



## Grades 1-12 Student Registration Forms







# Registration checklist

Please submit the following information to our Welcome Center.

- ☐ **Enrollment form**  
Use our online registration process at [www.edenpr.org/register](http://www.edenpr.org/register) OR complete the Student Registration Form on the following pages of this packet.
- ☐ **Immunization form**  
Complete the form in this packet, or provide a copy of your student's immunization record from your clinic.
- ☐ **Proof of student's age**  
Please submit a copy of your student's birth certificate, passport or approved official documentation.
- ☐ **Proof of address**  
Please submit a copy of the front page of a lease, property closing papers, or utility bill if it has the parent/guardian's correct name and address (dated within two months). If the parent/guardian is not a resident of the Eden Prairie School District, please also complete the Open Enrollment Application found at [www.edenpr.org/open-enrollment](http://www.edenpr.org/open-enrollment).
- ☐ **Educational benefits form**  
This form is available for parents/guardians who would like to apply for free or reduced price meals and/or transportation. An online application is also available. The form is available for download at [www.edenpr.org/educationalbenefits](http://www.edenpr.org/educationalbenefits).
- ☐ **IEP (Individualized Education Plan) & most recent evaluation**  
If your student has special needs, a copy of these reports are needed before placement.
- ☐ **Transcript**  
If a student transfers into grades 10-12, a copy of a transcript is required before an appointment with his/her counselor.
- ☐ **Central Middle School course registration form**  
Complete only if a student is enrolling in 7th or 8th grade. The form is available for download at [www.edenpr.org/forms](http://www.edenpr.org/forms).
- ☐ **Transportation pay-to-ride form**  
Bus service is available for a minimal fee for students in grades 1-12 who live less than two miles from their school. There is no cost for bus service for students in grades 1-12 who live more than two miles from the school they attend. The form is available for download at [www.edenpr.org/forms](http://www.edenpr.org/forms).
- ☐ **State-wide enrollment options form (open enrollment)**  
Complete this form if legal parent/guardian lives outside of the Eden Prairie School district. The form is available for download at [www.edenpr.org/open-enrollment](http://www.edenpr.org/open-enrollment).

Questions? Contact our Welcome Center at 952-975-7008 or email [Register4EP@edenpr.org](mailto:Register4EP@edenpr.org)



## Grades 1-12 Student Registration Form

For Internal Office Use Only

Req. start date

Grade

Student ID

## Part 1: Introduce us to your child

1. What is the student's full legal name as it appears on the birth certificate, passport, or other approved official document?

First Name	Middle Name	Last Name	Suffix

2. When was the student born? (Month/Day/Year)

3. What is the student's gender?

☐ Male ☐ Female

4. Does the student prefer to be called by a nickname?

☐ No☐ Yes: What is the nickname?

5. Has student ever registered with a different name?

☐ No☐ Yes

What name?

6. In which country was the student born?

☐ United States☐ Other. Name of Country:

7. Is this the student's first enrollment in a U.S. Public School?

☐ Yes☐ No: Approx. 1st date of enrollment in a U.S. public school (Month/Year):

8. What is the last school the student attended?

School Name	City	State	School Phone Number

9. What is the last school the student attended in Minnesota?

☐ N/A

School Name	City	Last Year Enrolled

10. Did the student attend Eden Prairie Schools before?

☐ No☐ Yes

11. Has the student been suspended/expelled from previous school?

☐ No☐ Yes

12. Does the student receive special services?

☐ No☐ Yes: In what areas?

13. Does the student have an IEP (Individualized Education Plan)?

☐ No☐ Yes: School will need IEP/Evaluation before proper placement can be made.

