

GAYLORD MIDDLE SCHOOL

NEW STUDENT ORIENTATION

AUGUST 25, 2011

9:00-10:30

This orientation is for students new to Gaylord Schools

If you have any questions, please call Mrs. Baril

(989) 731-0848, ext. 1308

Building Tour and Math Placement Test will be given

Gaylord Middle School

7th Grade Registration 2011-2012

Student Name (print) _____

Electives

Band

Band is a **year-long** class. The 7th grade band program meets on a daily basis and is a continuation of the 6th grade band program. Students learn and use most of the common rhythms in music, study and perform a variety of musical styles, develop the ability to play precisely together with fellow band members, and learn to work together as a team for a common goal. Band students perform 3-4 concerts per year. Students also participate in MSBOA District 2 Band Festival and have the opportunity to participate in Solo and Ensemble.

Chorus

This **year-long** class is open to all students, boys and girls, who are interested in singing. The group will perform several times a year, including at the annual Veteran's Day assembly, a Winter Concert and a Spring Concert. In addition to learning how to sing, students will also begin learning basic music theory.

The following classes are nine weeks each

- Art
- Health
- Physical Education
- Spanish

The following classes are 18 weeks each

- Tech Science
- Literature
- Graphic Design

7th Grade Course Requirements

- All students will take required core classes including Language Arts, Math, Social Studies and Science
- Students who choose Band **or** Choir will also have all the nine week classes.
- Students who choose both Band **and** Choir will not have any other electives.
- Students who choose neither Band nor Choir will take all the nine week classes and two of the 18 week classes.
- All course offerings are subject to change.

Parent Signature _____ Student Signature _____

Everyone Is Here to Help

There are lots of adults ready to help students make the transition to GMS.

Here are some of those people:

- Mr. Belanger, Principal
- Mr. Somerville, Assistant Principal
- Mrs. Bartl, School Counselor
- Mrs. Larson, Secretary
- Mrs. Wotkowiak, Secretary
- Teachers

All of the adults at Gaylord Middle School are always willing to answer questions, provide help and listen. Students should not be afraid to ask for help for any reason. Everyone is here to help!

WELCOME TO...

Gaylord Middle School

Gaylord Middle School
600 East Fifth Street
Gaylord, MI 49735

Address Service Requested

(989) 731-0848

What to expect...

The First Day of School

Students do not need to worry about where to go or what to do on the first day of school. A letter will be



mailed home at the end of summer. It will indicate the student's 1st hour teacher. On the first day of school, all 7th grade students will report to the gym. The 1st hour teachers will be introduced and students will line

up with their teacher. The teachers will lead the students to their classroom, pass out schedules, assign lockers and give the students a tour of the building.

Finding Your Way

Students tend to worry about how they will find their classes. Students will find room numbers on their schedules that match the room numbers on the classrooms. Most importantly, all teachers stand in the hallways between classes ready to help students find their way. There is nothing to worry about!

Schedule

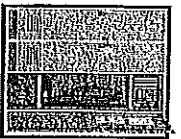
One big change that students will experience is switching classes each hour. Students will have seven class periods. Each class will be in a different classroom with a different teacher.

Sample Schedule

| Time | Subject |
|----------|----------------|
| 1st hour | ELA |
| 2nd hour | Elective |
| 3rd hour | Elective |
| 4th hour | Science |
| 5th hour | Seminar |
| 6th hour | Social Studies |
| 7th hour | Math |

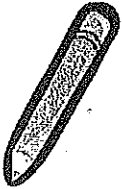
Lockers

Each student will be assigned their own locker on the first day of school. Combinations will be given out on the first day as well. Students will have a chance to practice opening their locker and get help from the teacher if necessary. It is very important that students do not share their locker combination with anyone.



School Supplies

Each teacher will let students know what school supplies will be most helpful for that particular class. However, in general it is helpful if students have some pencils, 4 folders, 4 spiral



notebooks and most students like to have a zippered 3-ring binder.

Being Prepared

Students have four minutes in-between classes. During this time they will visit their locker to pick up materials for their next class, get a drink or use the bathroom if necessary and arrive at their next class before the bell. It is very important that students come prepared with the materials required for that particular class.

