Welcome to Career Pathways!

This packet contains important forms to finalize your registration. We will contact the previous school and request records when these forms are completed. Once we have your records we will create your class schedule.

There are 14 pages to fill out. Please skip questions you don’t understand. We can help you.

1. Application - Please print clearly, especially your email and phone number so we can contact you.
2. Outings/Field Trips/Transportation Release - We travel to colleges, jobsites, parks etc. and need your permission to go off campus.
3. Intake Interview - This is important information that will help us support your learning.
4. Student Health Profile - In an emergency, we need to know the names and phone numbers of 2 people. We also need to know if you have a health condition we should be aware of.
5. School Supplied Medication - Sometimes students just need a Tylenol or Tums. We need your permission to give this out. Also, some students want us to keep medication in the office for them. This is where you let us know.
6. Immunization Form - We need to know what shots you have had. State Law requires some shots. Please fill this out, or take it with you and call your clinic to have them fax us your records. Our fax number is on the form and is - fax 651-400-1782.
7. Ethnic and Racial Demographics - The Federal government is interested in learning more about the communities you identify with. (2 pages)
8. MN Language Survey - We need to know what language(s) you speak.
9. Application for Educational Benefits - Minnesota’s Free School Meals Program. All students can get one breakfast and one lunch free of charge each day at school. (4 pages)

Please let us know if you have any questions. Thank you!
This page intentionally left blank.
APPLICATION
2023-24 School Year

Career Pathways Public Charter Secondary School
Phone: 651-400-1781
Fax: 651-400-1782

Student Name: ________________________________ ** Entering Grade: _

Please print neatly

Parent/Guardian Name(s): ________________________________

Address: ___________________________________________ Apt #: ______

City: ___________________________________________ State: ___ Zip: ______

Parent/Guardian Phone: __________________________

Parent/Guardian Email Address: __________________________

Student Phone: __________________________

Student Email Address: __________________________

Student Date of Birth: __________________________

Sibling Name/Grade: __________________________

Due to sibling enrollment preference required by Minnesota law, Career Pathways asks that you identify siblings who are concurrently applying for admission at Career Pathways. All siblings must have a separate form.

***

Parent/Guardian Signature: __________________________

By signing this form I give permission for student records to be requested from the previous school for enrollment. I understand that providing false or inaccurate information will void this application and the spot will be given to the next child on the waitlist.

If we receive more applications than there are spaces; students are placed on a waiting list and/or may be a part of a lottery.

Director’s Signature __________________________ Date _____________

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

FOR OFFICE USE ONLY

ENROLLED? Yes / No (circle one) GRADE:____

Included in Lottery? Yes / No (circle one) DATE RECEIVED: ____________
Outings/Field Trips/Transportation Release

I understand that an important and regular part of the school program includes outings into the community and frequent field trips and field experiences. I understand that these trips may utilize public transportation accompanied by volunteer parents and/or school staff. I also understand that students will engage in walking trips in and around the community accompanied by volunteer parents and/or school staff. I give my permission for my child to participate in these trips.

I acknowledge that participation in Field Trips involves some risk of physical injury. I have been informed of and agree to expressly accept and assume any and all risk of injury or sickness arising from such participation. I recognize that Career Pathways does not carry health or accident insurance or other insurance for medical hospitalization expenses arising from such injuries or sickness. In consideration of participating in Field Trips, we hereby agree to waive, release, and forever discharge Career Pathways, its officers, directors, sponsors and employees from any and all liability from the participation in this activity.

***

Parent/Guardian Signature

Date
Intake Interview

1. Student Information

Last Name: _____________________________
Expected grade level at time of enrollment: First Name: _____________________________

Identifies with: ☐ Male ☐ Female ☐ Non-Binary

2. Immigration Status

Birth Country: _____________________________
Immigrant From: _____________________________
Immigration Date: _____________________________

3. Homeless Status

Does student have a permanent place to stay? Yes or No

If not, where does the student most often stay? _____________________________

4. Services received at previous school? (Mark all that apply.)

☐ Special Education
☐ ELL (English Language Learner)
Other: _____________________________

5. Schools Attended (most recent first; use another page if needed):

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Grade(s)</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

6. Is the student interested in bus transportation? Yes or No (circle one)
Student Name:

Grade:

Emergency Contact (*required)

<table>
<thead>
<tr>
<th>Name*</th>
<th>Relationship</th>
<th>Primary Phone*</th>
<th>Other Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name*</th>
<th>Relationship</th>
<th>Primary Phone*</th>
<th>Other Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Physician/Doctor: Phone:

Health Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Start Date</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

| Allergies: |
|           |

Recent surgery, accident, or illness?