14. Has the student been tested and identified for a gifted/talented program?

☐ No☐ Yes

15. Does the student have a parent who is active duty in the U.S. Army, Navy, Marine Corps, Air Force or Coast Guard?

☐ No☐ Yes

## Part 2: Primary Household Information

16. What is the student's primary address?

Street	Apt. #	City	State	Zip	Home Phone

17. Name of Adult in household

First Name	Middle Initial	Last Name	Email Address
Date of Birth (Month/Day/Year)		Relationship to student:	Legal parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone		Work Phone	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

18. Name of Adult in household

First Name	Middle Initial	Last Name	Email Address
Date of Birth (Month/Day/Year)		Relationship to student:	Legal parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone		Work Phone	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

19. In the case of an emergency at school, both legal parents/guardians are contacted using the information provided above. If your child is sick at school and we are unable to reach a parent/guardian, who should your school call? (This person should be able to drive to the school to pick up your child.)

First Name	Middle Initial	Last Name	Relationship to student	Phone

**Part 2: Primary Household Information (continued)****20. List siblings or relatives in the primary household that are not registered at Eden Prairie Schools. ☐ N/A**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix
Date of Birth (Month/Day/Year) <input type="text"/>	Relationship to student: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

  

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix
Date of Birth (Month/Day/Year) <input type="text"/>	Relationship to student: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

  

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix
Date of Birth (Month/Day/Year) <input type="text"/>	Relationship to student: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

  

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix
Date of Birth (Month/Day/Year) <input type="text"/>	Relationship to student: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

**Part 3: Secondary Household Information (If Applicable)****21. What is the student's secondary address? ☐ N/A**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	Apt. #	City	State	Zip	Home Phone

**22. Name of adult in household**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Initial	Last Name	Email Address
Date of Birth (Month/Day/Year) <input type="text"/>	Relationship to student: <input type="text"/>	Custodial parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone <input type="text"/>	Work Phone <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

**23. Name of adult in household**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Initial	Last Name	Email Address
Date of Birth (Month/Day/Year) <input type="text"/>	Relationship to student: <input type="text"/>	Custodial parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone <input type="text"/>	Work Phone <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

**Part 4: Race/Ethnicity**

According to federal and state civil rights law, the government asks you to identify your student's ethnicity and race. If you do not fill out the following questions, we must answer them for you following a process the district developed.

**24. Is the student Hispanic, Latino or Latina?** ☐ No ☐ Yes **25. Is the student North American Indian or Alaskan Native?** ☐ No ☐ Yes: Please complete Form 506

**26. Is the student... (Check all that apply. You must check at least one)**

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

**Part 5: Parent/Guardian Signature**

The signature of a parent/guardian is required to enroll the student in Eden Prairie Schools.

<input type="text"/>	<input type="text"/>
Parent/Guardian Signature	Date

**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.

**Child's Full Name**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix	Birthdate

**1. My student first learned: (Check the phrase that best describes your student)**

☐ Language(s) other than English ☐ English and languages other than English ☐ Only English

Indicate the language(s) other than English in the space provided:

**2. My student speaks: (Check the phrase that best describes your student)**

☐ Language(s) other than English ☐ English and languages other than English ☐ Only English

Indicate the language(s) other than English in the space provided:

**3. My student understands: (Check the phrase that best describes your student)**

☐ Language(s) other than English ☐ English and languages other than English ☐ Only English

Indicate the language(s) other than English in the space provided:

**4. My student has consistent interaction in : (Check the phrase that best describes your student)**

☐ Language(s) other than English ☐ English and languages other than English ☐ Only English

Indicate the language(s) other than English in the space provided:

**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**

<input type="text"/>			
Parent/Guardian Name Printed			
<input type="text"/>	<input type="text"/>		
Parent/Guardian Signature	Date		

\* 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.



Child's Name

Date of Birth

**1. Does your child have any health issues? Check all that apply.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No Health Problems   | <input type="checkbox"/> ADD/ADHD (Diagnosed)      | <input type="checkbox"/> Arthritis             |
| <input type="checkbox"/> Asthma/Respiratory   | <input type="checkbox"/> Bladder/Kidney            | <input type="checkbox"/> Cancer                |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Food Intolerances         | <input type="checkbox"/> Hearing Concerns      |
| <input type="checkbox"/> Heart/Cardiovascular   | <input type="checkbox"/> Hepatitis                 | <input type="checkbox"/> Lead Poisoning        |
| <input type="checkbox"/> Mental Health  | <input type="checkbox"/> Orthopedic                | <input type="checkbox"/> Seizures/Neurological |
| <input type="checkbox"/> Sickle Cell  | <input type="checkbox"/> Surgeries/Hospitalization | <input type="checkbox"/> Vision Problems       |
| <input type="checkbox"/> Describe the health issues that were checked in the above chart: |  |  |