Organization

Having several different classes with several different teachers increases the need for good organization. Each student will receive a planner on the first day of school. Students are highly encouraged to write down all assignments in their planner. Looking at the student's planner is a good way for parents to see what homework students have. It is also important for students to keep their materials well organized. Using separate folders and notebooks for each class is helpful.



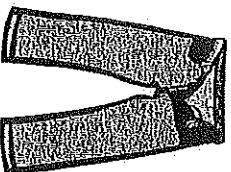
Getting Involved

Getting involved in school activities is a great way to meet new people and feel more connected to GMS. Several athletic activities are available through the school including football, volleyball, basketball, wrestling, cheerleading and track. Students must have a physical on file to participate in athletics. GMS also offers a number of other activities such as student council, art club, running club, archery club, book club, gardening club, and debate and forensics club. Announcements are made so students will know when and where to sign up.

Dress Code

In the first few pages of the student planner, you will find the student handbook which includes the dress code. GMS does enforce this dress code. This is not the dress code in it's entirety, but rather some points to keep in mind while school shopping.

- Shorts and skirts must be at or below the student's fingertips.
- Clothing which exposes undergarments or excessive skin is prohibited.
- Clothing that displays obscene, violent or profane language or pictures are prohibited.



- Ripped or torn clothing, which includes jeans with rips or frayed spots, are prohibited.
- pajamas or pajama pants are not to be worn to school.
- Headwear (ball caps, winter hats, headbands, etc.) are not to be worn in school.

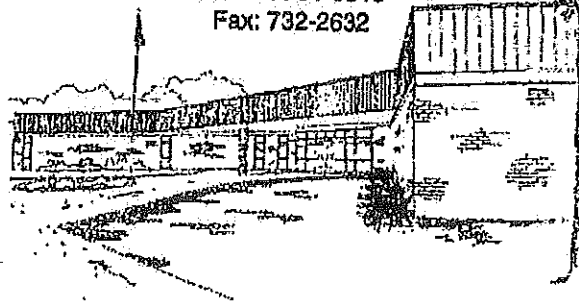


Gaylord Middle School

600 East Fifth Street
Gaylord, Michigan 49735
Phone: 731-0848
Fax: 732-2632

MR. JERRY BELANGER
Principal

MR. JOE SOMERVILLE
Assistant Principal



ENTRANCE PROCEDURE GAYLORD MIDDLE SCHOOL

REQUIRED DOCUMENTATION

Birth Certificate
Updated Immunization Record
Proof of Residency

Parents fill out all appropriate forms

Course Selection
Record Release
Enrollment Information
Transportation Registration
Gaylord Middle School Registration Form
Student Information Record (Emergency Card)
Student Discipline Form
Internet Access Agreement
Permission for Placement (If Applicable)
School of Choice Application (If Applicable)
Immunization Waiver (If Applicable)
Inability to Provide Birth Certificate (If Applicable)

Parent and student must schedule a meeting with building administrator before starting classes. That meeting should take place 48 hours after the forms have been completed and turned in.

During the 48 hour prior to the meeting, the school counselor will make contact with the sending school to find the student's school history. The counselor will also contact the student's assigned teachers.

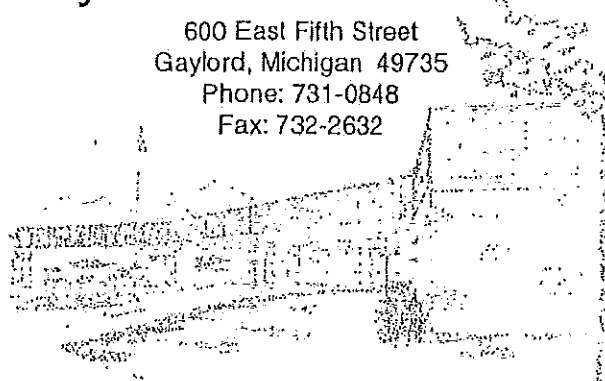
The enrollment interview will then take place with parents, counselor, and building administrators. The student may then start classes the following day once all criteria are met.

