



Back-to-School iUpdate

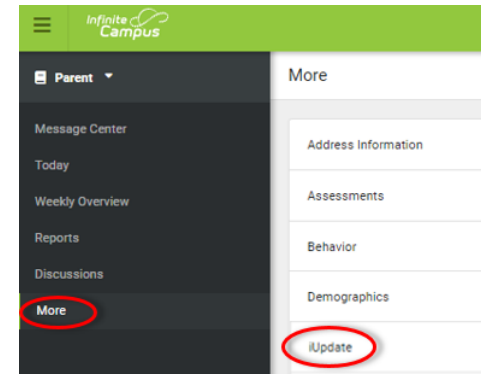
Paper Version – High School 2022-2023

Only one parent or guardian in each primary household should complete iUpdate. A primary household is the address in which the student primarily lives. If a student requires a legal name change, please complete the form located at spps.org/changerequest or contact the Student Placement Office at 651-632-3700.

- Please complete iUpdate online if you have access to the Internet. Directions begin on the next page.
- Please do not complete and return this packet if a guardian in your household previously completed iUpdate online.

Back-To-School iUpdate Overview:

- Log in to Campus Parent to determine if you already completed iUpdate. Then, click **More** and **iUpdate**. If you see a date submitted then you have completed for this year.
- Complete and return the iUpdate Household Form only if you have changes to your household address or emergency contact information. Only one Household Form is required per household and can be returned to any of your student's schools.
- **Important:** You will need your One Stop username and password to complete iUpdate online. Go to spps.org/onestop and click **Reset/Recover Username or Password**.



Complete iUpdate Online

Go to spps.org/onestop. Note: Completing iUpdate on a laptop or desktop computer is preferable. However, using an Android or Apple mobile device with current browser apps (Chrome and Firefox) is usually successful.

- Click the **Campus Parent** button.
- Enter your One Stop parent username and password.
- Click **Log In**.
- Select the link, **Click here to begin iUpdate**

One Stop Username and/or Password Help

Online: Go to spps.org/onestop and click **Reset/Recover Username or Password**.

Note: You must have your email address or phone number listed in your child's school records.

Technical Assistance

- **Online:** Visit spps.org/onestop
- **By Phone or Email:** Refer to spps.org/onestop and the school directory links for contact information.

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Student ID: _____ Student Last Name _____ Student First Name _____ Grade ____ Birth Date _____ Current School _____

HOUSING: STUDENTS EXPERIENCING HOMELESSNESS OR LIVING IN OUT OF HOME CARE/FOSTER CARE

Students who are experiencing homelessness are entitled to immediate enrollment without documentation and have the right to attend the school of origin when first becoming homeless. In order to better identify and serve students experiencing homelessness in our district, please complete the following confidential information:

Place an X in the appropriate box to answer "Yes" or "No"

1.	My family lives in an emergency, domestic abuse or transitional shelter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	My family is TEMPORARILY living with more than one family in a house, mobile home or apartment due to an eviction, fire, or other loss of housing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	My family is staying in our car, outside or in a public space.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	My family lives in a hotel or motel due to lack of accommodations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	The child I am registering is in a foster care placement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	I am a youth who is not in the physical custody of a parent or legal guardian.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	I am currently working with the Project REACH staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Students who are living in court ordered out-of-home care, foster care with child welfare, or juvenile corrections involvement are entitled to immediate enrollment and the right to attend the school they were enrolled at the time of out of home care placement/change of placement.

If you are registering a student living in out of home care/foster care, please complete this section below: Place an X in the appropriate box to answer "Yes" or "No."

1.	Are you enrolling a child who is currently living in court ordered out of home care placement/foster care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes...		
	Where did the student attend school at the time of out of home care/foster care placement?		
	School Name _____		
	If this student is living in court ordered out of home care/foster care:		
	Type of Placement: _____		
	Placing County: _____		
	Name of County Worker: _____		
	Worker Phone Number: _____		

By indicating YES to any of the above questions, you may meet eligibility requirements to qualify for services from the Fostering Connections in Saint Paul Public Schools.

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SPPS GENDER

All students have the right to have their gender identity and expression respected by students and staff. This includes the use of their preferred name, their gender identity, gender pronoun, and access to facilities and co/extra-curricular activities that best align with their gender identity.

Please complete the Name/Gender Change Request Form if you need to update your student's name or gender information based on gender identity. The form can be found at www.spps.org/genderinclusion or you may speak with your school administrator or counselor for additional information.