**2. Does your child have allergies?**☐ No ☐ YesMy student is carrying his/her own Epi-Pen (physician's orders required): ☐ Yes ☐ No**Please specify if allergy is mild, severe, or life threatening to food, animal, medication, other:****3. Does your child need medication/treatment at home or at school?**At Home: ☐ Yes ☐ NoAt School: ☐ Yes ☐ No

Medications in school: Medications can be dispensed in school only when absolutely necessary for the well being of the student. All medications, both prescription and non-prescription, require an order from the doctor and the parent requesting that the medication be given during the school day. Prescription and non-prescription medication must be supplied in the original labeled container. Ask the pharmacist for a bottle for home and one for school.

Activity Restrictions? ☐ Yes ☐ No

Explain:

**4. Student's physician/clinic contact information**

Physician:

Clinic:

Phone:

**Parent/Guardian Signature**

- I understand the information on this form is given voluntarily. This information is collected to provide for your student's health and safety while at school. Your signature gives permission to share health concerns with appropriate staff for your student's safety. Hearing and vision screenings are provided for students according to state guidelines.
- Your signature also authorizes the school to contact the doctor/clinic listed above and/or to provide emergency vehicle transportation to the hospital in the event that you cannot be reached in an immediate emergency. The parent(s)/guardian(s) are responsible for all expenses.

Parent/Guardian Signature:

Date:



Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Number: \_\_\_\_\_

For School Use Only:

- ☐ Complete; Booster required in \_\_\_\_\_
- ☐ In Process; 8 mos. expires \_\_\_\_\_
- ☐ Medical Exemption for \_\_\_\_\_
- ☐ Conscientious Objection for \_\_\_\_\_
- ☐ Parent/Guardian Consent \_\_\_\_\_

Submit your child's current immunization record at time of registration.

## OPTIONS TO SUBMIT IMMUNIZATION RECORDS:

1. Ask your clinic to fax immunization records to Central Registration at 952-975-7026
2. Ask your clinic to provide you with a copy of the immunization record and attach it to this form OR
3. Complete this form with dates of immunization.

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

**Parent/Guardian:** You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

School Personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of vaccine	DO NOT USE (✓) or (x)	1st Dose MO/Day/Yr	2nd Dose MO/Day/Yr	3rd Dose MO/Day/Yr	4th Dose MO/Day/Yr	5th Dose MO/Day/Yr
<b>Required (The shaded boxes indicate dose that are not routinely given; however, if your child has received them, please write the date in the shaded box.)</b>						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT) • for children age 6 years and younger • final dose on or after age 4 years						5th dose not required if 4th dose was given on or after the 4th birthday
Tetanus and Diphtheria (Td) • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above						
Tetanus, Diphtheria and Pertussis (Tdap) • for children in 7th - 12th grade						
Polio (IPV, OPV) • final dose on or after age 4 years						4th dose not required if 3rd dose was given on or after the 4th birthday
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday						
Hepatitis B (hep B)						
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required						
Meningococcal (MCV, MPSV) • for children in 7th - 12th grade • booster given at age 16 years						
<b>Recommended</b>						
Human Papillomavirus (HPV)						
Hepatitis A (hep A)						
Influenza (annually for children 6 months and older)						

## Additional Exemptions:

- Children 7 years of age and older: A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- Students in grades 7-12: A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- Students 11-15 years of age: a 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- Students 18 years of age or older: Do not need polio vaccine.

Student's Name: 

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

**1. Certify Immunization Status. Complete A or B to indicate child's immunization status****A. Received all required immunizations:**

I certify that this student has received all immunizations required by law.

**B. Will complete required immunizations within the next 8 months:**

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.