Gaylord Middle School

600 East Fifth Street
Gaylord, Michigan 49735
Phone: 731-0848
Fax: 732-2632

MR. JERRY BELANGER
Principal

MR. JOE SOMERVILLE
Assistant Principal



Date _____

RECORDS REQUEST FOR: _____

GRADE _____ BIRTH DATE _____

FORMER SCHOOL:

Name _____

Address _____

City _____ State _____ Zip _____

I hereby authorize the above named school to release any and all of the above student's records (INCLUDING CONFIDENTIAL) files to the following school:

RECORDS
Gaylord Middle School
600 E. Fifth Street
Gaylord, MI 49735

SIGNATURE OF PARENT OR GUARDIAN

GAYLORD MIDDLE SCHOOL REGISTRATION FORM

LAST NAME _____ DATE _____
FIRST _____ GRADE LEVEL _____
MIDDLE _____ PHONE NUMBER _____
DATE OF BIRTH _____ PLACE OF BIRTH _____

MAILING ADDRESS _____

STREET ADDRESS *(Required for Transportation)* _____

PERSON WITH WHOM LIVING WITH _____

FATHER (STEP) _____ EMPLOYED BY _____ WORK PH _____

MOTHER (STEP) _____ EMPLOYED BY _____ WORK PH _____

FAMILY DOCTOR _____ ADDRESS _____ PHONE _____

ARE THERE ANY PHYSICAL PROBLEMS WHICH WOULD PREVENT THIS CHILD FROM TAKING PART
IN THE NORMAL SCHOOL PROGRAM? YES ___ NO ___ IF YES, PLEASE
EXPLAIN: _____

DOES THIS CHILD REQUIRE SPECIAL SEAT PLACEMENT IN THE CLASSROOM? YES OR NO
IF YES, PLEASE EXPLAIN _____

IS THIS CHILD PRESENTLY ENROLLED IN SPECIAL EDUCATION? YES ___ or NO ___

HAS THIS CHILD EVER BEEN ENROLLED IN SPECIAL EDUCATION? YES ___ or NO ___

IF YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE EXPLAIN _____

IS THIS CHILD ADOPTED? YES ___ NO ___ DOES HE /SHE KNOW? YES ___ NO ___

HAS THIS STUDENT REPEATED A GRADE? YES ___ NO ___ IF YES, WHICH GRADE AND
WHY? _____

DOES THIS CHILD READ WELL? YES ___ NO ___

PLEASE LIST ANY INFORMATION YOU FEEL WOULD HELP US BETTER UNDERSTAND YOUR
CHILD _____

SIGNATURE OF PARENT OR GUARDIAN _____

GAYLORD COMMUNITY SCHOOLS 2011-12 STUDENT INFORMATION RECORD

Please print clearly in ink and provide all information requested. Sign, date and return to your student's school.