Students whose gender has transitioned from the gender they were assigned at birth may benefit from a gender transition plan or gender support plan. This may be especially helpful when changing schools.

You may also request support by contacting the Out for Equity Program at www.spps.org/outforequity

NICKNAME/DISPLAY NAME

The nickname/display name is the name your child will be referred to in SPPS learning spaces and digital tools. Students in SPPS will now be able to have their preferred name reflected in digital, personalized learning spaces in a similar manner to what has been common practice in traditional in-person classrooms. For instance, a student whose legal name is "Jordan" but goes by the name "Danny" will be able to be identified as "Danny" in Schoology and Google Meets. Please enter Nickname/Display if different from legal name

Nickname/Display Name: _____

RELEASE OF STUDENT DATA NOTICE TO PARENTS – MINNESOTA LIBRARIES (Library GO)

Library Go is a virtual pass for books, music, homework help and more with the Saint Paul Public Library. When every student in the Saint Paul Public Schools has access to the public library's resources, teachers can incorporate the library's digital resources into classroom learning. Saint Paul Public School students are automatically assigned a Library Go number unless their parents/guardians opt them out of the program. The public library receives public directory information plus the student's address, home phone, student ID and student email address through a secure server transfer. If you want to opt your student out of Library Go, visit: www.spps.org/Domain/12029 for opt out forms and directions on where to send them.

For additional information about Library Go visit: www.sppl.org/go.

MILITARY CONNECT

Are any immediate family members, including a parent or sibling, currently in the armed forces (Army, Navy, Air Force, Marines and/or Coast Guard) on reserve, active duty, or recently retired?

Yes No

If Yes, Relationship to service member: Parent/Guardian Sibling

Service Member Name _____

Military Branch (circle one) Army Navy Air Force Marines Coast Guard

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DAILY SCHOOL TRANSPORTATION

Regarding transportation from **HOME to SCHOOL** every day my child will:

- Will NOT ride Ride – From stop nearest our home address
 Ride – From stop nearest our alternative address listed below

Alternative Address for transportation TO school _____

Alternative Address Contact Info: Contact Person _____ Contact Phone Number _____

Regarding transportation from **SCHOOL to HOME** every day my child will:

- Will NOT ride Ride – From stop nearest our home address
 Ride – From stop nearest our alternative address listed below

Alternative Address for transportation TO school _____

Alternative Address Contact Info: Contact Person _____ Contact Phone Number _____

MEDIA RELEASE

Staff of Saint Paul Public Schools, community organizations and media representatives may want to interview, photograph or videotape your child for use in publications, television reports, public presentations and websites. The photographs may be of groups of students or individuals, and the students' names may be used. For student protection online, a student's photo and last name will not appear together on school or District websites. Thank you for your cooperation in helping us highlight the good work and efforts of our learners and instructors.

Please check one:

- Yes**, I give permission for my child to be photographed and interviewed and permission to have my child's name used. Only first names will be used on a school or District web page if a photograph of that student is also displayed on the webpage.
- Yes**, I give permission for my child to be photographed, but do not want my child's name used along with the photograph.
- No**, I do not want my child photographed or interviewed and do not want their name used.

Please note that you must review and sign the Denial of Release of Directory Information if you do not wish to share any of your student's information including name and photographs for yearbooks, honors, awards, graduation programs, etc. To deny release of this information, contact the Student Placement Center at 651-632-3760.

FIELD TRIP PERMISSION

During the school year, teachers may arrange for children to participate in field trips. Type I field trips are walking trips of one mile or less, excluding trips across established hazardous crossings, swimming and/or trips near water. Examples are: visits to a local grocery store, local library, local fire station, community walking trips, etc. NOTE: Verbal approval will not be accepted. By selecting YES below, I understand that the necessary arrangements, plans and safety precautions will be taken for the care and supervision of the children during field trips, and I will be notified before each field trip takes place. I understand that it is my responsibility to notify the school immediately if you do not want my child to attend a particular field trip.

- Yes**, I give permission for my child to participate in Type I field trips for the 22/23 school year.
- No**, I do not want my child to participate in Type I field trips for the 22/23 school year.

