Lakota High School
Ph. 701-247-2992
Mr. Beau Snyder, Principal

LAKOTA PUBLIC SCHOOL DISTRICT #66
500 Main Street North – P.O. Box 388
Lakota, North Dakota 58344-0388
Dr. Kelly D. Peters, Superintendent

Neil Dardis Elementary School
Ph. 701-247-2955
Mr. Samuel Preble, Principal

If marked with asterisk – COMPLETE AND RETURN

- Welcome Letter
- 2026-27 Updated Calendar
- *Yearly Update/Student & Contact Information
- *Student Information Form (Home language, Foster Care, Migrant, Homeless)
- *Field Trip Permissions
- *Acceptable Device Use Policy/Agreement
- *Free and Reduced Application (Please complete this application as it determines the amount of federal funding the district receives—Does not apply to extra milk or milk breaks)
- *Medication Plan Information – If administration of medication will continue, updated paperwork needs to be signed by a doctor and returned to school. If your child is need of a medication plan, please contact the Main Office (701-247-2955)
- *Title I Family Compact
- Updated Breakfast information
- 2026-27 Immunization requirements
- August/September Menus
- Nut Free Notification
- Preschool Information
- Supply List

Preschool, NEW Kindergarten & NEW students should provide the following:

- Copy of Birth Certificate
- Copy of Immunization Record
- Proof of home address within the Lakota School District.

Return documents on/before August 13th, 2026

Neil Dardis Elementary School
Monday – Friday
8:00 AM – 4:00 PM
Phone: 701-247-2955

BOARD OF EDUCATION –Jason Sorlien, Kristopher Rainsberry, Derrick Marquart, Trent Matejcek, Travis Schmidt

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Welcome to the 2026–2027 school year at Neil Dardis Elementary School!

Welcome to the 2026–2027 school year! I hope you have had a wonderful summer, and I am excited to welcome everyone back to Neil Dardis Elementary School. As we begin another school year, I continue to be grateful for the opportunity to work alongside our outstanding students, dedicated staff, supportive families, and community members. Each new year brings opportunities to learn, grow, and improve, and I look forward to all that we will accomplish together.

We invite all families to attend our Back-to-School Night on Thursday, August 13, from 5:00–6:00 PM. This is a great opportunity to meet your child's teacher, visit classrooms, and prepare for the year ahead. During the evening, we will also share information about school updates, our Title I Schoolwide Program, and our goals for the 2026–2027 school year.

This school year also brings an important statewide change as North Dakota transitions from PowerSchool to Infinite Campus. This new student information system will impact every school and family across the state. As with any major transition, there will be a learning curve for both staff and families. We appreciate your patience and understanding as we learn new systems and processes while continuing to provide the best possible service to our students. We will communicate updates and resources throughout the year to help make this transition as smooth as possible.

Our mission at Neil Dardis Elementary remains unchanged. We are committed to helping every student succeed by strengthening literacy and mathematics achievement, supporting the growth of the whole child, maintaining a safe and positive learning environment, and ensuring every student feels valued, connected, and challenged to reach their full potential.

One of the greatest contributors to student success is consistent school attendance. Every school day provides valuable learning opportunities that are difficult to replace when missed. To help support student success, please be aware of our attendance procedures:

- Students who miss more than five days in a semester will receive an attendance notification letter.
- Students who miss more than eight days in a semester will receive an attendance warning letter.
- Students who miss more than ten days in a semester will receive a letter and phone call to discuss strategies for improving attendance.

Please remember that all absences, including excused absences, count toward a student's total days missed. Lakota Public Schools does not provide virtual learning for students who are absent due to illness or vacation. Virtual learning is only utilized for approved weather-related school closure days.

Our regular school day is 8:25 AM to 3:20 PM, with buses departing at 3:20 PM. We kindly ask families not to park in the bus loading zones during arrival and dismissal times to help ensure the safety of our students.

Students will receive a copy of the 2026–2027 Student Handbook and Planner on the first day of school, Tuesday, August 18, and it will also be available on our district website.

We are pleased to once again offer our After-School Program for students in grades 2–6. Additional information and registration details will be sent home after the school year begins.

BOARD OF EDUCATION –Jason Sorlien, Kristopher Rainsberry, Derrick Marquart, Trent Matejcek, Travis Schmidt

Strong relationships and open communication are essential to student success. We encourage families to stay involved, ask questions, share concerns, and celebrate successes with us throughout the year. By working together and maintaining positive partnerships between home and school, we can provide every child with the support they need to thrive.

To stay informed throughout the school year, please download the Lakota Public Schools mobile app and follow our district Facebook page for announcements, reminders, and school news.

Thank you for your continued support of Neil Dardis Elementary School. I look forward to seeing everyone at Back-to-School Night and welcoming our students back on Tuesday, August 18. Enjoy the remainder of your summer, and here's to another outstanding school year!

Sincerely,

Go Raiders and Go Chargers!