| | | | |
|--|-------------------------------------|--|--|
| STUDENT INFORMATION | | 2011-2012 GRADE <input style="width: 50px;" type="text"/> | |
| Student's Legal Last Name | | First Name | Middle/Suffix (Jr., III) |
| Student's Residence Address | | City | Zip Code |
| Mailing Address for Student Mailings | | City | Zip Code |
| Student's Home Phone Number | Gender (M/F) | Date of Birth | Birthplace (City/State/Country) |
| <small>Please note that if ethnicity and race information is not provided, the US Department of Education requires the school district to provide an answer on your behalf.</small> | | | |
| Ethnicity: Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> | | | |
| Race: African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> | | | |
| Language spoken at home: English _____ Other _____ School district you currently reside in: _____ | | | |
| Student Lives With: (Please Check) <input type="checkbox"/> Both natural parents <input type="checkbox"/> Father only <input type="checkbox"/> Host family <input type="checkbox"/> Divorced-joint custody <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother only <input type="checkbox"/> Relative <input type="checkbox"/> Adult student <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Legal guardian <input type="checkbox"/> Court placed | | | |
| Names/Relationships of All Adults Residing with Student: | | | |
| Student's Residence Is: (Please Check) <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> More than 1 family in house/apartment <input type="checkbox"/> Motel/Car/Campsite <input type="checkbox"/> With friends/family (other than parent/guardian) _____ <input type="checkbox"/> Shelter _____ <input type="checkbox"/> Other _____ | | | |
| Mother Name | | Father Name | |
| Lives with Student? | Please circle: Yes No | Lives with Student? | Please circle: Yes No |
| Mother Work Place | | Father Work Place | |
| Mother Work Phone | | Father Work Phone | |
| Mother Cell Phone | | Father Cell Phone | |
| Mother Email | | Father Email | |
| <small>Please complete Stepmother/Stepfather information if applicable:</small> | | | |
| Stepmother Name | | Stepfather Name | |
| Lives with Student? | Please circle: Yes No | Lives with Student? | Please circle: Yes No |
| Stepmother Phone | | Stepfather Phone | |
| Legal Guardian? | Please circle: Yes No | Legal Guardian? | Please circle: Yes No |
| Custody paperwork on file? | Please circle: Yes No | Custody paperwork on file? | Please circle: Yes No |
| Parent Living Elsewhere: | | | |
| Name | Address | City | State Zip Code |

| | | |
|------------------------------|-------------------------------|---|
| OFFICE USE ONLY | | <div style="border: 1px solid black; padding: 5px;">BUS #</div> |
| STUDENT ID: | STUDENT UIC: | |
| RESIDENT STATUS: | DISTRICT OF RESIDENCE: | |
| K-8 HOMEROOM TEACHER: | DISTRICT ENTRY DATE: | |

Last Name _____ First Name _____ Grade _____

| Name (Last, First) | Other Children Residing in the Home | | School Attending |
|--------------------|-------------------------------------|-------|------------------|
| | Birthdate | Grade | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

MEDICAL INFORMATION

Allergies: _____
 _____ Food (Please List)
 _____ Animals
 _____ Medications
 _____ Other _____

_____ Asthma: Parent providing inhaler to office? Yes No
 _____ Diabetes
 _____ Convulsions/seizures Explain _____
 _____ Other Medical Information Explain _____

Parent providing EpiPen to office? Yes No

Medical Authorization and Authorization to Transport in Case of Emergency

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If the physician cannot be reached, the school may make necessary arrangements for the well being of my child.

 Doctor's Name Office Location Address Office Phone

PERSONS AUTHORIZED TO PICK UP CHILD PRIOR TO END OF SCHOOL DAY

If your child is injured, ill or needs to leave school early, we will contact the parents listed on the front of this card first. If parents are unavailable, we will contact the following individuals authorized to pick up your child from school. Your child should know the person. ID may be requested.

| | | | |
|-------------------|--------------|---------|----------------|
| _____ | _____ | _____ | _____ |
| Authorized Person | Relationship | Address | Day Phone/Cell |
| _____ | _____ | _____ | _____ |
| Authorized Person | Relationship | Address | Day Phone/Cell |
| _____ | _____ | _____ | _____ |
| Authorized Person | Relationship | Address | Day Phone/Cell |

Your child will not be released to any unauthorized person.

If there are adults who are restricted from seeing your child **by order of a court**, please list them here. We cannot restrict a parent without legal documentation on file at the school. _____

ON EARLY DISMISSAL DAYS OR DAYS WHEN SCHOOL IS CLOSED EARLY DUE TO WEATHER OR OTHER UNEXPECTED CIRCUMSTANCES, PLEASE PROVIDE INSTRUCTIONS AS TO WHERE YOUR CHILD IS TO GO.
 (Please remember zoning rules are to be followed.)

Check **ONE (1)** Choice Below:
 _____ Bus Home as Usual
 _____ Bus to Daycare as Usual ~ **THIS MUST BE PRE-ARRANGED WITH THE BUS GARAGE!**
 Daycare Name _____ Address _____ Phone _____
 _____ Parent will pick up

I affirm that as the parent/legal guardian, all information provided is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me may subject me to legal penalties for perjury.