Selections on this form will expire on August 31, 2023

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STUDENT RECORDS AND YOUR RIGHTS

Notice of Rights under FERPA and the Minnesota Government Data Practices Act

The Family Educational Rights and Privacy Act (FERPA) and the Minnesota Government Data Practices Act give parents/guardians and students who are 18 years of age or older certain rights with respect to the student's education records. These rights are:

- The right to inspect/review the student's education records within 10 days of request.
- The right to request a student's education record be amended.
- The right to give written consent before school discloses personally identifiable information except when the law permits disclosure without consent.
- The right to file a complaint with the U.S. Department of Education regarding alleged failures to comply with FERPA.

NOTICE OF DIRECTORY INFORMATION

Directory information is public information and can be released without consent. Saint Paul Public Schools has designated the following information as directory information: Name, birth date, grade, school, dates of enrollments, awards, and extra-curricular information. The purpose of directory information is to allow Saint Paul Public Schools to include information from your child's education record in district and school publications such as yearbooks, honor roll and other recognition lists, theater playbills, graduation programs, sports programs, etc. Additional information is designated as directory information for military recruiters (telephone number and address), Minnesota public libraries (telephone number, address, student ID number, student email), school resource officers (telephone number, address, parent/guardian names, class schedule), Metro Transit (student ID number), and Minnesota Office of Higher Education (students MARSS ID number and gender). Parent(s)/legal guardian(s) who wish to opt out of releasing directory information must notify Saint Paul Public Schools in writing by **Sept. 30, 2022**.

For more information and/or to access the full notification documents and opt out forms, please visit spps.org/studentrecords or call Student Records at the Student Placement Center at 651- 632-3764

RELEASE OF STUDENT DATA NOTICE TO PARENTS OF HIGH SCHOOL STUDENTS – MILITARY RECRUITMENT

In the Saint Paul Public Schools, the following information about students is public.

Name	School	Birth Date	Dates of Enrollment	Grade	Awards	Extra-Curricular Information (including height and weight of athletes)
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Both the Minnesota Legislature and the United States Congress have passed laws requiring us also to release addresses and telephone numbers of students in high school to military recruiters. You have the option of refusing to release this information regarding yourself/your student. If you do not want Saint Paul Public Schools to release information about yourself /your son or daughter to military recruiters, please fill out the form below and return it to the school.

Either the student or the parent may choose not to release information to military recruiters. That choice will remain in effect until the parent submits a written request to the school allowing the release of information to military recruiters.

For more information regarding Student Records and Your Rights, please visit spps.org/studentrecords.

I, the parent/guardian of the above named student, request that his/her name, address and telephone number **NOT** be released to military recruiters by the Saint Paul Public Schools.

This information must be returned to your student's school by September 27, 2019 **to ensure that your student's name is omitted from lists released to recruiters**

Please note that you must review and sign the Denial of Release of Directory Information if you do not wish to share any of your student's information including name and photographs for yearbooks, honors, awards, graduation programs, etc. To deny release of this information, contact the Student Placement Center at 651-632-3760.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Return emailed signed copy to: Student Wellness@spps.org, OR FAX to 651-228-3649 (include area code)

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STUDENT TECHNOLOGY USE AGREEMENT

Saint Paul Public Schools provides students with access to District technology resources for educational purposes. Students must adhere to all District policies, accompanying procedures, and guidelines in order to maintain access to those resources. Relevant policies and guidelines are linked at spps.org/personalizedlearning, Resources for Families.

STUDENT AGREEMENT:

STUDENT WILL BE RESPONSIBLE

- Student will keep iPad in the District-issued case and keep it free of stickers or writing.
- Student will leave District labels in place, including the label with student name.
- Student will protect their iPad using a dry, soft cloth for cleaning, and storing it in places where the temperature isn't too hot or cold.
- Student will keep track of their iPad and not give it to others.
- Student will make sure my iPad battery is charged.
- Student will only use the District device operating systems and security profiles.
- Student will not use technology to gain unauthorized or inappropriate access to District technology resources.
- Student will follow copyright laws.
- Student will not use District technology to cheat on assignments.

STUDENT WILL BE SAFE

- If student takes their iPad home, they will keep the iPad in their school bag or backpack when traveling to and from school, while at the bus stop or train station, or on the Metro Transit bus or light rail train.
- Student will protect their personal information, including username and passwords.
- Student will immediately tell a teacher or other adult staff if they receive an electronic communication that makes them feel uncomfortable, or if they accidentally access inappropriate materials

STUDENT WILL BE RESPECTFUL

- Student will use school-appropriate language, video, pictures or other digital content on District technology.
- Student will access and share only material that is legal, true, and free of racial- or gender-offensive content.
- Student will not use District technology to bully, harass, harm, or spread lies about others.
- Student will ask permission before taking or sharing photos and video, and will not use their iPad's camera in private places.