Sam Preble
Principal
Neil Dardis Elementary School

BOARD OF EDUCATION –Jason Sorlien, Kristopher Rainsberry, Derrick Marquart, Trent Matejcek, Travis Schmidt

LAKOTA PUBLIC SCHOOL DISTRICT #66

2026-2027 School Calendar

August 2026

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	**13**	**14**	15
16	17	**18**	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2026

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	**16**	17
18	19	20	21	**22**	**23**	24
25	26	27	28	29	30	31

November 2026

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	**11**	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2026

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	**21**	**22**	**23**	**24**	**25**	26
27	**28**	**29**	**30**	**31**		

Early Release Days

Parent-Teacher Conferences

10/21/2026 Fall Conferences, 2:30-7:30

2/17/2027 Spring Conferences, 2:30-7:30

Calendar Information

8/13/2026	LPSD Inservice
8/14/2026	LPSD Inservice
8/18/2026	First Day of School
9/7/2026	No School-Labor Day
9/16/2026	
10/16/2026	End of Quarter 1
10/21/2026	
10/21/2026	P-T Conferences, 2:30-7:30
10/22/2026	No School-Teachers' Convention
10/23/2026	No School-Teachers' Convention
11/11/2026	No School-Veterans' Day
11/18/2026	
11/26/2026	No School-Thanksgiving Break
11/27/2026	No School-Thanksgiving Break
12/9/2026	
12/18/2026	
12/18/2026	No School PM-Comp. Day
12/18/2026	End of Quarter 2 & Semester 1
12/21/2026	No School-Begin Winter Break
1/1/2027	No School-End Winter Break
1/4/2027	School Resumes
1/18/2027	No School-MLK Jr. Day
1/27/2027	
2/15/2027	No School-Presidents' Day
2/17/2027	
2/17/2027	P-T Conferences, 2:30-7:30
3/12/2027	End of Quarter 3
3/25/2027	LPSD Inservice
3/26/2027	No-School Easter Break
3/29/2027	No-School Easter Break
4/7/2027	
4/22/2027	No School-Comp. Day
4/23/2027	No School-Spring Break
5/21/2027	
5/21/2027	No School PM-Comp. Day
5/21/2027	End of Quarter 4 & Semester 2
5/23/2027	

Nine-Week Quarters

Quarter 1	8-18-26 to 10-16-26	43
Quarter 2	10-19-26 to 12-18-26	40
Quarter 3	1-4-27 to 3-12-27	48
Quarter 4	3-15-27 to 5-21-27	44
	Contact Days	175

LPSD Inservice Days

8/13/2026	8/14/2026	3/25/2027

January 2027

S	M	T	W	T	F	S
					1	2
3	**4**	5	6	7	8	9
10	11	12	13	14	15	16
17	**18**	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2027

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	**15**	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2027

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	**12**	13
14	15	16	17	18	19	20
21	22	23	24	**25**	**26**	27
28	**29**	30	31			

April 2027

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	**22**	**23**	24
25	26	27	28	29	30	

May 2027

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Possible Storm Days

3/25/2027	4/22/2027

Parent-Teacher Conferences Comp. Days

12/18/2027	PM Only
4/22/2027	All Day
5/21/2027	PM Only

LAKOTA PUBLIC SCHOOL
YEARLY REGISTRATION UPDATE

Reg. Date _____ Name of person registering student: _____
Relationship to Student: _____ Daytime Phone: _____

The "Current Record" column shows information currently on file for [redacted]. Please check all information, and make any changes in the "Corrections" column. ***Section G must be updated every year by a parent or other legal decision maker.***

A. Student Information	Current Record	Corrections
Student Name		
Student Home Phone		
Gender		
Grade		
Date of Birth		
Storm Home		
Storm Phone		
Grade Next School Year		
*Ethnicity(See Note Below)		
B. Address Information		
Mailing Address		
Mailing City, State, Zip		
Home Address (if different)		
Home City, State, Zip		
C. Parent Information		
Father's Name		
Father's Home Phone/Cell Phone		
Employer/Work or Day Phone		
Father's Address (if different)		
Mother's Name		
Mother's Home Phone/Cell Phone		
Employer/Work or Day Phone		
Mother's Address (if different)		
Parent/Guardian Email Address		
Parent/Guardian Email Address		
D. Living Arrangements		
Single Parent Household?		
Student currently lives with?		
If student currently has a Step-Parent, Guardian, Foster Parent, Custodian, etc., indicate the name, relationship, and phone numbers.		
Name & Relationship		
Day or Work Phone/Cell Phone		
E. Emergency Information	***(Local - Other than parent)***	
Contact 1-Name/Relationship		
Day Phone (Hm,Wrk,or Cell?)		
Contact 2-Name/Relationship		
Day Phone (Hm,Wrk,or Cell?)		
Contact 3-Name/Relationship		
Day Phone (Hm,Wrk, or Cell?)		