Signature of Parent/Guardian _____ Date _____

**STUDENT DISCIPLINE FORM
GAYLORD MIDDLE SCHOOL**

Student Name: _____ **Date:** _____

Grade: _____ **Birth Date:** _____

Has this child been long term suspended from a school? Yes or No
If yes, explain _____

Name of that school: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____

Has this child ever been expelled from school? Yes or No
If yes, explain _____

Name of that school: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____

I VERIFY THAT ALL STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND ACCURATE.

Date _____

Parent/Guardian Signature

NETWORK / INTERNET ACCESS AGREEMENT FOR STUDENTS

I have reviewed the Network/Internet Use Agreement with my parent or legal guardian and in consideration of the privilege of using the Network and Internet, I hereby release the District, its employees, agents and individual members of the Board of Education from any and all claims or causes of action arising out of my use or misuse of the Network or Network equipment. I agree to use the Network responsibly and to abide by the rules and regulations set forth in the policy and as may be added from time to time by the District.

_____ **Date:** _____
Signature of Student

As the student's parent or legal guardian, I have read and agree to this Network Access Agreement and have discussed it with my son or daughter. I understand that the Network access is a privilege provided for educational purposes. I understand that it is impossible for the District to restrict access to all controversial material. I hereby release the District, its employees, agents and individual members of the Board of Education from any and all claims or causes of action arising out of my son/daughter's use or misuse of the Network or Network equipment. In addition, I agree to indemnify the District for any fees, expenses or damages incurred as a result of my child's use or misuse of the Network or Network equipment.

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

**Parent's/Guardian's Permission for
Publication Of Student Work/Pictures**

I understand that from time to time the school may wish to publish examples of student projects, photographs of students and other work on an Internet accessible World Wide Web server.

Yes **No** **My child's work may be published on the Internet**
 Yes **No** **Photographs of my child may be published on the**
Internet (no name attached)

Student Name _____

Parent/Guardian Signature _____

Required Childhood Immunizations for Michigan School Settings

| Entry Requirements for All Public & Non-Public Schools | | |
|--|--|---|
| Age → Vaccine**↓ | 4 years through 6 years | 7 years through 18 years including all 6th grade students |
| Diphtheria, Tetanus, Pertussis | 4 doses DTP or DTaP, one dose must be on or after 4 years of age | 4 doses D and T OR 3 doses Td if #1 given on or after 7 years of age. 1 dose of Tdap for children 11 through 18 years IF 5 years since the last dose of tetanus/diphtheria containing vaccine. |
| Polio | 4 doses, if dose 3 administered on or after 4 years of age, only 3 doses are required | 3 doses |
| Measles,* Mumps,* Rubella* | 2 doses on or after 12 months of age | |
| Hepatitis B* | 3 doses | |
| Meningococcal | None | 1 dose for children 11-18 years of age |
| Varicella* (Chickenpox) | 2 doses of varicella vaccine at or after 12 months of age OR current lab immunity OR reliable history of disease | |

* Current laboratory evidence of immunity is acceptable instead of immunization with antigen.

For more information, please refer to www.michigan.gov/immunize

****All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.**

Michigan Department
of Community Health



Jennifer M. Granbala, Governor
Janet Olszowski, Director

PERMISSION FOR PLACEMENT

School District _____

Telephone _____

TEMPORARY SERVICES IN _____

(Program/Service)

Program/Service _____ Student (PRINT) _____

Location _____ Birthdate _____ Grade _____ Gender _____

Starting Date _____ Address _____

Sp. Ed. Teacher _____

District of Residence _____ Telephone _____

Student Residency Information (check one if applicable): Parent Name (PRINT) _____

School of Choice Home School

CERTIFICATE OF ELIGIBILITY:

At the time of the last IEPT meeting held at _____
on (date) _____, this student was determined eligible for special education with the disability
_____, Rule Number 340.17 _____.

This information was obtained by _____ on (date) _____
 Telephone Letter Parent/Guardian

A copy of the IEP and Multidisciplinary Evaluation Team report:
 Is attached Was requested on (date) _____

Most recent IEP and MET are required by the COP ESD office.

