



Kindergarten Checklist

Complete the enclosed forms and return to the school office on August 14th between the hours of 8:00 a.m. and 5:00 p.m.

Obtain all recommended immunizations and provide documentation. [See the Kindergarten Immunization Registration Letter](#) in this packet.

DA copy of your child's birth certificate. If you are unable to locate this, a copy can be obtained at:

North Dakota Department of Health, Division of Vital Records, 600 East Blvd. Ave., Dept. 301,
Bismarck, ND 58505-0200. Call 701-328-2360 or email vitalrec@nd.gov

D Student Residency Questionnaire. Fill out and return to the office.

Indicate if your child is a bus student. We will arrange transportation.

D E- Funds for Schools - Milk breaks are taken by kindergarten through 3rd grade. The cost is \$20.00 for ½ year and \$40.00 for the full year. You may either pay by cash/check at the time of registration or online through E-funds. The instruction sheet for E-Funds is in this packet. A school breakfast and lunch price list is also enclosed and, again, may be paid through E-Funds or by cash or check.

A free and reduced meal form is included for the federal meal program. The amount of funding our district receives is dependent on our rate of free/reduced students. We ask that you fill out the form if you feel you would qualify.

D Also included in this packet:

1. 2023-24 School Calendar
2. Kindergarten Supply List
3. Get notified of school closings, etc. via Twitter, Facebook and/or the school website, www.hankinsonschool.com.
4. Home Language Survey. Please fill out and return.

Questions?

Please contact Keeley Risky, Administrative Assistant of Hankinson Public School, at 701-242-7516 or keeley.risky@k12.nd.us.



HANKINSON PUBLIC SCHOOL

415 1st Avenue South East
P.O. Box 220
Hankinson, ND 58041-0220

Superintendent: 701-242-7516
Facsimile: 701-242-7434
<http://www.hankinson.k12.nd.us>

Dear Parents/Guardians,

Section 23-07-17.1 of North Dakota State Law mandates that all students in kindergarten through 12th grade meet a minimum number of required immunizations prior to school entrance. Failure to comply with requirements by October 1 could result in exclusion of your child from school.

Please be sure that your child has received the required number of doses and that the school has a record of these vaccinations.

Also, please note not all recommended vaccines are required for school. There may be additional immunizations recommended for your child, but they are not mandated by state law. Please contact your child's healthcare provider about other immunizations your child may need.

Thanks so much for your cooperation!

Keeley Risky
Administrative Assistant
keeley.risky@ln2.nd.us

Superintendent
Mr. Chad Benson

High School Principal
Mrs. Sarah Pohl

Elementary Principal
Ms. Brittanie Watson



Registration for ALL students will be:

- Monday, August 14, 8:00am-5:00pm

Enclosed is your child's Registration Update form. Please review, make any necessary changes/corrections, and return by scanning and emailing to keeley.riskey@k12.nd.us. You may also stop by the school office on Registration Day or mail to Hankinson Public School, PO Box 220, Hankinson, ND 58041.

Also, enclosed is the list of breakfast and lunch prices. You may pay online with E-Pay (preferred method) or via check/cash. A free and reduced meal application is also enclosed. This must be filled out in its entirety if you feel you may qualify.

Sport fees remain the same as last year. You may also pay these online.

- Football - \$26.00
- Boys and Girls Basketball, Volleyball, Track, and Softball - \$25.00

If you are unable to pay with E-Pay, please be prepared to issue one check for lunch and one check for activities.

Thank you!

Keeley Risky, Administrative Assistant

HANKINSON SCHOOL REGISTRATION FORM

SCHOOL YEAR: 2023-24

STUDENT _____ DOB _____ Grade _____
Last First Middle

Ethnic Background: _____ (Caucasian, African-American, Native American, Hispanic, etc.)