*Ethnic Types: African American; American Indian; Asian, Caucasian; Hispanic; Pacific Islander

Initials of Recorder: _____

-Continued on Next Page-

F. Medical Information	Current Record	Corrections
Doctor Name/Phone		
Dentist Name/Phone		
Allergies		
Does student use an Epi-Pen?		
Medications? (Please List)		
Health Problems - Circle all existing medical conditions. Describe. -Asthma -Diabetes -Hearing - Frequent Infections, Hearing Aids, or Tubes -Heart Problem (Describe) -Seizures -Vision-Contacts/Glasses -Other (Describe)		
Has any health condition resulted in a medical emergency?(Describe)		

G. To Be Completed by the Legal Decision Maker

☐ **I DO NOT want my child's work, pictures, and/or projects showcased on the internet with identifying information.**

In case of a medical emergency, and I cannot be reached, I give my child's doctor or any attending physician permission to administer medical treatment.

☐ **Yes** ☐ **No**

If there is any additional information about the health and welfare of your child of which the school needs to be aware, please contact the school office directly.

_____

(Signature of Legal Decision Maker) *(Date)*

LAKOTA PUBLIC SCHOOL DISTRICT #66

"Home of the Raiders"

Attendance Guidelines

- If a student arrives after 8:35 they should be marked TARDY.
- If a student is late but arrives before 9:30 they should be marked TARDY.
- If a student is late and arrives after 9:30 they should be marked ABSENT in the AM
- If a student arrives on time and leaves after 10:00 they should be marked ABSENT in the AM
- If a student is gone 8:25-12:00 they should be marked as ABSENT in the AM.
- If a student is gone 12:00-3:30 they should be marked as ABSENT in the PM.
- If a student leaves before 2:00 they should be marked as ABSENT in the PM.
- If a student is absent in the AM and arrives after 12:00 and before 1:00 they should be counted as Tardy for PM.

Student Information Form

1 per family, unless answers differ per child

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

Would your child be considered a Native American or an Alaska Native student? Yes ☐ No ☐ Unsure ☐

Would your child be considered a Migrant student? Yes ☐ No ☐ Unsure ☐

Migrant students have moved in the past 36 months to join a parent/guardian or spouse who is a migratory agricultural worker.

Is the Student in Foster care? Yes ☐ No

Foster Care Parents_____

Case Manager_____ Agency_____

The answer you give 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 **one** box.*)

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

Please list all children living with you from Pre-K through high school. If needed, use an additional sheet.

Student ID #	First Name	Last Name	Birth Date	School	Grade

What type of assistance below would be helpful to you? (check if applicable):

Medical	Dental	Counseling	Homeless Center	School Transportation	School Supplies	Other

I declare, under penalty of perjury under the laws of this state, that the information provided here is true and correct.

_____ _____ **Date:** _____

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

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

Student Information Form

* Complete Both Sides *

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

NOTE TO SCHOOLS/DISTRICTS: Please assist students and families filling out this form. This form should be completed first in registration materials, 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. This form combines the home language survey, foster care contacts, and migrant and homeless identification questions.

Last Name: _____ First Name: _____ Middle: _____

Address: _____ Phone: _____ Male ☐ Female ☐ Date of Birth: ___/___/___

District: _____ School: _____ Grade: _____ ID#: _____

What language(s)…

Did **your child** learn when he/she **first** began to talk? _____

Does **your child** speak/use? _____

Does **your child** use the most often at home? _____

Do **you** use most often to speak to your child? _____

Has your child ever been in an English Learner (EL) Program? **Yes** ☐ **No** ☐ **Unsure** ☐

If your child has attended school outside of the U.S.:

What language or languages did your child learn/use in school? _____

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

Circle the grades your child has attended in the United States.	**PreK**	**K**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Circle the grades your child has attended outside of the U.S.	**PreK**	**K**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**

Would your child be considered a refugee student? Yes ☐ No ☐ Unsure ☐

A refugee student is new to the U.S. within the past three years and left their home country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion and has fled to another country to be resettled. Newly arrived is defined as within the last three (3) years.

Would your child be considered an immigrant student? Yes ☐ No ☐ Unsure ☐

Immigrant students are students who have attended schools in the U.S. for three years (3) or less and may qualify for additional services. If yes, please list:

Country of origin _____ (Refugee students: this is the country you originally fled, not the country you lived in most recently.)

U.S. entry date (mm/dd/yyyy) ____/_____/_____

Heritage language _____

Home Language Survey/Homeless Identification

Student Name: _____ Address: _____ Homeless: YES NO

Student's School: _____ Student's Grade: _____

The U.S. Office of Civil Rights requires schools identifying possible English Language Learner (ELL) students during enrollment. This Home Language Survey (HLS) 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 Limited English Proficient (LEP) 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 language(s) do **you** use the most to speak to your child? _____

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

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

List other language(s) that **your child** has used with a **grandparent or caretaker:** _____

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 ELL) Program? **Yes** **No**

Put an **X** in the boxes on the top line to show the school grade your child has attended in the United States. Put an **X** in the boxes on the bottom line to show the school grades that your child attended in another country.