Does the student take daily medication?  □ Yes  □ No

If yes, please specify: ________________________________

I understand that I, as a parent/guardian, give my consent for the above-named child to be released to me or my spouse or to the emergency contact I have designated above, and/or to be taken by ambulance to the nearest hospital in case of emergency.

I understand that Career Pathways does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.

***

Parent/Guardian Signature _____________________  Date _________________
## Administration of School Supplied Acetaminophen (Tylenol) and Antacid for Middle School and High School Students

Over the counter (OTC) pain relief medications can be obtained without a doctor's prescription and are used for the relief of pain symptoms on a temporary basis. Appropriate use of over the counter pain relief medications at school can assist students to remain in school and continue to achieve in the classroom. The American Academy of Pediatrics Policy Statement for Administration of Medication in School states "providing parent approved short-term medications, such as pain relievers, may provide symptomatic improvement for the student, which enables attendance for learning and causes less classroom disruption."

Student name: __________________________  Date of birth: _____  Grade: __

I give permission to authorized school staff to give my child acetaminophen (Tylenol) and Antacids when determined to be needed for stomach ache, nausea, headache, menstrual cramps or tooth/orthodontic pain. The student will be able to receive 5 doses throughout the school year. When 5 doses have been given the parent will be notified.

### Select a medication and dose to be given:

- Acetaminophen (Tylenol) 500mg tablets - give 1 or 2 (circle)
- Antacid Tablets (Tums) - give 1 or 2 (circle)

Does this student have any allergies? List __________________

Does this student have any chronic health conditions? List ______

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Medication</th>
<th>Dosage</th>
<th>Reason for Medication</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

***

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

**Immunization Form**

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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth to 6 months</th>
<th>12 -24 months</th>
<th>Kindergarten</th>
<th>At 7th grade</th>
<th>At 12th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Haemophilus Influenzae</em> type b (Hib)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (PCV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox (varicella)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis (Tdap)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal (MCV4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Instructions for parent or guardian:**

1. Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
   - If you have a copy of your child’s immunization history, you can attach a copy of it instead of completing the front of this form.
   - Your doctor or clinic can provide a copy of your child’s immunization history. If you are missing or need information about your child’s immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.

2. Sign or get the signatures needed for the back of this form.
   - Document medical and/or non-medical exemptions in section 1.
   - Verify history of chickenpox (varicella) disease in section 2.
   - Provide consent to share immunization information (optional) in section 3.
1. Document a medical and/or non-medical exemption (A and/or B).
Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

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

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

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

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

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

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

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

This document was acknowledged before me on __________________________
(date)

by __________________________
(name of parent or guardian)

Notary Signature: __________________________

STATE OF MINNESOTA, COUNTY OF __________________________

Notary Stamp

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

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

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

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

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

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

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

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

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

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

Signature: __________________________ Date: __________________________
(of parent/guardian)
Ethnic and Racial Demographic Designation Form

Student’s First Name: ___________________________ Middle Name/Initial: _____ Last Name: ___________________________
Date of Birth: ___________________________ District: 4237-07 ___________________________ School: Career Pathways

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. [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):
☐ Decline to indicate ☐ Guatemalan ☐ Salvadoran ☐ Other Hispanic/Latino
☐ Colombian ☐ Mexican ☐ Spaniard/Spanish/☐ Unknown
☐ Ecuadorian ☐ 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):
☐ Decline to indicate ☐ Cherokee ☐ Other North American Indian Tribal Affiliation
☐ Anishinaabe/Ojibwe ☐ Dakota/Lakota ☐ 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

☐ Asian Indian

☐ Burmese

☐ Chinese

☐ Filipino

☐ Hmong

☐ Karen

☐ Korean

☐ Vietnamese

☐ Other Asian

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

☐ African-American

☐ Ethiopian-Oromo

☐ Ethiopian-Other

☐ Liberian

☐ Nigerian

☐ Somali

☐ Other black

☐ 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 ________________________________________

