



To be eligible for reimbursement, the educational materials must be secular, neutral, nonideological, and not capable of religious use. The materials must be primarily for an individual pupil to use for educational purposes in a particular class. All homeschool students are required to take a nationally normed achievement test. The cost of this test is eligible for reimbursement through the aid program.

Examples of materials that are eligible for reimbursement include textbooks, workbooks, DVDs, educational games, music books, sheet music/ learning kits, flashcards, and prepared instructional computer software programs. "Textbook" includes a teacher's edition, teacher's guide, or other materials that accompany a textbook that a pupil uses when the teacher's edition, teacher's guide, or other teacher materials are packaged physically or electronically with textbooks for student use.

Examples of materials that are NOT eligible for reimbursement are instructional supplies such as writing paper, notebooks, construction paper, scissors, pens, pencils, crayons and markers.

We do not reimburse for used books as they do not fit the requirement of being available to public students in adequate quantities and the condition and value of the used books is unknown.

- If you intend to request reimbursement please complete the **form ED-01650-35** and submit by **OCTOBER 1, 2022**
- Qualifying ORIGINAL receipts may then be submitted to our office, along with the **Request for Reimbursement form** (included), any time throughout the 2022-23 school year, but will **not** be accepted after **June 1, 2023**.

**Authorized Rates of Entitlement for 2022-23:**

- Textbooks, Standardized Tests and Individual Instructional Materials \$81.31 per pupil
- Pupil Health Services \$73.71\* per pupil
- Secondary Pupil Guidance and Counseling Services \$298.05\* per pupil

*\*This is reimbursed to the public school district, **not** the nonpublic/homeschool*

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*Rates may be adjusted by MDE on or about October 15 when the actual appropriation and program participation figures are known.*

**Submit To:** Sunday Kloncz  
St Michael-Albertville Schools  
11343 50<sup>th</sup> St NE  
Albertville, MN 55301  
[sundayk@mystma.org](mailto:sundayk@mystma.org)



Student Name \_\_\_\_\_ Grade \_\_\_\_\_

*\*One form per student must be filled out.*

Parent Name \_\_\_\_\_

**OR** Nonpublic School Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**ORIGINAL receipts dated between 7/1/22 & 6/1/23  
for the materials must be attached and are subject to  
review for eligibility**

I certify that the attached receipts for the items have been purchased and will be used in the education of my student(s) and I request reimbursement from STMA Schools in the amount of:

\$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For school year **2022-23**, the maximum amount of materials reimbursement per student is **\$81.31**

*Please return this form, along with your **original receipts** to:*  
St Michael-Albertville Schools  
Attn: Sunday Klonecz  
11343 50<sup>th</sup> St NE  
Albertville, MN 55301  
  
Questions: [sundayk@mystma.org](mailto:sundayk@mystma.org)

**Form ED01650-35** (included) must be filled out and submitted by **October 1, 2022** in order to be **eligible** for the reimbursement.

**\*This form** MUST be submitted on or prior to **June 01, 2023** with receipts attached to receive the reimbursement.



Division of School Finance  
400 N.E. Stinson Blvd  
Minneapolis, MN 55413

## STUDENT REPORT FOR AIDS TO NONPUBLIC STUDENTS

ED-01650-35  
DUE: 10/1/2022

**GENERAL INFORMATION AND INSTRUCTIONS:** This form must be completed at the nonpublic school level and filed with the public school district offices coordinating the program by **October 1, 2022**. A copy is to be sent by the local public school district to the Minnesota Department of Education, Division of School Finance at the above address by **October 15, 2022**. **THIS FORM MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED VALID.**

### 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):		Name of Program Administrator in Local Public School District:	
Telephone Number:		Email Address:	

### PARTICIPATION OF ELIGIBLE PUPILS

<p>THE NUMBERS OF STUDENTS REPORTED BELOW ARE BASED ON (Check One):</p> <p><input type="checkbox"/> ESTIMATED COUNTS</p> <p><input type="checkbox"/> ACTUAL COUNTS</p>	<p>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.</p>
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PROGRAM ELEMENT	STUDENT GRADE LEVEL	NUMBER OF STUDENTS	WEIGHTING FACTOR	WEIGHTED TOTAL OF ELIGIBLE STUDENTS
<p style="text-align: center;"><b>TEXTBOOKS, INDIVIDUALIZED INSTRUCTIONAL MATERIALS AND STANDARDIZED TESTS</b></p> <p><input type="checkbox"/> <b>NONPARTICIPATION:</b> The nonpublic school identified above does <b>NOT</b> wish to participate in this program element.</p> <p style="text-align: center;">*All day/Everyday ONLY</p>	PT KGN		X 0.5	
	FT KGN*		X 1.0	
	1 - 6		X 1.0	
	7 - 12		X 1.0	
	<b>TOTAL</b>			
<p style="text-align: center;"><b>HEALTH SERVICES</b></p> <p><input type="checkbox"/> <b>NONPARTICIPATION:</b> The nonpublic school identified above does <b>NOT</b> wish to participate in this program element.</p> <p style="text-align: center;">*All day/Everyday ONLY</p>	PT KGN		X 0.5	
	FT KGN*		X 1.0	
	1-6		X 1.0	
	7-12		X 1.0	
	<b>TOTAL</b>			

<p><b>Guidance/Counseling (Number of Participants by Grade Level)</b></p> <p><input type="checkbox"/> <b>NONPARTICIPATION:</b> The nonpublic school identified above does <b>NOT</b> wish to participate in this program element.</p>	7	8	9	10	11	12	<b>TOTAL: 7-12</b>

### CERTIFICATION

I hereby certify that the students reported above meet the conditions of eligibility as prescribed by Minnesota Statutes 123B.40 – 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