If records are not received within twenty (20) school days, please inform the ESD Director of Special Education.

Copies of all Special Education records received by the school should be forwarded to the ESD. Records not received within thirty (30) school days will require the evaluation procedure to be initiated.

EXPLANATION OF SERVICES:

Temporary placement is made in the above program/services until an Individualized Educational Program Team (IEPT) meeting can be held to determine the best educational program. The IEPT meeting will be held within thirty (30) school days from the time of placement. At this meeting, the results of evaluations will be discussed and a decision will be reached determining needed programs and services. You will be invited to attend this meeting.

Number of hours per week placed in special education classroom _____

(Complete hours for all services that apply)

Number of hours per week per ancillary service(s): SLI _____ OT _____ PT _____
(Appropriate ancillary staff MUST initial here)

Number of hours per week per ancillary service(s): SSW _____ TC/VI _____ TC/HI _____
(Appropriate ancillary staff MUST initial here)

PERMISSION FOR PLACEMENT:

Parent/Guardian

Date

Principal or Administrative Representative

Date

**GAYLORD COMMUNITY SCHOOLS
SCHOOLS OF CHOICE APPLICATION**

Student Name

Application Date

Date of Birth

2011-12 Grade Level

Street Address, City, Zip Code

School district in which student lives

School district last attended (Name, address, city, state, phone number)

Parent/Guardian Name

Parent/Guardian Home Telephone Number

Has this student ever been suspended, expelled, or convicted of a felony?
 YES If yes, please provide dates & explanation: _____

 NO _____

Are any siblings currently attending or applying for enrollment with Gaylord Community Schools?
 NO YES - Please list name(s), grade(s) and building(s) below.

| | | |
|------------|-------------|----------------|
| Name _____ | Grade _____ | Building _____ |
| Name _____ | Grade _____ | Building _____ |
| Name _____ | Grade _____ | Building _____ |

Reasons for seeking enrollment in Gaylord Community Schools:

By signing this application, I authorize the contact of and release of my child's records from the school district(s) previously attended.

If my child is accepted for enrollment in the Gaylord Community School district through its Schools of Choice program, I agree to the following conditions:

- A. My child will abide by the rules of the school and any applicable policies of the Board of Education.
- B. I shall provide the transportation for my child either to the school s/he will be attending or to a regular school bus stop within the school district.
- C. I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.

Parent/Guardian Signature

Date

~Office Use Only~

Date Received: _____

Approved: Y N

Initials _____ Date _____

Notification Sent: _____

STATEMENT OF NONDISCRIMINATION

It is the policy of Gaylord Community Schools that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, marital status or any other legally protected characteristic be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program, activity, service or in employment. Inquiries should be addressed to: Civil Rights Coordinator, 615 S. Elm Street, Gaylord, MI, 49735, 989/705-3080.

Gaylord Community Schools
TRANSPORTATION REGISTRATION
Bus Garage - 989-705-3022

Date _____
School _____

Child's Name _____ Grade _____ Sex _____

Residential Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Home Phone _____

First Parent's Name _____ Work Phone _____

Second Parent's Name _____ Work Phone _____

Emergency Contact _____ Emergency Phone _____

Transportation Desired (We can accommodate one Pick Up and one Drop Off location.)

Will your child be riding to/from home? AM _____ PM _____

Will your child be riding to/from a Day Care? AM _____ PM _____

Day Care Information: Name _____

Address _____

Phone _____

Special Needs _____

If your needs change, please notify both the School and Bus Garage.
It may take up to 3 days to arrange transportation after receiving this card.

Gaylord Community Schools

An NCA Accredited School District

GCS Parent/Guardian

Dear Parent/Guardian:

Children need healthy meals to learn. Gaylord Community Schools offers healthy meals every school day. Students may buy lunch for \$1.80(K-6) \$2.10(7-8) \$2.35(9-12) and breakfast for \$1.30. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for \$.40 and breakfasts for \$.30. If a doctor has determined that your child has a disability, and the disability would prevent the child from eating the regular school meal, the school will make *any substitution prescribed by a licensed physician* at no extra charge. The physician's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school. For further information, please call: [Sandra Matelski 989-705-3040].