INFORMATION FOR PARENTS/GUARDIANS

Applications and Web-based Services

Saint Paul Public Schools (SPPS) uses applications (apps) and web-based services operated by third parties to provide students with access to online communication and collaboration and other instructional tools and materials. The District contracts with specific companies for software that helps manage student information. This information is owned by SPPS and stored/managed within a contracted third-party server. SPPS uses additional iPad apps and websites to support a variety of instructional goals. Some of these tools require log-ins so that students can return to the same files or resources over time. The personal information collected by these sites is limited to the log-in name and password, and any student work on the site.

A list of District approved apps and websites and their data privacy policies is available online at spps.org/personalizedlearning. Questions and concerns about these apps and websites can be sent to: otl@spps.org or 651.767.8139.

Internet Filtering

The District provides students with access to educational resources through the internet. The District uses content filtering technology in compliance with the Children's Internet Protection Act (CIPA). This filtering provides users with safe web browsing while using SPPS devices at school. It also protects SPPS iPads even when they are on non-SPPS networks, such as a home or public WIFI network. Outside of school, parents/guardians bear responsibility for providing guidance on internet use, just as they do with other information sources such as television, radio, movies, and other potentially offensive media. Parents/ guardians are responsible for monitoring their child's use of the internet and access to District technology resources.

Parent/Guardian Rights

Parents/guardians have the right at any time to review the contents of their child's electronic and e-mail files.

Parents/guardians have the right to review a copy of any contract with a technology provider or activity that has access to a student's educational data. This may include curriculum, testing, or assessment technology. For questions or concerns, call (651)603-4348 or via email at familysupport@spps.org

Parents/guardians also have the right to request termination of their child's technology and account access. For more information and to get a copy of the PK-12 Technology Opt-Out Form, contact your child's school or visit online [it.spps.org/policies/guidelines-for-acceptable-use](https://spps.org/policies/guidelines-for-acceptable-use).

Parent/Guardian Signature _____ Date _____

By checking this box, I acknowledge that I have reviewed this (above) information with my student and we agree with these statements. I give permission for my child to receive an iPad, use District technology resources, and access the Internet. I further understand that I have the right to withdraw my approval in writing at any time.

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NOTIFICATION AND CONSENT TO SEEK REIMBURSEMENT FOR HEALTH RELATED SERVICES AND FOR RELEASE OF RECORDS

Introduction: Minnesota school districts may seek reimbursement from insurers and similar third parties for school based health related services. Health related services may include assessments and services for nursing, speech/language/hearing, occupational therapy, physical therapy, personal care assistance, assistive technology devices, interpreter services, special transportation, and/or mental health. This notification and consent for reimbursement will apply to health related services received by students either with or without an IEP (Individual Education plan)/IFSP (Individual Family Service Plan). The District must obtain your consent to seek reimbursement for health related services from insurers and similar third parties.

The purpose of this notice/form is:

- To provide notification
- To obtain your signature for consent for reimbursement of health related services and release of records

Notification:

- Saint Paul Public Schools will seek reimbursement from insurers and similar third parties (Medical Assistance (MA) or MinnesotaCare (MC)) for school based health related services that your child receives (with or without an IEP/IFSP).
- The District will provide you annual notification of our intent to seek reimbursement for health related services.
- For IEP/IFSP health related services, **there will be NO cost to your family and this will NOT affect your insurance coverage** (including (MA/MC coverage, TEFRA, waived programs, service limits or thresholds.)
- The District may not require you to sign up for MA/MC.
- You have the right to receive a copy of the education records the district shares with any third party (for example: Minnesota Department of Human Services (DHS) and the United States Department of Health and Human Services (DHHS))
- You may revoke your consent, in writing via thirdpartyconsent@spps.org, at any time without affecting your child's services. Revocation is not retroactive.

Additional information:

- For children age 3 and older consent may be obtained through either this school district consent form, or (when applicable) the Minnesota Health Care Program (MHCP) enrollment/re-enrollment form for medical assistance or MinnesotaCare, provided that: (1) you have completed the MHCP enrollment/re-enrollment form for MA or MC; (2) the District has provided you with an annual written notice; and (3) one year has passed since both (1) and (2) have occurred.
- St. Paul Schools will not bill your private insurance. If you have a combination of MA/MC and private insurance we will receive a denial from your insurance company, before billing MA/MC.

