

Gaylord Community Schools

ENROLLMENT FORMS - -

(check mark indicates incomplete or missing information)

- ____ Enrollment Information Sheet (white)
- ____ Kindergarten Information Sheet (blue)
- ____ Verification of Residence Form (green)
- ____ Field Trip/Media Release Form (pink)
- ____ Transportation Registration Form (yellow 1/2 sheet)
- ____ Kindergarten Home Visitation Information Sheet (goldenrod)
- ____ Student Network/Internet Access Agreement Form (Last Page Only—Signed)

____ **CERTIFIED BIRTH CERTIFICATE**

____ **PROOF OF RESIDENCE**

____ **EVIDENCE OF VISION AND HEARING SCREENING**

____ **IMMUNIZATION RECORD**

The above listed enrollment forms and information is required before my child can start school.

Child's Name _____ Grade _____

Parent's Signature _____ Date _____

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; height: 20px;" 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: <i>(Please Check)</i> <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: <i>(Please Check)</i> <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> More than 1 family in house/apartment <input type="checkbox"/> Motel/Car/Campsite Shelter <input type="checkbox"/> With friends/family (other than parent/guardian) _____ <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		
STUDENT ID:	STUDENT UIC:	<div style="border: 1px solid black; width: 100%; height: 50px; margin: 0 auto;"></div> BUS #
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		
	Birthdate	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INFORMATION

Allergies: _____ Asthma: Parent providing inhaler to office? Yes No
 _____ Food (Please List) _____ Diabetes
 _____ Convulsions/seizures Explain _____
 _____ Animals _____ Other Medical Information Explain _____
 _____ Medications _____
 _____ Other _____

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 _____

**GAYLORD COMMUNITY SCHOOLS
ENROLLMENT INFORMATION**

This form is to be completed for all new GCS students.

Student Name	Grade	School

Previous School Year Information

Name of Previous School	
Street, City, Zip Code of Previous School	
Phone Number of Previous School	
Grade Level at Previous School	
Special Services Student Received at Previous School (please check all that apply)	<input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education ('Permission to Place' form required) <input type="checkbox"/> Other (Please explain)

Has your child ever attended Gaylord Community Schools?

NO							
YES	Date Attended						
	School Building	GHS	GMS	GIS	SME	NOE	Alternative Ed

Has your child ever been suspended or expelled from a school district?

NO		
YES	Date(s) of suspension/expulsion	
	Details of suspension/expulsion	

Proof of Residency Provided

<input type="checkbox"/> Rent Receipt/Rental Agreement	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Voter Registration Card
<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Property Tax Bill	<input type="checkbox"/> Other _____

I declare that I physically reside at:

In order to affirm my residency in the Gaylord Community School District I have presented certain documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I further understand that if statements made on this verification form change, I must immediately notify the appropriate Gaylord Community School District official. I agree to accept responsibility for payment of tuition in the event that it is found that I have established residency by using false or inaccurate information.

I verify that all statements made and documents furnished regarding the residence and discipline information about my student are true and accurate.

Printed Name

Signature

Date

Gaylord Community Schools Kindergarten Information Sheet

Today's Date _____

Child's Name _____ Birthdate _____ Gender _____

Name you wish your child to be called in school _____

Mother's First Name _____ Last Name _____

Father's First Name _____ Last Name _____

Home Address _____ City, State, Zip _____

Mailing Address (if different) _____ City, State, Zip _____

Home Phone _____ Work Phone _____

With Whom does your child reside? _____

Is your child right or left handed? _____ Does your child wear glasses? ___ Yes ___ No

Any known allergies? ___ Yes ___ No If yes, please explain: _____

Any known health concerns? _____

- | | | | | |
|---|--|---------------------------------------|---|---|
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Earaches | <input type="checkbox"/> Sore Throats | <input type="checkbox"/> Fears | <input type="checkbox"/> Hemophiliac |
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nose Bleed | <input type="checkbox"/> Hearing Problems | |
| <input type="checkbox"/> Trouble passing urine or bowl movement | <input type="checkbox"/> Shortness of Breath | | | |
| <input type="checkbox"/> Other: _____ | | | | |

1. Are there any special things about your child that we should know, such as, illness, divorce, recent move, special fears, etc. that could affect learning ?