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?
No. Complete the application to apply for free and reduced price school meals. Use one Free and Reduced Price School Meals Family Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: [Sandra Matelski, Food Service Director, 615 South Elm Street, Gaylord Michigan].
2. WHO CAN GET FREE MEALS?
Children in households getting Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
3. CAN FOSTER CHILDREN GET FREE MEALS?
Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?
Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call [989-705-3080]. Please ask for the homeless liaison or migrant coordinator to see if your child(ren) qualify.
5. WHO CAN GET REDUCED PRICE MEALS?
Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Guidelines.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?
Please read the letter you got carefully and follow any instructions if provided. Call the school at [989-705-3040] if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?
Yes. Your child's application is only good for that school year and for the first few days of this school year. You *must* send in a new application unless the school told you that your child is eligible for the new school year.
8. I GET WOMEN, INFANTS, & CHILDREN (WIC). CAN MY CHILD(REN) GET FREE MEALS?

| Total Family Size | Annual | Monthly | Twice per Month | Every Two Weeks | Weekly |
|--|----------|---------|-----------------|-----------------|---------|
| 1 | \$20,147 | \$1,679 | \$840 | \$775 | \$388 |
| 2 | \$27,214 | \$2,268 | \$1,134 | \$1,047 | \$524 |
| 3 | \$34,281 | \$2,857 | \$1,429 | \$1,319 | \$660 |
| 4 | \$41,348 | \$3,446 | \$1,723 | \$1,591 | \$796 |
| 5 | \$48,415 | \$4,035 | \$2,018 | \$1,863 | \$932 |
| 6 | \$55,482 | \$4,624 | \$2,312 | \$2,134 | \$1,067 |
| 7 | \$62,549 | \$5,213 | \$2,607 | \$2,406 | \$1,203 |
| 8 | \$69,616 | \$5,802 | \$2,901 | \$2,678 | \$1,339 |
| *Each additional household member add: | \$7,067 | \$589 | \$295 | \$272 | \$136 |

APPLICATION INSTRUCTIONS:

Your children may qualify for free and reduced price school meals if your household income falls within the limits on this chart.

IF YOUR ENTIRE HOUSEHOLD GETS FAP, FIP, OR FDPIR, FOLLOW THESE INSTRUCTIONS:

- Part 1: Skip this part.
- Part 2: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.
- Part 3: List child(ren)'s name, grade, and building.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

If you are applying for a homeless, migrant, or runaway child, check the appropriate category and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

IF YOU ARE APPLYING FOR ONLY FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: List the foster child(ren)'s name, circle Yes for foster child, and list grade and building.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

FOLLOW THESE INSTRUCTIONS FOR ALL OTHER HOUSEHOLDS: (Includes households with WIC, homeless, migrant, runaway, and households with both foster and non-foster children.)

- Part 1: Complete if applicable.
- Part 2: Skip this part.
- Part 3: Follow these instructions to report ALL household members:
 - Column 1 - Names: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You *must* include yourself and all children living with you. Be sure to include all children. Attach another sheet of paper, if needed.
 - Column 2 - Circle Yes if Foster Child: Circle Yes if applicable.
 - Column 3 - Grade: Fill in the grade for each child attending school.
 - Column 4 - Building Name: Fill in the building name for each child attending school.
- Part 4: **GROSS INCOME:** Use this section to report all income in your household from the previous month: Next to each person's first and last name, list each type of income received last month. *Next to the amount, circle how often the person got it (weekly, every 2 weeks, twice a month, or monthly).*
 - o All persons must claim some income, or indicate that they receive no income. If a person, including any child listed in part 3, does not have any income, then \$0 *must* be circled in the column labeled "Circle if NO Income."
 - o *Earnings from Work:* List the gross income each person earned from work. This is not the same as take-home pay. *Gross income is the amount earned before taxes and other deductions.* Net income should ONLY be reported for self-owned business, farm, or rental income.
 - o *Welfare, Child Support, and Alimony:* List the amount each person received last month.
 - o *Pensions, Retirement, and Social Security:* List the amount each person received last month.
 - o *All Other Income:* All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Department of Veterans Affairs (VA) benefits, disability benefits, regular contributions from people who do not live in your household, personal income from foster children, and any other income.
- Part 5: An adult household member *must* sign and date the form, list the last four (4) digits of their *Social Security Number*, or check the box "I do not have a Social Security Number."

