disciplinary actions and/or criminal penalties under appropriate local, state and federal laws. Climax-Shelly School further reserves the right to monitor the use of these technologies so as to maintain the integrity of these resources.

Users should never share their password, allow others to use their accounts or make use of another person's account. Students shall not give out personal information such as name, address, telephone number, family location or name and location of the school without permission of a teacher or guardian.

### Student Terms and Conditions

Students are responsible for their own actions and behavior at school. Climax-Shelly School is not liable for student's actions when connecting to the Internet through the school's computers. Students assume full liability, legal, financial, or otherwise for their actions. Students will be directly supervised by a classroom teacher(s) or a designated adult when using the Internet. Students will have an e-mail account that is managed by Climax-Shelly School. Using the Internet is a privilege, not a right. Access to the Internet may be removed if abused. Information obtained from the Internet should be examined for reliability, authority and relevance. Seeing it on the Internet does not necessarily make it true.

Climax-Shelly School is in compliance with the Federal Children's Internet Protection Act (CIPA) which restricts possible access to inappropriate material. All school computers with Internet access and availability are filtered on campus with a software filtering program designed to restrict material that is obscene, pornographic or harmful to minors.

### General Guidelines for Students

- You are expected to use the Internet as an educational resource. Games and other activities, unless assigned by a teacher, are prohibited.
- You are responsible for your exploration on the Internet. Abuse of the Internet may lead to removal of access privileges and/or a failing grade for the project on which you were working.
- You are required to sign the attached contract indicating your acceptance of the guidelines established by Climax-Shelly School.
- Your parents/guardians must give their permission for you to use the Internet for educational purposes. Parents/guardians can deny permission.

### Student Expectations

- You will assume that all the information on the Internet is private property.
- You may use only legal material and software.
- You will not vandalize the network or Internet resources.
- You may find material that is inappropriate; it is your responsibility to leave that site.
- You will not attempt to buy anything using the school network.

### Student Online Safety Rules

- You will not give out personal information such as telephone number, address, and information about your parents.
- You will not give out the name and location of the school.
- You will tell your teacher right away if you come across inappropriate information.
- You will tell your teacher immediately if someone online attempts to meet with you.

*If you have questions or need additional information on the Technology/Internet Use Student Agreement, please contact your student's school office.*



Adopted: \_\_\_\_\_

Revised: August 2021

Climax-Shelly School District 592 - Policy 534  
Orig. 2017  
Rev. 2019

## **534. UNPAID MEAL CHARGES**

### **1. PURPOSE**

The purpose of this policy is to establish consistent district practices for the provision of meals to students who have insufficient funds in their school meal accounts and the collection of unpaid meal debt.

### **II. GENERAL STATEMENT OF POLICY**

- A. The goal of Climax-Shelly Public School is to provide nutritious meals to students to promote healthy eating habits and to enhance learning, as well as maintain the financial integrity of the National School breakfast and lunch program, and to eliminate stigmatization of children who are unable to pay meal charges.
- B. It is the policy of Climax-Shelly Public School to offer breakfast and lunch meals that meet state and federal guidelines.
- C. Families may add money to their lunch accounts by making a cash or check payment to the Climax-Shelly School office. Payment may also be made by credit card, using the school's online payment system.
- D. Families may apply for free/reduced price meal benefits anytime during the school year. Mail applications are distributed to all families in the district prior to the students first day of classes. In addition, applications are available in the school office during normal business hours. If household income or size change, families can apply for meal benefits anytime during the school year.

### **III. CHARGE POLICY**

- A. If the student or family account has insufficient funds to pay for breakfast and/or lunch meals, students will still receive meals and the district office will contact the families for payment of these charges. Students with an overdrawn account are not allowed to charge A la carte items.
- B. Students eligible for free or reduced price meals will always be served a meal regardless of unpaid food service accounts. When a student eligible for paid meals has "cash in hand" to pay for a meal, the student will be served a meal, regardless of unpaid food service accounts. The "cash in hand" will not be applied for past due balances.

#### **IV. NOTIFICATION OF ACCOUNT STATUS**

- A. Families can check their student's meal account balance on the payment center link. A link is included on the district's website. They may also contact the district office for account balances. Households will be regularly apprised of student meal account balances by the school's automated calling system.
- B. The students/family will be notified by the school on Wednesdays when full payments fall below \$20 and free/reduced accounts fall below \$10. A letter/ invoice will be sent via US Postal Service to the household requesting payment of the account. A second request for payment will be made by phone if parents have not responded to the first request. Notification methods may be different depending on individual circumstances.
- C. The business office will encourage parents to complete the free/reduced meal application form.

#### **V. COLLECTION OF UNPAID MEAL DEPT**

When the student meal balance is in the negative, the following collection actions will be taken.

- A. The business manager will contact the household to request payment. If no payment is received, a formal letter will be sent by certified mail, notifying the family that the debt will be turned over to a collection agency.
- B. The expectation is that all fees owed to the school district will be paid in full on the last day that the student is attending classes.

#### **VI. Communication Policy**

- A. This policy and any pertinent supporting information shall be provided in writing (i.e: mail, back to school packet, student handbook, etc) to:
  - 1. All households at or before the start of school each year.
  - 2. Students and families who transfer into the school district, at the time of enrollment; and

3. All school district personnel who are responsible for enforcing this policy.
- B. The school district may post the policy on the school district website in addition to providing the required written notification described above.

#### **VII. Staff Meals Charge Policy**

- A. Effective September 7, 2021, Climax-Shelly staff will no longer be allowed to charge meals. Staff accounts will be established, and members will have the opportunity to either pay into their account or to have a set amount deducted every pay period. Meals will not be allowed to be charged to an account

# Climax - Shelly Public School

Independent School District No. 592

111 East Broadway

P.O. Box 67

Climax, Minnesota 56523



Dan Dalchow, Superintendent  
Lucas Soine, K-12 Principal  
Karen Johnson, Business Manager  
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*Home of the Knights*

*"Preparing Students Today for Success in a Challenging Tomorrow"*

Dear Parent/Guardian:

Our school offers healthy meals each day. 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:

Climax Shelly School

PO Box 67

Climax, MN 56523

**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 218-857-2385.



# 2024-25 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)

**STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12** (if more spaces are required for additional names, attach another sheet of paper).  
**Definition:** A Household Member is "Anyone living with you and shares income and expenses, even if not related." Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

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

**STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDIPIR? Medical assistance does not qualify. If NO > Go to STEP 3. If YES > Enter SNAP, MFIP 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				Are you Self-Employed or a Farmer? Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Any Other Gross Income			
	Weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).		Weekly	2x Month	Monthly	SSi, Unemployment, Public Assistance, Child Support, and others on Page 2
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly	<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) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

**Determining Official Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confirming Official Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_