Consent for Reimbursement of Health Related Services and Release of Records:

By signing below:

- I agree that Saint Paul Public Schools may access MA/MC for reimbursement of health related services.
- I agree Saint Paul Public Schools may release health related service records and other education records about my child to the Minnesota Department of Human Services (DHS) and the United States Department of Health and Human Services (DHHS), and their agents and contractors, for billing or audit purposes. Records that may be released include, but are not limited to IEP/IFSP plans, evaluation reports, and other IEP/IFSP related documents, diagnostic assessments, medical orders, diagnosis/ health conditions, service logs and attendance records.
- I understand that, except as allowed by law, these records may not be re-disclosed without my authorization on this consent form or the MHCP enrollment/re-enrollment form, as detailed above. This consent is retroactive one year from the date of the signature below.
- For children with an IFSP: My child has an IFSP and I have received a copy of the state system of payments policy, which includes: (1) Consent to Share Data and Seek Payment for IFSP Health Related Services; and (2) Written Annual Notice Related to Third Party Billing for IFSP Health Related Services. This policy will be provided to me each time my consent is required

Signature of Parent/Guardian (Student if age 18 or older)

Date

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Student ID: _____ Student Last Name _____ Student First Name _____ Grade ____ Birth Date _____ Current School _____

WRITTEN ANNUAL NOTICE OF REIMBURSEMENT FOR HEALTH-RELATED SERVICES

Minnesota school districts may seek reimbursement from insurers and similar third parties for school based health related services. Health related services may include assessments and services for nursing, speech/language/hearing, occupational therapy, physical therapy, personal care assistance, assistive technology devices, interpreter services, special transportation, and/or mental health. This consent for reimbursement will apply to health related services received by students either with or without an IEP (Individual Education plan)/IFSP (Individual Family Service Plan).

Before billing Medical Assistance (MA) or MinnesotaCare (MC) for health-related services the first time, and each year, the district must inform you in writing that:

1. The district will bill MA or MC for health-related services for students with an IEP/IFSP. Minn. Stat. § 125A.21, Subd. 2(c)(1).
2. The district must obtain your consent, including specifying the personally identifiable information that may be disclosed (e.g., records or information about the services that may be provided), the purpose of the disclosure, the agency to which the disclosure may be made (i.e. the Department of Human Services) and which specifies that you understand and agree that the school district may access your (or your child's) public benefits or insurance to pay for health-related services. You have the right to receive a copy of education records the district shares with any third party when seeking reimbursement for health-related services. Minn. Stat. § 125A.21, Subd. 2(c)(2).
3. For children aged 3 and older with an Individual Education Plan (IEP) The Minnesota Department of Education has indicated that consent for reimbursement may be obtained through the school district consent form, or the Minnesota Health Care Programs (MHCP) enrollment/re-enrollment form for MA/MC (05/02/2013, MDE memo).
4. The district will share data related to your child and health-related services with the Minnesota Department of Human Services to determine if your child is covered by MA or MC and whether those services may be billed to MA or MC.
5. The district may not require you to sign up for or enroll in MA or MC or other insurance programs in order for your child to receive health related services.
6. There will be NO cost to your family and this will NOT affect your MA/MC coverage, including TEFRA, waived programs, service limits or thresholds. The district may not require you to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for health services provided, but may pay the cost that you otherwise would be required to pay. The district may not use your child's benefits under MA or MC if that use would: decrease available lifetime coverage or any other insured benefit; result in your family paying for services that would otherwise be covered by the public benefits or insurance program and that are required for the child outside of the time your child is in school; increase your premiums or lead to the discontinuation of benefits or insurance; or risk your loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.
7. You have the right to stop your consent for disclosure of your child's education records to a third party, including the Department of Human Services, at any time. If you stop consent, the district may no longer share your child's education records to seek reimbursement for health-related services. You may revoke your consent, in writing via thirdpartyconsent@spps.org, at any time without affecting your child's services. Revocation is not retroactive. Minn. Stat. § 125A.21, Subd. 2(c)(3).
8. Even though St. Paul Schools will not bill your private insurance; if your child is under age 3 and has an IFSP, the District is required to inform you that:
 - a. Consent is required whenever the IFSP is revised due to increase (in frequency, length, duration or intensity) in the provision of services in your child's IFSP;
 - b. The Early Childhood program cannot require the use of private insurance to pay for IFSP services if there is any cost to the family, including co-pays, deductibles, increased premiums or effects on service limits and prior authorization;
 - c. If private insurance is used and you are charged out of pocket expenses by your insurer, the school district may pay or reimburse co-payments, deductibles or other insurance related costs in connection with health related services in your child's IFSP
 - d. If you have private insurance coverage, the early childhood program will seek a denial from your private insurance before public insurance or benefits are used to pay for early childhood services. Services will still be provided if your private insurance denies coverage for any reason.