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at _____
 Homeless _____ Migrant _____ Runaway _____ List the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDIPIR, provide the name and case number for the person who receives benefits. _____
 Name: _____ Case Number: _____ Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.
 If a case number is provided only students need to be listed in Part 3.

Part 3 - Household Names - List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, must be listed.

| 1 | Names | Circle Yes if Foster Child | Grade (if applicable) | Building Name (if applicable) | Circle if NO Income | Earnings from Work (before any deductions and taxes) | | Welfare, Child Support, Alimony | | Pensions, Retirement, Social Security | | All Other Income | |
|-------------------|-------|----------------------------|-----------------------|-------------------------------|---------------------|--|---------------|---------------------------------|---------------|---------------------------------------|---------------|------------------|---------------|
| | | | | | | weekly | every 2 weeks | weekly | every 2 weeks | weekly | every 2 weeks | weekly | every 2 weeks |
| Example: Jane Doe | | Yes | | | \$0 | \$600 | monthly | monthly | | | \$250 | monthly | |
| 2 | | Yes | | | \$0 | | monthly | monthly | | | | monthly | |
| 3 | | Yes | | | \$0 | | monthly | monthly | | | | monthly | |
| 4 | | Yes | | | \$0 | | monthly | monthly | | | | monthly | |
| 5 | | Yes | | | \$0 | | monthly | monthly | | | | monthly | |
| 6 | | Yes | | | \$0 | | monthly | monthly | | | | monthly | |
| 7 | | Yes | | | \$0 | | monthly | monthly | | | | monthly | |
| 8 | | Yes | | | \$0 | | monthly | monthly | | | | monthly | |

Part 4 - Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "\$0" must be circled in the column Circle if NO income. If you listed a FAP/FIP/FDIPIR number in Part 2, skip to Part 5.

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)
 If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a social security number box". See Privacy Act Statement on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____

I do not have a Social Security Number

Last Four (4) Digits of Adult Social Security Number: XXX-XX-____

Address _____ City _____ Zip Code _____ County _____

Home/Cell Phone _____ Work Phone _____ Email Address _____

By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

Part 6 - Child's Racial/Ethnic Identity (optional)

Check One or More Racial Identities:

- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Other

Check One Ethnic Identity:

- Hispanic or Latino
- Neither Hispanic or Latino

Privacy Act Information: Social Security Number _____

The Richard B. Russell 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 (4) digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child, list a FAP or FIP case number or other FDP/IR identifier for your child, or 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

VERIFICATION - FOR SCHOOL USE ONLY

| | |
|--|---|
| Date Selected for Verification: _____ Confirming Officials Signature: _____ Response Due from Household: _____ FAP/FIP/FDP/IR/Foster Eligibility: _____ Confirmed: Department of Human Services Notice of Eligibility _____ | Date Follow-up/Second Notice: _____ Follow-up Officials Signature: _____ Verification Officials Signature: _____ Income _____ Wage Stubs _____ Written Documents _____ Collateral Contact _____ Agency Records _____ Other _____ Verification Result Free to Reduced _____ Free to Paid _____ Reduced to Free _____ Reduced to Paid _____ No Change _____ |
| Household Size: _____ Total Gross Income: \$ _____ Weekly _____ Every 2 Weeks _____ Twice a Month _____ Monthly _____ Annual _____ | Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12 Reason for Denial: Income Too High _____ Incomplete Application _____ Other (specify) _____ |
| Reason for Eligibility Change: Income _____ Household Size _____ Refused to Cooperate _____ Other _____ | Date of Adverse Notice Sent: _____ |

APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY

| | |
|--|-------------------------------|
| Determining Official's Signature: _____ Date: _____ | Date Dropped/Withdrawn: _____ |
|--|-------------------------------|