CURRENT STREET ADDRESS:
(Also list PO Box Address) _____
City Zip Code

MOTHER/FATHER/GUARDIAN NAME _____

HOME PHONE _____

MOTHER CELL PHONE _____

FATHER CELL PHONE _____

MOTHER WORK PHONE _____

FATHER WORK PHONE _____

MOTHER EMAIL _____

FATHER EMAIL _____

RURAL AND BUS STUDENTS: Name of Storm Home in Case of Severe Weather:

Name _____ **Telephone #** _____

PRE-EXISTING MEDICAL CONDITION / ALLERGY THE SCHOOL SHOULD BE AWARE OF:

Person Other Than Parent to be Notified in Case of Emergency:

Name _____ **Phone #** _____ **Relationship** _____

Preschool Children in Family (If Any):

Name _____ Birthdate _____ Male ___ Female ___
Name _____ Birthdate _____ Male ___ Female ___
Name _____ Birthdate _____ Male ___ Female ___

The Hankinson School District does not discriminate on the basis of race, color, religion, national origin, sex, disability, or age in its programs or activities and provides equal access to the Boys Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Title IX and Section 504 – Sarah Pohl, High School Principal, PO Box 220, 415 1st Street SE, Hankinson, ND 58041, 701.242.7516, sarah.pohl@k12.nd.us



NOTE TO SCHOOLS/DISTRICTS: Please assist students and families filling out this form. The form should be included as the top page of registration materials shared with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of District: _____

Name of School: _____

Name of Student: _____

Last

First

Middle

Gender: Male Date of Birth: ____ / ____ / ____ Grade: ____ ID#: _____
 Female *Month Day Year* *(preschool-12)*
(optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? *(Please check ~~!!!~~ box.)*

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (please describe): _____
- In permanent housing

Print Name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date: _____

HOME LANGUAGE SURVEY

Student Name: _____ Student's Grade _____

Student's School: _____ Today's Date: _____

The U.S. Office of Civil Rights requires schools to identify possible English Learner (EL) students during enrollment. This Home Language Survey (HSL) is used as a tool to determine if your child is eligible for language support services. If a language other than English is used by you or your child and your child meets the English Learner (EL) definition, the school may give your child an English Language Proficiency Assessment. The school will share the results of the assessment with you.

What **language(s)** are spoken at home? _____

What languages do **you** use most to speak to your child? _____

What language(s) does **your child** use most at home? _____

What language(s) did **your child** learn when he/she first began to talk? _____

If available, what language do you prefer to receive information from the school? _____

Has your child ever been in an English as a Second Language (ESL or EL) Program? **Yes** **No**

Grade level attending inside the U.S.

1K 11 12 13 14 1s 1G 11 1s 19 110 111 112

Grade level attending outside the U.S.

1K 11 12 13 14 1s 16 11 1s 1g 110 111 112

If your child has attended school outside of the United States:

In which country or countries did your child attend school? _____

Which language or languages did your child learn in school? _____

2023-2024 K-6 BREAKFAST/LUNCH PRICES

Month	Days	Breakfast	Lunch
Prices		\$1.00	\$2.25
August	7	\$7.00	\$15.75
September	20	\$20.00	\$45.00
October	20	\$20.00	\$45.00
November	19	\$19.00	\$42.75
December	16	\$16.00	\$36.00
1/2 Year	82	\$82.00	\$184.50

Month	Days	Amount	Amount
January	20	\$20.00	\$50.00
February	19	\$19.00	\$47.50
March	19	\$19.00	\$47.50
April	19	\$19.00	\$47.50
May	16	\$16.00	\$40.00
1/2 Year	95	\$93.00	\$232.50
Full Year	177	\$175.00	\$417.00

2023-24 MILK PRICES (K-3 ONLY)

1/2 Year - \$20.00

Full Year - \$40.00

2023-2024 7-12 BREAKFAST/LUNCH PRICES

<u>Month</u> Prices	<u>Days</u>	<u>Breakfast</u> \$1.00	<u>Lunch</u> \$2.50
August	7	\$7.00	\$17.50
September	20	\$20.00	\$50.00
October	20	\$20.00	\$50.00
November	19	\$19.00	\$47.50
December	16	\$16.00	\$40.00
1/2 Year	82	\$82.80	\$205.00

<u>Month</u>	<u>Days</u>	<u>Amount</u>	<u>Amount</u>
January	20	\$20.00	\$50.00
February	19	\$19.00	\$47.50
March	19	\$19.00	\$47.50
April	19	\$19.00	\$47.50
May	16	\$16.00	\$40.00
1/2 Year	95	\$93.00	\$232.50

Full Year	177	\$175.00	\$437.50
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e~Funds for Schools

Step-by-Step Guide for Parents

Getting started with e-Funds for Schools Mobile Website



CREATING A NEW ACCOUNT

1. Visit the website that was provided to you by your school district.
2. Click on **Create an Account**.
3. Provide Requested Information.
4. Click **Create Account**.