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ANNUAL AHERA ASBESTOS NOTIFICATION

In 1987, the Federal Asbestos Hazard Emergency Response Act (AHERA) took effect requiring school districts to develop and implement an asbestos management plan. This Act requires that employees, students and/or their parents/guardians are informed annually about management plan activities such as asbestos inspections and asbestos response action activities.

Individual Building Management Plans can be found in the Administration Office. AHERA requires these plans be available to the public during normal business hours for inspection. Each building has a computer available, upon request, for the staff/public to view these records. Requests for copies of these records, either in paper or electronic format, should be forwarded to the Facilities Department, Environmental Health & Safety, at 651-744-1800.

Pesticide Application at Schools

In accordance with Minnesota Statute §121A.30, **Pesticide Application at Schools** requires schools to provide annual written notice to parents/guardians and employees regarding Herbicide, Pesticide, Insecticide & Fertilizer Applications.

The statute also requires that you be told that the long-term health effects on children from the application of such pesticides or the class of chemicals to which they belong may not be fully understood.

If you would like to be notified prior to any applications made on days other than those specified in the estimated schedule (excluding emergency applications), please contact your child's school for a form. If requesting notification via U.S. Mail please include five self-addressed, stamped envelopes.

If there are any questions about the toxicity of any product listed in the schedule, the Environmental Protection Agency (EPA) website <https://www.epa.gov/pesticides> is an excellent resource to assist you in identifying products.

Please note that nothing in this law affects the duty of a parent/guardian or a student to comply with the compulsory attendance law. Students must have an excused absence if they are not present.

Protection of Pupil Rights Amendment (PPRA)

OPT OUT NOTICE FOR SPECIFIC SCHOOL ACTIVITIES

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires Saint Paul Public Schools to notify parents/guardians about their right to opt out their child from participating in certain school activities. **These activities include student surveys that consist of one or more of the following topics.**

1. Political affiliations or beliefs of the student or the student's parents;
2. Mental and psychological problems of the student or the student's family;
3. Sex behavior or attitudes;
4. Illegal, criminal, or revealing acts of the student or the student's family
5. Sensitive information about family members, such as mother, brother, sister, etc.;
6. Questions about people who have close, legal and/or private relationships, such as those of lawyers, physicians, and ministers;
7. Religious practices, affiliations, or beliefs of the student or the student's parent;
8. Income information (other than that required by law to determine eligibility for participation in a program for receiving financial assistance).

The Protection of Pupil Rights Amendment (PPRA) also applies to the collections, sharing, or use of student information for marketing purposes and certain physical examinations and screenings.

In consultation with parents, SPPS has developed and adopted policy 521.00 – Student Surveys to define the rights of students and families. The related procedure 521.00.1 further supports the implementation of this policy. Both documents can be found online at: <http://www.spps.org/Domain/11425>

The following list of activities requires notification to parents/guardians and your right to opt-out your child from participating. (Please note that this opt-out notice transfers from parents/guardians to any student who is 18 years old. This notice also applies to any student under 18 who is considered an adult under state law (emancipated minor).

NO ACTIVITIES SCHEDULED

No eligible surveys, use of student information for marketing purposes, or eligible physical examinations or screenings are currently scheduled.

If an activity is scheduled later in the school year, parents and guardians will be notified and given the opportunity to opt-out their student from participating.

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UNPAID MEAL CHARGES (The policy will also be posted on the District's website.)

I. PURPOSE

Saint Paul Public Schools (SPPS) believes that well-nourished students are better equipped to learn. The purpose of this policy is to ensure that students receive healthy and nutritious meals through the SPPS Child Nutrition Program and that school district employees, families, and students have a shared understanding of expectations regarding meal charges. The policy seeks to eliminate stigmatization of students who are unable to pay for school meals, as well as to maintain the financial integrity of the school nutrition program.

