



# Progeny Academy

Send completed form to:

Progeny Academy  
5929 Brooklyn Boulevard, Brooklyn Center, MN 55429  
Phone: (763) 325-9150 Fax: (763) 325-9151  
www.progenyacademy.org

Grade

## Student Enrollment Form 2023-2024

*Progeny Academy does not discriminate based on age, gender, ethnicity, economic status, religion or services needed.*

### **Student Information (please print)**

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male/Female (circle one) Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of previous school: \_\_\_\_\_

### **Race/Ethnicity** (used in federal and state civil rights and statistical reports)

Is this student Hispanic/Latino? \_\_\_\_\_ Yes or \_\_\_\_\_ No

What is the student's race? **Please select one or more even if you picked one above.**

\_\_\_ American Indian Alaska Native

\_\_\_ Asian

\_\_\_ Black-African American

\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_ White

### **Parent/Guardian Information (please indicate address of residence)**

Parent/Guardian 1 (person to contact first): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cell or work phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ext. \_\_\_\_\_ English speaker? Y/N

Parent/Guardian 2 (person to contact second): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cell or work phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ext. \_\_\_\_\_ English speaker? Y/N

E-mail #1: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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## Student Emergency Information

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

### **Alternate Emergency Contact (Not Parent/Guardian):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

### **Alternate Emergency Contact (Not Parent/Guardian):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

### **Alternate Emergency Contact (Not Parent/Guardian):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

## **IMPORTANT:**

**WE MUST HAVE A WORKING CONTACT PHONE NUMBER FOR ALL STUDENTS IN CASE OF EMERGENCY.**

**YOU MUST UPDATE THE SCHOOL IF ANY OF THE ABOVE INFORMATION CHANGES.**

## Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

**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	
Parent/Guardian Name (printed):	
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.

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## General Permissions 2023-2024

Parent or Guardian – This form contains multiple permissions. Please sign and date **each** of the areas below. A brief description of each of the permissions is included.

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade Level in 2023-2024 \_\_\_\_\_

- During the school year, your student may be photographed, filmed, and/or interviewed for press publications. By signing below, you are giving permission for your child to be included in the various publications.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**School Publications- Parent Signature** **Date**

- Progeny Academy will take several field trips throughout the year. Some of the field trips will include involvement in the community. The trips are an outgrowth of learning activities pertaining to the curriculum and Minnesota Academic Standards and are considered essential to the program at the school. By signing below, you are giving permission for your child to participate in supervised field trips and other activities as designated and/or approved by the staff of Progeny Academy that will occur outside of the school building.

A notice and explanation of each field trip will be sent home prior to the activity. The parent will have an opportunity to refuse a field trip at any time.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Field Trip Release- Parent Signature** **Date**

- As a family we have read through the Family and student handbook for the 2023-2024 School Year. We understand the policies and procedures set forth by the school. The student and the family will adhere to all policies, procedures and regulations as approved by the Progeny Academy Board of Directors and implemented by the School Administration.

The family and student handbook will be available to families via school website. A hard copy will be supplied to families upon request.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Handbook Acknowledgement- Parent Signature** **Date**

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## Computer and Internet Usage Contract

Dear Parent/Guardian:

At Progeny Academy all students have access to the Internet and 1:1 technology. The Internet is a global information system with great educational potential. The use of the Internet is a **privilege**. Students will be taught appropriate use of the Internet and/or email. Information on the Internet changes rapidly. It is the school's responsibility to teach students the skills to be responsible users of the Internet and adopt guidelines for student use of the Internet. District/school officials work to control the Internet environment to provide access to the most appropriate educational sites and materials for students and staff. To protect the due process rights of students the guidelines below define appropriate educational and ethical uses of the Internet at Progeny Academy, identify individual student responsibilities, and outline the responsibilities of the school in carrying out these guidelines. Additionally, it is the responsibility of the student to treat the technology respectfully and ensure that the technology and its components are taken care of in a safe way. Students and families are responsible for any costs pertaining to repairing and/or replacing the technology.

### Student Responsibilities:

As a user of the internet and our computer network I will:

1. Respect school rules and behavior standards in the classroom and on the Internet. That means I will be polite, use appropriate language, be respectful and honest.
2. Only use the computers or access the Internet with the permission of a teacher or supervising adult. I will always ask first.
3. Use Internet sites that are connected to what I am studying in class or that a teacher has OK'd for my use.
4. Only access appropriate material on the Internet. In the unlikely event that I accidentally access inappropriate material on the Internet, I will close the page immediately and tell my teacher what happened.
5. Respect the privacy of others. This means I will not use someone else's password or open or change another person's files.
6. Use the computer network in a manner which does not violate any laws, regulations or copyrights.
7. Remember that my school computer use is not private. That means my teachers or other people who operate the network can look at my files, e-mail or Internet use history.
8. Never give out any private information about myself in an e-mail or online, including my whole name, address or phone number.
9. Respect computer equipment and the use of the network and share computer resources and time with other students.

### Staff Responsibilities:

1. Teach students the appropriate and ethical use of the Internet and email.
2. Help students understand the guidelines.
3. Help students locate appropriate sites for school use.
4. Monitor student use of the Internet and help them back out of inappropriate sites.
5. Not post any student work to the Internet without parent/guardian permission. If permission is granted, items will be considered fair use and available to the public.
6. Limit access to the Internet or the school Computer Network if the student does not follow these guidelines.