ACCOUNT MANAGEMENT - STUDENTS

1. Log into your account.
2. Select **Manage Students** under **Manage Account**.
3. Enter student Last Name and Family or Student ID#.
4. Select **Add Student(s)**.
5. Repeat steps 2-4 to add additional students.

ACCOUNT MANAGEMENT-PAYMENT INFORMATION

1. Log into your Account
2. Select **Payment Methods** under **Payment Settings**.
3. Select **New Credit Card** or **New Direct Debit** to add new payment information.
4. After entering all required information, read Consent and select **Add** to save information to account.



MAKE A PAYMENT

1. Select type of payment you would like to make.
2. Select student.
3. Enter amount of payment.
4. Select **Begin Checkout**.
5. Choose payment method or enter new method.
6. Review items and total.
7. Select **PayNow**.



2023-24 Application for Free or Reduced-Price Meals

Complete one application per household for all children. Please use a pen (not a pencil). Mail or return completed form to: **Hankinson Public School, PO Box 220, Hankinson, ND 58041**

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." Children in Foster care are eligible for free meals. 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 to each one.

Child's First Name (list all children in household)	M	Child's Last Name	School	Grade	Foster	Migr	Homeless or Runaway
					<input type="checkbox"/> Child <input type="checkbox"/>	<input type="checkbox"/> ant <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> s or <input type="checkbox"/> Runaway

Does your child have health insurance? Many children who qualify for free or reduced-price meals may also be eligible for low-cost or free health coverage. For more information, visit <https://applyforhelp.nd.gov> or call 1-844-854-4825.

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

B. All Adult Household Members (including yourself). For each Household Member listed, report total gross income only if they receive income. 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				
3	iii	2	2	Report income before deductions or taxes in whole dollars (no cents).
<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"/>	\$ _____

Are you Self-Employed or a Farmer?		
2	iii	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
D	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Any Other Gross Income				
3	iii	2	2	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<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: An Adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the 'I do not have a Social Security Number' box.

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-____-____

B. Attestation & 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 a law that says: "It is illegal to knowingly provide false information to a school district to receive free or reduced-price meals."

X _____
SIGNATURE of Adult Completing Application (Form must be signed to be complete)

Print Name _____ Daytime Phone _____

Address (if available) _____ Apt# _____ City _____ Zip _____

I do not have a Social Security Number (Children+ Adults) Here

SCHOOL OFFICE USE ONLY

Case # Application Foster Application Directly Certified: Date of Disregard: _____

Income Application Homeless/Migrant/Runaway

Household Size: _____

Total Income: \$ _____ Per: Week Bi-Weekly (Every 2 Wks) 2x Month Monthly Annual

Eligibility: Federal Free (130%) _____ Reduced (185%) _____ State Free (200%) _____ Denied _____ Income Too High

Determining Official's Signature: _____ Date: _____ Incomplete App

Selected For Verification: Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none"> Earnings from work Social Security <ul style="list-style-type: none"> a. Disability Payments b. Survivor's Benefits Income from person outside the household Income from any other source 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security A Parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance/ Alimony / Child Support	All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses (before deductions or taxes) Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) b. Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Cash Assistance from State or local government Supplemental Security Income Unemployment benefits Worker's compensation Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security Disability benefits Regular income from trusts or estates Annuities Investment income Rental income Regular cash payments from outside household

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Step Two: Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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.

Foster, migrant, homeless, and runaway children and children enrolled in a Head Start program are categorically eligible for free meals and free milk. If you are completing an application for these children, contact the school for more information.

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, audiotope, 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 Farm 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:

Mail: * U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

*Only use this address if you are filing a complaint of discrimination.

(1) Fax: (833) 256-1665 or 202-690-7442; or

(2) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number.

Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12

Return completed form to your child's school.