School	Grade													
Grade level attended inside the U.S.	**PreK**	**K**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Grade level attended outside the U.S.	**PreK**	**K**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**

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? _____

May we have permission to have your child tested for English Language Proficiency? YES NO

If you child is found to need instructional services to develop his/her English language skills, would you permit us to place him/her in a program designed to improve English Language skills? YES NO

Parent/Guardian Signature: _____ **Date:** _____

This form also asks for information used by other programs to help your child in school. You are not required to answer these questions; however, if you circle yes or no for questions 1-4, your child may qualify for additional services.

Refugee Student:

The NDDPI applies for a Refugee School Impact Grant to provide services for newly arrived refugee students. A refugee student left their home country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion and has fled to another country to be resettled. Newly arrived is defined as within the last three years.

1. Would your child be considered a newly arrived refugee student? **Yes** **No**

Immigrant Student:

Immigrant students are mentioned specifically in the LEP definition and may qualify for LEP services. Additionally, students who have attended schools in the U.S. for three years (3) or less may qualify for additional services.

2. Would your child be considered an immigrant student? **Yes** **No**

If yes, please list the country _____ **and** U.S. entry date (mm/dd/yy) _____/_____/_____

(For refugee students, this is the country you originally fled, not the country you lived in most recently.)

Native American or Alaska Native student:

Native American and Alaska Native students are mentioned specifically in the LEP definition and may qualify for LEP services.

3. Would your child be considered a Native American or an Alaska Native student? **Yes** **No**

Migrant Student:

Migrant students are mentioned specifically in the LEP definition and may qualify for LEP services. A migrant student has a parent who is a migratory agricultural worker and in the last three (3) years has moved from one school district to another, in order to work (temporary or seasonal) in agricultural activities.

4. Would your child be considered a migrant student? **Yes** **No**

If yes, what is the date you moved to this area? (mm/dd/yy) _____/_____/_____

If your family moved to this area for agriculture (temporarily or seasonally), in what area(s) do you work: (please check all that apply)

- ☐ Sugar Beet Industry
- ☐ Potato Industry
- ☐ Bee Keeper/Honey Processing
- ☐ Turkey Farm/Processing
- ☐ Egg Production
- ☐ Meat Processing Plant
- ☐ Chicken Farms/Processing
- ☐ Plant/Cultivate Trees
- ☐ General Dairy Farm Work
- ☐ Transportation of Agricultural Products
- ☐ Trimming Trees
- ☐ Raw Cheese Production
- ☐ Custom Combining
- ☐ Landscaping, Laying Sod or Planting Grass

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Field Trips Permissions

This form serves as permission for ALL field trips throughout the 2026-27 school year.

There will be additional information sent home before each field trip. At that time, if you do NOT want your child to attend, you will need to send a written request for them not to attend.

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

My child/children may attend field trips with Lakota Elementary

Parent Signature: _____

Date: _____

BOARD OF EDUCATION –Jason Sorlien, Kristopher Rainsberry, Derrick Marquart, Trent Matejcek, Travis Schmidt

Lakota School District Device Acceptable Use Policy

Lakota Public Schools Computer Program

Students, Staff, and Faculty are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply.

The network is provided for Students, Staff, and Faculty to conduct research and communicate with others. Access to network services is given to all who agree to act in a considerate and responsible manner. Access is a privilege – not a right. Access entails responsibility.

Network Resources in this document refers to all aspects of the school's owned equipment, including computers, Printers, scanners and other peripherals, as well as email, Internet services, servers, network files and folders, and all other technology related equipment and services. These rules apply to any use of the school's network resources whether this access occurs while on or off school property.

Students, Staff, and Faculty Will

- Access the system for educational purposes
- Use appropriate language and be respectful to others. This includes no cyber-bullying.
- Observe and respect license and copyright agreements.
- Keep passwords and personal information confidential.
- Keep network resources charged every day for educational purposes.

Students, Staff, and Faculty May Not Use Network Resources

- To create, send, share, access or download material, which is abusive, hateful, threatening, harassing or sexually explicit.
- To alter, add or delete any files that affect the configuration of a school device.
- To conduct any illegal activity (this includes adhering to copyright laws).
- To access the data or account of another user (altering the device or files of another user vandalism).
- To copy district software (copying school-owned software programs is considered theft).
- To attempt to change any GPS's network or server configuration.
- To give home addresses or phone number to anyone on the internet that may be potentially unsafe (this protects users from becoming potential victims of those with criminal intent).
- Give passwords to anyone.
- Record staff or students without their consent or knowledge, this includes:
    - Webcams
    - Laptops
    - Cameras
    - Cell phone
    - iPads
    - or any other digital devices
- To post anonymous messages.
- To forward email commonly known as "SPAM" Unsolicited Email, or "junk mail."
- To instant message or chat during class unless relative to academic related expectations.