II. PAYMENT OF MEALS

- A. Each year, all families should complete an Application for Education Benefits/Free or Reduced Priced Meals.
 1. Families that receive a letter prior to September 1st confirming that they are directly certified to receive free meal benefits do not need to complete an application.
 2. The application will be made available to families in multiple ways such as by mail and/or electronic distribution prior to the start of the school year, at the school's main office, Nutrition Services' website, and by request to Nutrition Services.
 3. Families seeking assistance in completing the application may contact Nutrition Services or the school's main office.
- B. Funds can be added to a student's meal account using cash, check, credit card, or debit card. The process for making payments can be found on the SPPS Nutrition Services website or by inquiring at the school's main office.
- C. All students will be provided a meal regardless of meal account status.
 1. The district is not legally required to serve meals to students who do not qualify for free or reduced-price meals when their meal account has a negative balance. However, SPPS believes it is in the best interest of the entire school community when every student receives a nutritious meal.
 2. Students approved for free or reduced-price meals, including students enrolled in the Community Eligibility Provision, will be provided a meal even if the student has a negative account balance.
 3. Full pay students who have money "in hand" to pay for the current meal will be provided a meal even if the student has a negative account balance.
 4. If a student has a negative account balance, the response process as described in Section IV below will be carried out. If the parent/guardian fails to pay the unpaid meal charges after reasonable attempts have been made through this process, the student may receive an alternative meal.
 5. Alternative meals must be served in a discrete and respectful manner.
 6. No ala carte items will be sold to students unless there are sufficient funds in the student's meal account to cover the costs of the items.
 7. Under no circumstances may a meal be taken away from a student after the student has received it.

III. NOTIFICATION OF LOW OR NEGATIVE ACCOUNT BALANCES

- A. The following steps are taken to notify parents/guardians when a student's account balance is low or negative:
 1. For elementary school students, when the account has reached a negative balance of approximately two lunch meal charges, a notice will be given to the student's teacher to be sent home in the student's backpack.
 2. For all SPPS students,
 - When the account has reached a low balance of approximately five lunch charges, an automated phone call will be sent to the parent or guardian.
 - When the account has reached a negative balance of approximately 5 lunch meal charges, the Office of Nutrition Services will mail a letter to the parent or guardian in a discrete, non-identifiable manner.
 - When the account balance has reached approximately ten lunch meal charges, the school's principal will be notified. School staff will then engage with the parent or guardian to evaluate their needs, aid, and request payment.

IV. UNPAID MEAL CHARGES

- A. Efforts for payment of negative student meal account balances will not demean or stigmatize any student.
- B. The district will make reasonable efforts to communicate with families to resolve unpaid charges. Families will be encouraged to apply for free and reduced-price meals for their children. Families who have previously completed an application, but have since faced significant changes, such as birth of a child, income changes, etc. may reapply. Families who are experiencing difficulty paying for lunch may contact Nutrition Services to set up a payment plan.
- C. The school district will make reasonable efforts to collect unpaid meal charges; however, when efforts do not result in payment, the unpaid meal charges will be charged back to the school to cover the unpaid charges from the school's budget.
- D. The district may not enlist the assistance of non-school district employees, such as volunteers, to engage in debt collection efforts.

V. COMMUNICATION OF POLICY

- A. This policy and supporting information will be provided in writing (i.e. mail, email, back-to-school packet, student handbook, staff training, etc.) to:
 1. All families at or before the start of each school 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.

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Student ID: _____ Student Last Name _____ Student First Name _____ Grade ____ Birth Date _____ Current School _____

2022-23 Ethnic and Racial Demographic Designation Form

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 form at <https://education.mn.gov/MDE/fam/count/>

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 answer by school staff):

- Decline to indicate Guatemalan Salvadoran Other Hispanic/Latino Colombian
 Mexican Spaniard/Spanish/Spanish-American Unknown Ecuadorian Puerto Rican

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.)

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

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Student ID: _____ Student Last Name _____ Student First Name _____ Grade ____ Birth Date _____ Current School _____

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

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

- Yes _____ No _____

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

- Decline to indicate Chinese Karen Other Asia Asian Indian Filipino
 Korean Unknown Burmese Hmong Vietnamese

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.

- Decline to indicate Ethiopian-Other Somali African-American Liberian
 Other black Ethiopian-Oromo Nigerian Unknown

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.

- Yes No

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

- Yes No