The dates on which the remaining doses are to be given are:

Signature of Parent/Guardian or Physician/Public Clinic	Date	Signature of Physician/Public Clinic	Date

**2. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption****A. Medical exemption:**

No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see \* below). List exempted immunizations:

**B. Conscientious exemption:**

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

Signature of physician/nurse practitioner/physician assistant	Date	Signature of parent/legal guardian	Date
*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year).		Subscribed and sworn to before me this _____ day of _____ 20____	
Signature of physician/nurse practitioner/physician assistant (if disease occurred before September 2010, a parent can sign.)		Signature of notary	

**3. Parental/Guardian Consent to Share Immunization Information (optional)**

You child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system.

Signature of parent or legal guardian	Date





# Request for Student Records

This form allows information about your student to be exchanged.

**Student's full legal name**

First Name	Middle Name	Last Name	Suffix

**Student's date of birth (Month/Day/Year)**

--

**Student's Grade****Previous School Name:**

--

**Previous School Address:**

--

**Previous School Phone:**

--

**Previous School Fax:**

--

**What date is the student expected to start at the new school?**

--

**Previous school, please send all of the student's records to the school checked below:**

- ☐ Cedar Ridge Elementary: 8905 Braxton Drive, Eden Prairie, MN 55347 (Phone: 952-975-7800)
- ☐ Eagle Heights Spanish Immersion: 13400 Staring Lake Parkway, Eden Prairie, MN 55347 (Phone: 952-975-7700)
- ☐ Eden Lake Elementary: 12000 Anderson Lakes Parkway, Eden Prairie, MN 55344 (Phone: 952-975-8400)
- ☐ Forest Hills Elementary: 13708 Holly Road, Eden Prairie, MN 55346 (Phone: 952-975-8600)
- ☐ Oak Point Elementary: 13400 Staring Lake Parkway, Eden Prairie, MN 55347 (Phone: 952-975-7600)
- ☐ Prairie View Elementary: 17255 Peterborg Road, Eden Prairie, MN 55346 (Phone: 952-975-8800)
- ☐ Central Middle School: 8025 School Road, Eden Prairie, MN 55344 (Phone: 952-975-7300)
- ☐ Eden Prairie High School: 17185 Valley View Road, Eden Prairie, MN 55346 (Phone: 952-975-8000)
- ☐ Early Childhood Special Education: 8100 School Road, Eden Prairie, MN 55344 (Phone: 952-975-6979)
- ☐ TASSEL Transition: 8040 Mitchell Road, Eden Prairie, MN 55344 (Phone: 952-975-6930)

**Previous school, please email the records checked below as soon as possible to [register4EP@edenpr.org](mailto:register4EP@edenpr.org) or fax them to 952-975-7026. They are needed before proper placement of the student can be made.**

- |  |  |
|--|--|
| <input type="checkbox"/> All academic, attendance, grade level, Title I  | <input type="checkbox"/> Special Education (IEP, Evaluation, Progress)     |
| <input type="checkbox"/> GRAD, MCA, CogAT, MAP, NWEA, Fastbridge         | <input type="checkbox"/> 504 Plan and eligibility determination/documents  |
| <input type="checkbox"/> EC screening for kindergartners                 | <input type="checkbox"/> Psychological/Psychiatric records and evaluations |
| <input type="checkbox"/> English Learner: WIDA, Access, and MODEL info   | <input type="checkbox"/> Discipline/Behavior Records                       |
| <input type="checkbox"/> Health/Medical, related services, immunizations | <input type="checkbox"/> MARSS ID#:  |
| <input type="checkbox"/> Transcripts/withdrawal grades                   | <input type="checkbox"/> Other:  |

**Parent/Guardian Signature**

Parent/Guardian Signature	Date



The mission of Eden Prairie Schools is "To inspire each student to learn continuously so they are empowered to reach personal fulfillment and contribute purposefully to our ever changing world." Our students will be prepared to demonstrate digital responsibility, technological awareness and the ability to use technology to create, research, communicate and produce in the academic and professional setting. i-Learn@EPS is about creating engaging curriculum, dynamic learning environments and students who are better prepared for the world beyond our school doors; it is not about the device, but rather how to use the device in education. Each student at Eden Prairie Schools will be assigned a digital device to assist with this mission. Parent/guardian, please review the applicable iLearn@EPS Expectations and contents of this Agreement with your child. Please complete this Agreement indicating you and your child understand the responsible use and care guidelines.