Student Discipline

Any student who violates the rules relative to technology use will be subject to disciplinary action. Consequences may include: a letter or phone call to parents or guardians, detention, or suspension depending on the violation or degree of

misuse. Students who violate the rules may also lose access to the device for a period of time or have their device monitored by teacher or technology coordinator.

Additional Software

Due to the nature of virus possibilities on network resources, students are not allowed to download and install programs onto network resources. The Technology Coordinator will install all software needed. Misuse of software/apps or inappropriate software/apps will result in disciplinary action.

Fees and Damage

If a network resource is damaged **all repair or replacement costs will be the responsibility of the student, staff, or faculty.** The district will cover only hardware failures not due to negligent use. The district will have the damage repaired or replaced and billed to responsible party.

Examples of damage include but are not limited to: cracked screens, broken or lost cases, broken or lost keyboards, stripped or lost cords.

Reports of damage must be reported immediately to the Technology Coordinator.

General Precautions for Network Resources

Do NOT attempt to remove or change the physical structure of the network resource. Examples include removing the keys, interfering with the charging port, careless use of the head phone port, and damage to the cover or plastic casing.

The network device must remain free of stickers or any other markings that are not the property of Lakota Public School District. Do not remove or interfere with the serial number or any identification placed on the network device.

Keep the equipment clean. For example, don't eat or drink while using the network device.

I agree to the stipulations set forth in the above Acceptable Use Policy.

Student or Staff/Faculty Name (Please Print)_____

Student or Staff/Faculty Signature:_____ **Date:**_____

Parent Name on behalf of Student (Please Print)_____

Parent Signature on behalf of Student_____

2026-27 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: (*School/District Information*)** _____

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)	MI	Child's Last Name	School	Grade	Mark all that apply. Foster Child	Migrant	Homeless or 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 1-866-614-6005.

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 through an application.**
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. **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 the 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 All Adult Household Members section and B. Child Income section. College students living away at school can still be counted as household members..

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	Report income **before deductions or taxes** in whole dollars (no cents).	Monthly	Yearly	**Net income** from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$
	☐	☐	☐	☐	$	☐	☐	$	☐	☐	☐	☐	$

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
$	☐	☐	☐	☐

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-☐☐☐☐ Or ☐√ I do not have a Social Security Number

Total Number of All Household Members (Children + Adults) Here: ☐

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 applicable State and Federal laws."

X _____ _____

SIGNATURE of Adult Completing Application (*Form must be signed to be complete.*) **DATE**

_____

Print Name **Daytime Phone**

_____

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

SCHOOL OFFICE USE ONLY ❑ **Error Prone Application**

❑**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 200 ___ Denied ___
Reason for Denial ❑**Income Too High** ❑**Incomplete App**
Determining Official's Signature: _____ **Date:** _____
❑ **Selected For Verification:** *Confirming Official's Signature:* _____ Date: _____
Verifying Official's Signature: _____ Date: _____

See Page 2 for Additional Information. Return completed form to the school at the address listed at the top of the form.

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
• Earnings from work • Social Security a. Disability Payments b. Survivor's Benefits • Income from person outside the household • Income from any other source	• 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
• Salary, wages, cash bonuses (before deductions or taxes) • Net income from self-employment (farm or business) • If you are in the U.S. Military: 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	• 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	• 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 USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint *and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:*

Mail: 1. U.S. Department of Agriculture*
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 202509410
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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

Return completed form to your child's school.

AUTHORIZATION/PARENTAL CONSENT FOR SCHOOL TO PROVIDE MEDICATION OR STUDENT TO SELF-ADMINISTER MEDICATION

NOTE: Use a separate authorization form for each medication. Provide the school with a new form each school year, each time the student has a new medication, when the District assigns a new medication provider to the student, and each time there is a change in the student's current medication regimen.

Student's last name: _____

Student's first name: _____

Gender: _____ Grade: _____

Date of birth: ____/____/____

NOTE: Attach a copy of a current photo of the student. This will be used to properly identify the student before providing medication.

EMERGENCY CONTACT INFORMATION

Parent/guardian's emergency contact name and number: _____

_____ ☐ Home ☐Work ☐Cell

Parent/guardian's emergency email address:

_____

Alternate family member's emergency contact name and number: _____

_____ ☐ Home ☐Work ☐Cell

Relationship to student: _____

Primary healthcare provider's name and phone number:

_____

Secondary healthcare provider's name and phone number (if applicable):

_____

Student's pharmacy name and phone number:

_____

STUDENT HEALTH INFORMATION

Does the student have any known allergies? ☐ Yes ☐ No

If yes, attach a list of known allergies to this form and certification from a healthcare provider that the student is not known to be allergic to any medication the school is requested to provide or any medication that the student will self-administer.

The student has knowledge of his/her known allergies and has been educated on the signs and symptoms of allergic reactions and how to prevent them.

☐ Yes ☐ No

Will the student be taking more than one medication at school or while otherwise under the school's supervision? ☐ Yes ☐ No

If yes, attach certification from a healthcare provider that the medications are not known to adversely interact or information on how to avoid any known adverse interactions.