2. Please list any group experiences your child has participated in (STARS, Head Start, Nursery School, Daycare, Story hour, etc.). Give names and dates.

3. Has your child been identified for any special services such as health, speech/language, or ECDD? ___ Yes ___ No If yes, please explain.

4. Does your child take medication on a regular basis? ___ Yes ___ No
If yes, what medication? _____ Reason: _____

4. Does your child's preschool teacher feel he/she is ready to start Kindergarten? Yes No

Please explain

5. Explain any responsibilities your child has at home.

6. What are some favorite things your child likes to do?

7. Do you celebrate holidays and birthdays in your home? Yes No

If "no", please explain

8. Is your child able to sit in a group setting and listen to a story for ten minutes? Yes No

9. Does your child listen without interrupting while someone else talks? Yes No

10. Does your child know his/her: phone number? Yes No address? Yes No

11. Do you have books/magazines/newspapers at home that your child reads? Yes No

12. What do you expect your child to acquire through the Kindergarten experience?

13. What else would you like your child's teacher to know about your child?

14. Would you be interested in occasionally sending snack items or a food ingredient for an occasional cooking project? Yes No

15. Would you be willing to volunteer in your child's classroom? Yes No

PLEASE REMEMBER: This is your child's school. You may visit or call anytime. Please sign in at the office and pick up your visitor pass before leaving the front hall every time you visit. You are encouraged to contact your child's teacher regarding anything you feel might affect your child's education.

Thank you for taking the time to fill out this questionnaire.

Gaylord Community Schools

Residency Verification

Proof of Residency Shown:

- Drivers License
- Rent Receipt
- Utility Bill
- Property Tax Bill
- Other _____

I declare that I physically reside at: _____

In order to affirm my residency in the Gaylord Community School District I have presented certain documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I further understand that if statements made on this verification form change, I must immediately notify the appropriate Gaylord Community School District official.

I verify that all statements made and documents furnished regarding the residence of my student are true and accurate. I agree to accept responsibility for payment of tuition in the event that it is found that I have established residency by using false or inaccurate information.

Student Name	Grade	School

Printed Name

Signature

Date

GAYLORD COMMUNITY SCHOOLS

MEDIA & FIELD TRIP RELEASE

Parents who have students attending Gaylord Community Schools are asked to read this document and indicate with a check for yes or no their preference for the following events or activities. Board Policy requires that parents advise the school when you do not want any or all of the following information released.

- | | | |
|---------------|---------------|---|
| <u> </u> | <u> </u> | 1. <i>Photographs and/or videos may be taken of student activities. I give permission for my child to appear, and to be named in newspaper photographs and articles.</i> |
| <i>Yes</i> | <i>No</i> | |
| <u> </u> | <u> </u> | 2. <i>My child's class may be taking field trips during the school year. When field trips require transportation, my child will be transported by bus. I give permission for my child to participate.</i> |
| <i>Yes</i> | <i>No</i> | |

*** * Unless I revoke my permission in writing, the Gaylord Community Schools has permission for all of the above activities for the period of time my child is enrolled in this school district.**

Student's Name _____ Grade _____

Parent/Guardian Signature _____ Date _____

GAYLORD COMMUNITY SCHOOLS
Kindergarten Home Visit Information Sheet

Each year our kindergarten teachers will make a home visit to every child entering school for the first time. These visits are scheduled in advance and intended to help your child get to know his/her teacher and make the step to kindergarten more comfortable.