## Agreement for responsible care and use

I (the student) understand responsible use guidelines in the school handbook.

- I agree to care for my assigned device properly as described in the iLearn Expectations section of the handbook.
- I agree to use my device properly as described in iLearn Expectations. If I break this agreement, I understand the consequences could include suspension of device privileges and/or other disciplinary action.
- I understand that the device, school network, accounts, and Apps are owned by Eden Prairie Schools and that the school or district can access any files or information at any time.
- Per district policy, some students will be allowed to bring their device home. If I will be taking home my assigned device each day, I agree to return my device and accessories to the school in working order and in the condition which I received it when asked.

I (parent/guardian) have reviewed the responsible use guidelines in the iLearn Expectation section of the handbook with my child. I understand the technology is provided for educational purposes in keeping with the academic goals of Eden Prairie Schools.

- I understand and will support my student in adhering to the responsible use guidelines as described in the iLearn Expectations section of the handbook.
- I am aware that if my child breaks this agreement, the consequences could include suspension of device privileges and/or other disciplinary action.
- I understand that the school network, accounts, device and applications are owned by Eden Prairie Schools and that the school or district has the right to access any files or information at any time.
- Although the district has sophisticated filters and protections in place, I recognize it is impossible for the school to restrict access to all controversial materials and will not hold the school responsible for materials acquired on the school network.
- I understand my child may be in a grade level which allows students to bring their device home each day. I understand all computer/device activities at home should be supervised.
- I understand my child may be in a grade which allows students to bring their device home each day, and as the child's parent/guardian, I have the right to set my own rules and boundaries at home around the use of the device. I have discussed my expectations with my child.

## Agreement for financial responsibility

We understand that the assigned device belongs to Eden Prairie Schools and will be returned at the end of the academic school year; designated devices not returned will be treated as stolen property. Students who transfer, withdraw, or are expelled will return the device and accessories at the time of withdrawal.

If damage occurs to the device, the student should immediately report the damage and turn the device in. The device will be repaired or replaced by the district. Incidents of gross negligence or repeated incidents may result in financial restitution from the family, up to the cost of the entire device if warranted. Please review replacement and repair costs listed:

- |  |                             |                                       |                                |
|--|-----------------------------|---------------------------------------|--------------------------------|
| • Grades 9-12 MacBook Laptop Replacement -1st incident: \$350; | • Screen Damage - \$350     | • Major Scratches and Dents - \$100   | • iPad Brick - \$13            |
| 2nd and subsequent incidents: \$700                            | • Keyboard Damage - \$140   | • Laptop Case Replacement - \$30      | • iPad Cable - \$7             |
|  | • Hard Drive Damage - \$400 | • Grades 4-8 Replacement iPad - \$400 | • iPad Glass Damage - \$100    |
|  | • Charger - \$79            |                                       | • iPad Case Replacement - \$32 |

## Agreement of student access to online educational applications

Eden Prairie Schools attempts to provide students with the best educational practices and resources. Many of our teachers are incorporating web-based applications and sites to enhance student education, engage students in the curriculum, and spark creativity and collaboration amongst peers. Through the use of web-based apps students and teachers can expand the classroom by participating in collaborative practices that enable students to learn the appropriate and safe ways to use the Internet. These practices provide both an outstanding educational opportunity for our academic areas as well as an opportunity to help students prevent poor online actions and communications. By signing this agreement, I am providing written permission for my child to access and use web-based apps and resources.

**I have read and understand the information presented in this Agreement and the "iLearn@EPS Expectations" section of the student handbook. I understand this Agreement will remain in effect for subsequent school years and any modifications will be reflected in the student handbook.**

Student Name

Parent/Guardian Name

Parent/Guardian Signature

Date