MEDICATION AUTHORIZATION

*NOTE: Fields marked with an * must be completed by a healthcare provider for prescription medication.*

*Medication's name: _____

*Relevant diagnosis: _____

Dates medication must be provided at school:

☐ Short term, list dates to be given: _____

☐ Every day at school until:

☐Medication is gone ☐End of the school year ☐Other:

_____

☐ Episodic/Emergency Events ONLY

*Dosage (amount) _____ *Route _____ *Form _____ *NOTE: Requests to provide more than the recommended dosage for over-the-counter medications must be accompanied by a healthcare provider's authorization.*

Time(s) of day*: _____

_____

NOTE: If request is to provide medication after school hours when the student is under district supervision, the parent/guardian must work with the building administrator to develop a plan for coordinating this request.

*Serious reactions/adverse side effects from this medication may occur:

☐Yes ☐ No

*If yes, describe:_____

_____

_____

*Action/treatment for reactions:

_____

*Special handling instructions: ☐Refrigeration ☐Keep out of sunlight

☐Other: _____

*Is any dispensing equipment or other medical equipment required in order for the student to receive medication?

☐Yes ☐ No

*If yes, describe equipment and any special storage instructions: _____

_____

_____

STUDENT SELF-ADMINISTRATION

*NOTE: Fields marked with an * must be completed by a healthcare provider for prescription medication.*

*This student has received instruction in self-administering this medication in a secure manner. In addition, the student has received education on any side effects or adverse interactions associated with the medication and how to prevent them:

☐ Yes ☐ No

*The student is capable of self-administering this medication in a secure manner.
☐ No ☐Yes - Supervised ☐ Yes - Unsupervised
This student may carry this medication: ☐No ☐Yes

HEALTHCARE PROVIDER'S AUTHORIZATION

*NOTE: This consent is **only** required for:*

A. *Prescription medication*
B. *Over-the-counter medication if it is to be provided in a manner inconsistent with manufacturer's recommendation.*

*I certify that the information contained on this form is accurate and complete to the best of my knowledge.

_____
Healthcare provider's name (print)

_____ _____
Healthcare provider's signature Date

CONFIDENTIALITY WAIVER

NOTE: Completion of this section by a parent/guardian authorizes the disclosure and/or use of your child's individually identifiable health information consistent with law (including HIPAA).

I _____ (parent/guardian's name) authorize (name of agency and/or health care providers):_____
to provide health information from _____(student's name)
medical record to: _____(name of school).
The disclosure of health information is required for the school to provide medication and/or oversee my child's self-administration of medication.

Requested information shall be limited to the following: ☐All minimum necessary health information; or ☐ Disease/condition-specific information as described:
_____

This authorization shall become effective immediately and shall remain in effect until _____ (enter date) or for the remainder of the school year from the date of signature (if no date entered).

Law prohibits the school from making further disclosure of my child's health information unless the school obtains another authorization form from me or unless such disclosure is specifically required or permitted by law. I understand that I may revoke this authorization at any time. My revocation must be in writing, signed by me, and delivered to the healthcare agencies/persons and school listed above. My revocation will be effective upon receipt but will not be effective to the extent that the school or others have acted in reliance of this authorization.

I understand that the school will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and that the information becomes part of

the student's educational record. The information will be shared with individuals working at or with the school for the purpose of providing safe, appropriate, and least-restrictive educational settings and school health services and programs.

I have a right to receive a copy of this authorization. Signing this authorization is required in order for my child to obtain medication services in the educational setting.

_____ _____

Parent/guardian's signature Date

NOTE: A copy of this confidentiality waiver must be sent to the student's healthcare provider upon completion.

PARENTAL CONSENT

I am the parent or guardian of _____. I give my permission for him/her to take the following medication while in _____ School. I authorize the following individuals to provide medication to my child:

_____ (Eligible school medication provider)
_____ (Eligible school medication provider)
_____ (Eligible school medication provider)
_____ (Eligible school medication provider)
_____ (Eligible school medication provider)

I acknowledge that I have read, understand, and agree to comply with the school district's medication program policy. I certify that the information included on this form is accurate to the best of my knowledge. I hereby release _____School District and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance.

_____ _____

Parent/Guardian Signature Date

STUDENT CONSENT

I acknowledge that I have read, understand, and agree to comply with the school district's medication program policy. I also acknowledge and agree to comply with the district's drug and alcohol free schools policy, which contains restrictions related to medication, including rules prohibiting me from giving medication (prescription and over-the-counter) to other students.

Anytime I believe that I am having a reaction to my medication, I will report this information to my teacher or another school employee.

If I have received permission to carry medication, I agree that I will not leave the medication unattended or unsecured and accessible to other students.

_____ _____

Student's signature Date

LAKOTA PUBLIC SCHOOL DISTRICT #66

"Home of the Raiders"

LAKOTA ELEMENTARY SCHOOL
Parent Compact

Lakota Elementary School, and the parents/guardians of the students participating in activities, services, and programs funded by Title I, agree that this compact outlines how they will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the state's high standards.