.....  
We have read and understand the Computer Network and Internet Guidelines.

Student Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important: Students will not be able to access educational resources on the internet without this signed form on file in the office.**

# SCHOOL HEALTH OFFICE

## STUDENT HEALTH FORM



2023-2024

Student's Name \_\_\_\_\_ Birthdate \_\_\_ / \_\_\_ / \_\_\_ Gender \_\_\_ Grade (2023-24) \_\_\_\_\_

**Dear Parent/Guardian:** *The American Academy of Pediatrics recommends children receive a physical examination annually. Health information is vital in planning and supporting students while attending school. Please provide us with current health information each school year. State Law (M.S. 123.70 & M.S. 144.29) requires your child be immunized & receive a comprehensive physical examination before entering Kindergarten or elementary school.*

**HEALTH CONCERNS:** Please **X** if the student has any of the following and **\*submit an emergency action plan** for starred conditions.

\_\_\_\_\_ **NO HEALTH CONCERNS**

\_\_\_\_\_ **Allergies\*** to \_\_\_\_\_; reaction \_\_\_\_\_

Caused by (circle):      Ingestion (eating allergen)      Contact (touching allergen) Airborne (breathing allergen)

Medication (epinephrine) will be submitted to be used, as needed, in school (circle):      Yes      No

\_\_\_\_\_ Food Intolerance to \_\_\_\_\_; reaction \_\_\_\_\_

\_\_\_\_\_ **Asthma\*** \_\_\_\_\_

Caused by (circle):      Exercise      Irritants (smoke, fragrances, etc)      Allergens (pollen, mold, dander, etc)

Medication (albuterol) will be submitted to be used, as needed, in school (circle):      Yes      No

\_\_\_\_\_ **Diabetes\*** (circle):      Type      Type 2      Managed by (circle): Diet/Activity      Oral medication      Insulin injections      Pump

\_\_\_\_\_ **Seizures\*** type/description/frequency \_\_\_\_\_

\_\_\_\_\_ Behavioral/Mental Health Concern \_\_\_\_\_

\_\_\_\_\_ Recent Surgery/Restrictions \_\_\_\_\_

\_\_\_\_\_ Other Health Concern \_\_\_\_\_

Clinic and Doctor \_\_\_\_\_

Health Insurance \_\_\_\_\_

Preferred Hospital in the event of an emergency \_\_\_\_\_

**MEDICATIONS:** Complete a Medication Administration Form for **any** medication (both prescription and non-prescription) needing to be administered during school hours (forms available upon request). **WRITTEN CONSENT IS REQUIRED BY BOTH THE STUDENT'S GUARDIAN AS WELL AS THEIR HEALTH CARE PROVIDER** prior to administering any medication in school.

**CONSENT:** *I attest to the information provided. I acknowledge that it is my responsibility to inform the school of any changes to the health status of this student including health conditions, needs, medications, and/or allergies. I understand and agree that this student may receive a routine screening for vision and hearing deficiencies. I will comply with all school illness, immunization, and medication policies. I give my consent for any treatment deemed necessary in an emergency and, if necessary, the transfer of the student by Emergency Medical Services. The contacts listed below have my permission to pick-up the student if I am unavailable. Furthermore, I give permission for school health staff to confidentially exchange health information - both within the school as well as with outside health care providers - for use in meeting this student's health and educational needs in school.*

Parent/Guardian Printed Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact 1 Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact 2 Name \_\_\_\_\_ Phone Number \_\_\_\_\_



## 2023-24 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). Mail or return completed form to: Progeny Academy Charter School-5929 Brooklyn Boulevard, Brooklyn Center, MN 55429

**STEP 1:** List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

**Definition:** A Household Member is "Anyone living with you and shares income and expenses, even if not related." Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (v)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

**STEP 2:** Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIIP or FDIPIR? Medical assistance does not qualify. If NO > Go to STEP 3. If YES > Enter SNAP, MFIIP or FDIPIR Case Number (between 4-9 digits, do not report EBT card number) \_\_\_\_\_ then go to STEP 4 (Do not complete STEP 3)

**STEP 3:** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member:     Or Check if Adult has No SSN:  Total Number of All Household Members (Children + Adults)

B. Child Income.

Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross income only, if they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs				Are you Self-Employed or a Farmer?				Any Other Gross Income								
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.	Weekly	Bi-Weekly	2x Month	Monthly	Net Income from Farm or Self-Employment. Do not duplicate elsewhere.				Weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Weekly	2x Month	Monthly	Reduced After Verified	Free After Verified	Denied After Verified
	<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"/>	<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"/>	\$	<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"/>	<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: Contact information and adult 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 applicable State and Federal laws.

I have checked this box if I do not want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address (if available) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**SIGN HERE: Signature of Household Adult** \_\_\_\_\_ Date \_\_\_\_\_

Do Not Fill Out: For School Office Use	X1	X2	X3	X4	X5	X6	X7	X8	X9	X10	X11	X12	X13	X14	X15	X16	X17	X18	X19	X20	
Conversions to Annualize All Income:	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Total Income (Include child and adult income)	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determining Official Signature:	_____ Date: _____																				
Confirming Official Signature:	_____ Date: _____																				

## 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. 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

## INSTRUCTIONS: Sources of Income

### Sources of Income for Children

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

### Sources of Income for Adults

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

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 FDPPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

**Nondiscrimination statement:** In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) **mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or  
(2) **fax:** (833) 256-1665 or (202) 690-7442; or  
(3) **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.