Print/Save
Minnesota 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 the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the 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 the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

### Student Information

<table>
<thead>
<tr>
<th>Check the phrase that best describes your student:</th>
<th>Indicate the language(s) other than English in space provided:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My student first learned:</td>
<td></td>
</tr>
<tr>
<td>[ ] ___ language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>[ ] ___ English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>[ ] ___ only English.</td>
<td></td>
</tr>
<tr>
<td>2. My student speaks:</td>
<td></td>
</tr>
<tr>
<td>[ ] ___ language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>[ ] ___ English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>[ ] ___ only English.</td>
<td></td>
</tr>
<tr>
<td>3. My student understands:</td>
<td></td>
</tr>
<tr>
<td>[ ] ___ language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>[ ] ___ English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>[ ] ___ only English.</td>
<td></td>
</tr>
<tr>
<td>4. My student has consistent interaction in:</td>
<td></td>
</tr>
<tr>
<td>[ ] ___ language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>[ ] ___ English and language(s) other than English.</td>
<td></td>
</tr>
<tr>
<td>[ ] ___ only English.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Parent/Guardian Name (printed):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.
Dear Parent/Guardian:

Our school offers healthy meals each day. Starting the 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:

Career Pathways
1355 W Pierce Butler Rt
St. Paul, MN 55104

**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 651-400-1781
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.

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

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 per 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.
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: Career Pathways Charter School

**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.

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

<table>
<thead>
<tr>
<th>Total Income Received by All Children</th>
<th>Weekly</th>
<th>Bi-weekly</th>
<th>2x Month</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)**

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.

**Gross Earnings from Working at Jobs**

- Weekly
- Bi-weekly
- 2x Month
- Monthly
- Report income before deductions or taxes in whole dollars (no cents).

- $ [ ] [ ] [ ] [ ]
- $ [ ] [ ] [ ] [ ]
- $ [ ] [ ] [ ] [ ]
- $ [ ] [ ] [ ] [ ]

**Are you Self-Employed or a Farmer?**

- Monthly
- Yearly
- Net income from Farm or Self-Employment. Do not duplicate elsewhere.

- $ [ ] [ ]
- $ [ ] [ ]
- $ [ ] [ ]
- $ [ ] [ ]

**Any Other Gross Income**

- Weekly
- Bi-weekly
- 2x Month
- Monthly

- $ [ ] [ ] [ ]
- $ [ ] [ ] [ ]
- $ [ ] [ ] [ ]
- $ [ ] [ ] [ ]

**Conversions to Annualize All Income:**

- X52
- X26
- X24
- X12
- X1

**Verified? Attach Tracker**

- No change
- Free After Verified

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form. Do not mail to the Minnesota Department of Education or United States Department of Agriculture.
INSTRUCTIONS: Sources of Income

Sources of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Earnings from work</td>
<td>● A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>a. Disability Payments</td>
<td>● A child is blind or disabled and receives Social Security</td>
</tr>
<tr>
<td>b. Survivor's Benefits</td>
<td>● A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>Income from person outside the household</td>
<td>● A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>Income from any other source</td>
<td>● A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

Sources of Income for Adults

<table>
<thead>
<tr>
<th>Sources of Income for Adults</th>
<th>Public Assistance / Alimony / Child Support</th>
<th>All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Salary, wages, cash bonuses (before deductions or taxes)</td>
<td>● Cash Assistance from State or local government</td>
<td>● Social Security</td>
</tr>
<tr>
<td>● Net income from self-employment (farm or business)</td>
<td>● Supplemental Security Income</td>
<td>● Disability benefits</td>
</tr>
<tr>
<td>● If you are in the U.S. Military:</td>
<td>● Unemployment benefits</td>
<td>● Regular income from trusts or estates</td>
</tr>
<tr>
<td>a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</td>
<td>● Worker's compensation</td>
<td>● Annuities</td>
</tr>
<tr>
<td>b. Allowances for off-base housing, food and clothing</td>
<td>● Alimony payments</td>
<td>● Investment income</td>
</tr>
<tr>
<td></td>
<td>● Child support payments</td>
<td>● Rental income</td>
</tr>
<tr>
<td></td>
<td>● Veteran's benefits</td>
<td>● Regular cash payments from outside household</td>
</tr>
</tbody>
</table>

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

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