*This school-parent compact is in effect during the **2026-2027** school year.*

School/Teacher Responsibilities

Lakota Elementary School will:

1. **Provide high quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the state's student academic achievement standards as follows**:
   - Lakota Elementary School curriculum is aligned to the North Dakota State standards in all curriculum areas.
   - Students in grades K-6 will take the STAR360 assessment quarterly.
   - Assessment scores will be used to determine and provide interventions.
   - IEPs, ILPs, and 504s are written and followed to meet individual student needs.
   - Lakota Elementary School instructors are encouraged to participate in professional development to enhance their curricular and pedagogy knowledge.
2. **Hold parent-teacher conferences (*at least annually in elementary schools*) during which this compact will be discussed as it relates to the individual child's achievement. Specifically, these conferences will be held**:
   - October 21st @ 2:30 PM – 7:30 PM
   - February 17th @ 2:30 PM – 7:30 PM
   - Parents may also request additional conferences throughout the year
3. **Provide parents with frequent reports on their child's progress. Specifically, the school will provide reports as follows**:
   - Parents will be provided with mid-term progress reports.
   - Parents will be provided with report cards at the end of each quarter.
   - Parents may request their child's academic progress at any time during the school year.
   - Parents will be able to access PowerSchool at any time to see grades.
   - Parents will receive results of North Dakota State Assessments (*as available from the North Dakota Department of Public Instruction*) and local assessment results.
4. **Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents as follows**:
   - 7:55 AM – 8:15 AM each morning by appointment.
   - 3:30 AM – 3:55 PM each afternoon by appointment.
   - Emails can be sent at any time and staff will respond in a timely manner.
   - Some teachers will use Class Dojo to consult with parents.

- Parent Teacher Conferences in fall and spring.
  - Fall, October 21 @ 2:30 PM – 7:30 PM
  - Spring, February 17 @ 2:30 PM – 7:30 PM
- Parents may arrange a meeting at any time during the year.
- Parents may contact staff by contacting the school at 701-247-2955.

5. **Ensure regular two-way, meaningful communication between family members and staff, in a language that family members can understand**:
   - Parents and faculty/staff may use email, phone, and electronic systems such as Class Dojo to communicate as necessary.
   - Translator applications can be used to communicate with those that may not speak English.
   - Parents should request translation if information needs to be presented in another language.
   -

Parent Responsibilities

We, as parents/guardians, will support our children's learning in the following ways:

- Monitoring attendance.
  - I will make sure my child attends school unless sick or an absence cannot be avoided.
- Checking child's planner daily.
- Making sure that homework and assigned tasks are completed.
- Monitoring your child's participation in school-to-home programs. (*ex. Snuggle Time Reading, Back Pack Reading, etc.*)
- Volunteering in my child's classroom as allowable.
- Participating, as appropriate, in decisions relating to my child's education.
- Promoting positive use of my child's extracurricular time.
- Modeling good citizenship, respect, and responsibility and encouraging my child to demonstrate these in the classroom, school, home, and community.
- Staying informed about my child's education and communicating with the school by promptly reading all notices/information from teachers, school or the school district either received by my child, by mail, by alert system or other electronic means and responding, as appropriate.
- I will check the school website and social media for information and updates.
- I will check my child's home communication folder daily for important information, homework, and announcements.
- Attending all parent-teacher conferences, open houses, family involvement activities/events, and parent-training opportunities.
- Serving, to the extent possible, on support teams, committees, or advisory groups.

By signing this compact, I acknowledge the review and understanding of the expectations for both the school/teacher and parent. I understand I have the opportunity to participate in planning and revisions of future compacts and am encouraged to be a part of this process.

Parent/Guardian Signature: _____ Date: _____

Please list all children in your family attending Lakota Elementary School:

Student: _____ Date: _____
Student: _____ Date: _____
Student: _____ Date: _____
Student: _____ Date: _____
Student: _____ Date: _____

Lakota High School
Ph. 701-247-2992
Mr. Beau Snyder, Principal

LAKOTA PUBLIC SCHOOL DISTRICT #66
500 Main Street North – P.O. Box 388
Lakota, North Dakota 58344-0388
Dr. Kelly D. Peters, Superintendent

Neil Dardis Elementary School
Ph. 701-247-2955
Mr. Samuel Preble, Principal

Students and Parents:

Lakota Schools is happy to announce that breakfast will continue being served at the Elementary School in the District cafeteria. Please see the following information:

Breakfast available to all students PK-12
Grades PK-12 serving time will be available from 7:50am- 8:20am
Please inform your child's teacher if and when child will be participating
Monthly menus will be provided along with lunch menu
Daycare families: Please keep daycare informed of your child's plan for breakfast
Students MAY participate in the program at ANYTIME!
Only school provided breakfast allowed in the school at this time

BOARD OF EDUCATION –Jason Sorlien, Kristopher Rainsberry, Derrick Marquart, Trent Matejcek, Travis Schmidt

Is your child ready for school?

Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll your student in school (public, private or homeschool). Check marks show the number of required doses.

This schedule shows the ages when doses are due.

K-6th Grade	7th-10th Grade	11th-12th Grade
Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓
DTaP ✓✓✓✓✓	DTaP ✓✓✓✓✓	DTaP ✓✓✓✓✓
Polio ✓✓✓✓	Polio ✓✓✓✓	Polio ✓✓✓✓
MMR ✓✓	MMR ✓✓	MMR ✓✓
Chickenpox ✓✓	Chickenpox ✓✓	Chickenpox ✓✓
	Meningococcal ✓	Meningococcal ✓✓
	Tdap ✓	Tdap ✓

Exemptions

To enroll in school in North Dakota, children must show they've had these immunizations or file and exemption with the school.

Parents may file a medical exemption signed by a health care provider or a non-medical exemption signed by a parent/guardian. A blanket exemption form can be found on our website.

ProtectND

NORTH Dakota | Health & Human Services
Be Legendary.

Lakota Public Schools
Concessions

Lakota Public Schools is now following **NO NUT** guidelines to ensure that the school facilities will be as free as possible of foods that cause severe allergic reaction to students and school personnel. These guidelines will also be followed in concessions that are served at Lakota Public School sporting events and functions. No peanuts or any food that contain tree nuts will be served.

Bars and treats will still be allowable to serve at concessions; however it will be **VERY** important to **ALWAYS** check labels on packaging for **ALL** ingredients used. Reading labels is necessary since it is possible items can be cross-contaminated during the manufacturing process. Please follow the guidelines below when reading labels.



READING LABELS: Some manufacturers clearly state if a product has peanut or nuts in it while others, itis almost hidden. PLEASE READ THE LABELS, each time you purchase. Do not purchase items with the allergy and ingredient alert such as:

"May Contain Peanut or Tree Nuts"

"Processed on shared equipment with Peanuts or Tree Nuts"

"Manufactured in a plant with Peanut or Tree Nuts"

"Contains Peanut or Tree Nut Ingredients"

Thank you for taking the time to read the labels and providing baked goods that meet these guidelines. Your diligence is keeping allergic individuals safe at school and school functions.

Peanut and Tree Nut Free Snack Suggestion List

When choosing a peanut free snack for your child's class, it is important to **ALWAYS** check the label on the package to make sure it is **free of peanuts and nuts** of all kinds. This list is only to serve as a resource. It is in no way complete and is subject to manufacturer recalls and mislabeling. Manufacturers may have changed their equipment or product line and method since you last purchased an item from this sheet.

READING LABELS: Some manufacturers clearly state if a product has peanut or nuts in it while others, it is almost hidden. PLEASE READ THE LABELS, each time you purchase. Do not purchase items with the allergy and ingredient alert such as:

"May Contain Peanut or Tree Nuts"

"Processed on shared equipment with Peanuts or Tree Nuts"

"Manufactured in a plant with Peanut or Tree Nuts"

"Contains Peanut or Tree Nut Ingredients"

Thanks you for taking the time to read the labels and discussing the topic of "safe snacks" with your child! Your diligence is keeping an allergic child safe at school.

FRUIT OR VEGGIES

Fresh Fruit (no strawberries due to allergies)
Fresh Veggies
Raisins (plain, not yogurt or chocolate covered)
Applesauce cups
Mandarin orange cups
Pear or Peaches cups
Fruit Snacks (Betty Crocker Brand, Target , Annies Organic or Meijer Brand only) **NOT KELLOGG**

DAIRY SNACKS

Danimals, Go-gurts, Trix yogurt
String Cheese (Sargento or Meijer Brand)
Kraft Cubes or sliced cheese
Sargento Mootown Snacks (Cheese and Pretzels, Cheese and Crackers, Cheese and Sticks)

Lakota High School
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Mr. Samuel Preble, Principal

Lakota Families:

Lakota Public Schools will provide a preschool program in a safe, structured, and caring environment. Our goal for school is to prepare students mentally, emotionally, socially, and creatively so that they will be better prepared to enter Kindergarten.

To help with consistency of curriculum in the schedule, days will be in line with the Lakota School District Calendar.

Tuition Costs per Child

Preschool tuition is $150 per month ($75 for August and May) or $1,350 per year, based on the school's 175-day schedule. Students eligible for free meals or placed on an Individualized Education Plan (IEP) attend at no charge. Students eligible for reduced meals pay $90 per month ($30 for August and May), or $780 per year.

Tuition payment must be made in full, the 1st of each month, to maintain enrollment. If not received by the 10th, the child may be dismissed from the program. Tuition is not prorated for absences, holidays, or closures. Families needing a payment plan must contact the Business Manager in advance. A 30-day written notice is required for withdrawal.

BOARD OF EDUCATION –Jason Sorlien, Kristopher Rainsberry, Derrick Marquart, Trent Matejcek, Travis Schmidt