DEPARTMENT OF EDUCATION	Division of School Finance 400 NE Stinson Blvd Minneapolis, MN 55413	**Student Report for Aids To Nonpublic Students**	ED-01650-38 DUE: 10/1/2026

General information and instructions: This form must be completed at the nonpublic (homeschool) school level and filed with the public school district offices coordinating the program by October 1, 2026. A copy is to be sent by the local public school district to the Minnesota Department of Education (MDE), Division of School Finance at the above address by October 15, 2026. **Only forms received directly from a public school district will be accepted. This form must be filled out completely to be considered valid. Altering the form will result in the form not being accepted.**

Nonpublic School Identification Information

Nonpublic School Name:	Nonpublic School Number:
Public School District Number:	Address of Nonpublic School:
City:	Zip Code:
Name of Nonpublic School Principal:	Telephone Number:
Email Address:	Name of Nonpublic School Contact Person (if other than above):
Telephone Number:	Email Address:
Location at which Student Request Forms are filed (if other than above): 1350 W 106th St Bloomington, MN 55431	Name of Program Administrator in Local Public School District: Heidi Gryniewski - ISD271
Telephone Number: 952-681-6484	Email Address: hgryniewski@isd271.org

Participation of Eligible Pupils

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

Program Element	Student Grade Level	Number of Students	Weighting Factor	Weighted Total of Eligible Students
Textbooks, Individualized Instructional Materials, Standardized Tests, Software and Other Educational Technology ☐ **Non-participation** The nonpublic school identified above does **not** wish to participate in this program element. **All day/Every Day Only*	Part-time Kindergarten		x 0.5	
	Full-time Kindergarten*		x 1.0	
	1 – 6		x 1.0	
	7 - 12		x 1.0	
			Total	
Health Services ☐ **Non-participation** The nonpublic school identified above does **not** wish to participate in this program element. **All day/Every Day Only*	Part-time Kindergarten		x 0.5	
	Full-time Kindergarten*		x 1.0	
	1 - 6		x 1.0	
	7 - 12		x 1.0	
			Total	

Guidance/Counseling (Number of Participants by Grade Level) ☐ **Non-Participation**	7	8	9	10	11	12	**Total: 7 - 12**
The nonpublic school identified above does **not** wish to participate in this program element.							

Certification

I hereby certify that the students reported above meet the conditions of eligibility as prescribed by Minnesota Statutes 2025, section 123B.41-123B.48 and that the above school is located within a public school district in which the public schools provide the services indicated to students of the same grade levels. All of the information provided above is true and correct to the best of my belief and knowledge.

Signature – Head of School/Responsibility

Date