



Division of School Finance
1500 Highway 36 West
Roseville, MN 55113-4266

STUDENT REPORT FOR AIDS TO NONPUBLIC STUDENTS

ED-01650-34
DUE: 10/15/2021

GENERAL INFORMATION AND INSTRUCTIONS: This form must be completed at the nonpublic school level and filed with the public school district offices coordinating the program by October 1, 2021. A copy is to be sent by the local public school district to the Minnesota Department of Education, Division of School Finance at the above address by October 15, 2021. **THIS FORM MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED VALID.**

NONPUBLIC SCHOOL IDENTIFICATION INFORMATION

Nonpublic School Name:		Nonpublic School Number:	
Public School District Number:		Address of Nonpublic School:	
City:		Zip Code:	
Name of Nonpublic School Principal:		Telephone Number:	
Email Address:		Name of Nonpublic School Contact Person (if other than above):	
Telephone Number:		Email Address:	
Location at which Student Request Forms are filed (if other than above):		Name of Program Administrator in Local Public School District:	
Telephone Number:		Email Address:	

PARTICIPATION OF ELIGIBLE PUPILS

THE NUMBERS OF STUDENTS REPORTED BELOW ARE BASED ON (Check One):
 ESTIMATED COUNTS
 ACTUAL COUNTS

For each Program Element in which you wish to participate, provide the number of students, by student grade level, that are eligible to receive service. To be eligible, the students must be enrolled on or before September 15, and must request (in writing) the service desired. Weight each student count as indicated and enter totals for each Program Element. If there are no requests for a service, or if a service will not be offered, please indicate nonparticipation by checking the box provided.

PROGRAM ELEMENT	STUDENT GRADE LEVEL	NUMBER OF STUDENTS	WEIGHTING FACTOR	WEIGHTED TOTAL OF ELIGIBLE STUDENTS
<p style="text-align: center;">TEXTBOOKS, INDIVIDUALIZED INSTRUCTIONAL MATERIALS AND STANDARDIZED TESTS</p> <p><input type="checkbox"/> NONPARTICIPATION: The nonpublic school identified above does NOT wish to participate in this program element.</p> <p style="text-align: center;">*All day/Everyday ONLY</p>	PT KGN		X 0.5	
	FT KGN*		X 1.0	
	1 - 6		X 1.0	
	7 - 12		X 1.0	
	TOTAL			
<p style="text-align: center;">HEALTH SERVICES</p> <p><input type="checkbox"/> NONPARTICIPATION: The nonpublic school identified above does NOT wish to participate in this program element.</p> <p style="text-align: center;">*All day/Everyday ONLY</p>	PT KGN		X 0.5	
	FT KGN*		X 1.0	
	1-6		X 1.0	
	7-12		X 1.0	
	TOTAL			

<p>Guidance/Counseling (Number of Participants by Grade Level)</p> <p><input type="checkbox"/> NONPARTICIPATION: The nonpublic school identified above does NOT wish to participate in this program element.</p>	7	8	9	10	11	12	TOTAL: 7-12

CERTIFICATION

I hereby certify that the students reported above meet the conditions of eligibility as prescribed by Minnesota Statutes 123B.40 – 123B.48, and that the above school is located within a public school district in which the public schools provide the services indicated to students of the same grade levels. All of the information provided above is true and correct to the best of my belief and knowledge.

Signature – Head of School/Responsibility

Date

**REQUEST FORM FOR
TEXTBOOKS, STANDARDIZED TESTS, AND
INDIVIDUAL INSTRUCTIONAL MATERIALS**

School Year Ending June 2022

The State of Minnesota has authorized local public school districts to loan textbooks, standardized tests, and individualized instructional materials to pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries. These materials must be secular in nature, designed primarily for individual use by the pupil in a particular class or program in the school the pupil regularly attends, and must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15, 2021.**

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: _____ Grade Level: _____

Name of School: _____

I do request that textbooks, standardized tests, and individualized instructional materials be provided on loan to the above pupil this school year.

I **do not** wish to request the loan of any materials this school year.

Verification of Use: I hereby verify that the textbooks and individualized instructional material requested are to be used by the pupil named above in a course of instruction in that pupil's elementary or secondary school.

Signature of Pupil, Parent, or Guardian

Date

PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL WHEN COMPLETED.

REQUEST FORM FOR
DISTRICT PUPIL HEALTH SERVICES

School Year Ending June 2022

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries, access to the existing district Pupil Health Services program. These services must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15, 2021.**

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: _____ Grade Level: _____

Name of School: _____

I do request that the district's Pupil Health Services program be made available to the above pupil this school year.

I do not wish to request Pupil Health Services this school year.

Signature of Pupil, Parent, or Guardian

Date

PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL WHEN COMPLETED.

**REQUEST FORM FOR
DISTRICT SECONDARY GUIDANCE/COUNSELING SERVICES**

School Year Ending June 2022

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries, access to the existing district Secondary Pupil Guidance and Counseling Services program. These services must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15, 2021.**

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: _____ Grade Level: _____

Name of School: _____

I do request that the district's Secondary Pupil Guidance and Counseling Services program be made available to the above pupil this school year.

I **do not** wish to request Secondary Pupil Guidance and Counseling Services this school year.

Signature of Pupil, Parent, or Guardian

Date

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