Parents Name: _____

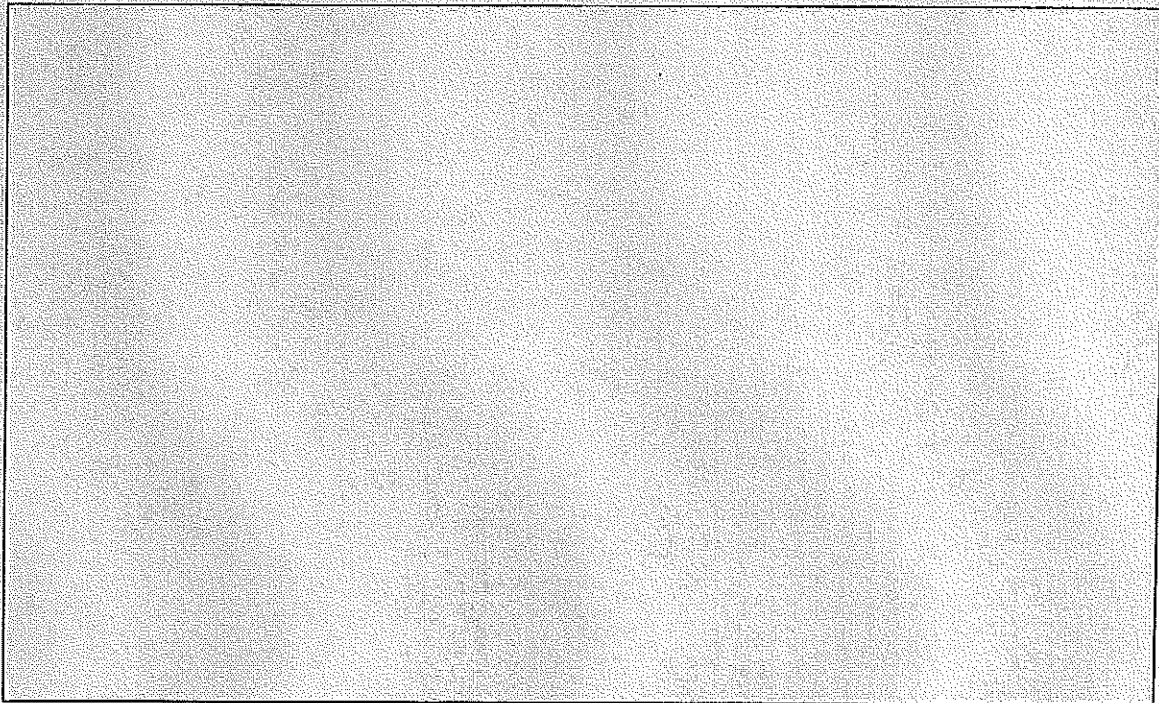
Street Address: _____ *City, Zip* _____

Home Phone : _____ *Cell Phone:* _____

Child's Name : _____

(indicate the name your child likes to be called and last name if different than the parent last name)

The following information will help the teacher find your home. In the space below, draw a sketch of the route to your home. Please be as specific as possible and include main roads.



Gaylord Community Schools
Network/Internet Access Agreement for Students

Please read this document carefully before signing. The signature(s) at the end of this document are legally binding and indicate(s) that the signing party(ies) has (have) read all of the terms and conditions of this policy carefully and understand(s) their significance.

This agreement is entered into this ____ day of _____, 20__, between _____ (hereinafter referred to as "Student") and the Gaylord Community School District (hereinafter referred to as "District"). The purpose of this agreement is to establish guidelines for access by Student to the Internet, electronic mail and electronic bulletin boards (hereinafter referred to as the "Network"). Access to the Network is provided to the Student for educational purposes.

In exchange for the privilege of using the Network, the undersigned agree(s) as follows:

- A. The use of the Network is a privilege, which may be revoked by the District at any time and for any reason or for no reason. Improper use of the Network may also give rise to further disciplinary action consistent with this agreement and/or the student handbook code of conduct.
- B. The Student and his or her parents and/or guardians acknowledge that it is not possible for the District to restrict access to all controversial material on the Network.
- C. The Student and his or her parents acknowledge that the Student does not have a reasonable expectation of privacy in his or her use of the District's Network or any part of it. The District reserves the right to monitor the Network, including but not limited to Internet use and electronic mail.
- D. Network access is provided for educational use by the Student. Use of the Network for commercial purposes or other unauthorized purposes is expressly forbidden.
- E. Network resources are intended for use exclusively by registered users. The Student is responsible for the use of his/her account password and access privileges. Any problems that arise from the use of his/her account are the responsibility of the Student. Use of an account by someone other than the account holder is forbidden and may result in loss of access privileges. Any loss of security in an account password or in access privileges must be reported immediately to an appropriate Network administrator.
- F. Any misuse of Network access privileges may result in suspension or revocation of access privileges and/or disciplinary action as determined by the District. Misuse includes but is not limited to the following:
 - 1. Intentionally accessing or attempting to access files, data, or information without authorization.
 - 2. Impersonating another user on the Network.
 - 3. Activity which is detrimental to the stability and security of the Network, including but not limited to the intentional or negligent introduction of computer viruses and vandalism or abuse of hardware or software.

(Please turn over and read page 2)

4. The transmission or voluntary receipt of material which would constitute a violation of federal or state law, including, but not limited to, copyrighted material; harassing, abusive, threatening, or obscene material; material protected as a trade secret; defamatory statements; material which would constitute an invasion of personal privacy, or any material which would reasonably be considered to be discriminatory on the basis of sex, race, national origin or religion.
 5. Use of recreational programs or communications during the school day.
 6. Illegally installing, downloading, copying or using copyrighted software.
 7. Intentionally interfering with the use of the Network by others.
 8. Intentionally wasting Network resources such as disk space, printer ink or paper.
- G. The District does not warrant that the Network will meet any specific requirements that the Student may have, that service will not be interrupted or that information obtained on the Network will be accurate or complete. The District will not be liable for any direct or indirect, incidental or consequential damages (including but not limited to lost data, information or time) sustained or incurred in connection with use of inability to use the Network by the Student. Use of the Network and any information or data obtained through use of the Network is at your own risk.
- H. The Student agrees to delete messages from his or her personal mailbox on a regular basis in order to avoid unnecessary use of disk space.
- I. The Student may not transfer files, shareware or other software from the Internet or electronic bulletin board services. The Student will be liable to pay any costs or fees incurred as a result of any transfers without express permission from the Network Administrator regardless of whether the transfer was intentional or accidental.
- J. The Student must have prior approval from an appropriate Network administrator for any subscriptions with any electronic mail lists or news groups.
- K. Users violating any provisions of this Network Access Agreement face disciplinary action. The District reserves to itself discretion to determine appropriate discipline and will consider the nature and severity of the violation. Possible disciplinary actions include:
1. Suspension or revocation of Network access.
 2. Requiring additional training as a precondition to continued use of the Network.
 3. Financial restitution for any unauthorized expenses or damages.
 4. Confiscation of inappropriate materials.
 5. Additional disciplinary action consistent with the student handbook or code of conduct.
- In addition, the District may refer violations to appropriate law enforcement authorities. Nothing herein shall be construed as providing that the District must find a violation of the agreement in order to suspend or revoke the access privileges of a Student. Use of the Network is a privilege and not a right, and the District reserves discretion to suspend or revoke access privileges for any reason or for no reason.
- L. This Network Access Agreement is subject to change without notice. Any changes to the Network Access Agreement will be posted in an appropriate location on the Network by the Network administrator.

Student/Parent/Guardian Signature Page

In consideration of the privilege of using the Network, 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 herein and as may be added from time to time by the District.

I have reviewed this Network Use Agreement with my parent or legal guardian (or I have reached the age of 19).

Signature of Student

Date

The following section must be completed for all students who have not reached the age of 18.

As the Student's parents 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 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 and 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. 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.

Signature of Parent or Guardian

Date

Parent's/Guardian's Permission for the 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.

Please circle each response appropriately:

Yes or No My child's work may be published on the Internet.

Yes or No Photographs of my child may be published on the Internet (no name attached).

Name of Student

Teacher's Name

Grade

Signature of Parent or Guardian

Date

Please return this Signature Page to your classroom teacher.

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 FDP, 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 FDP.
- 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	twice a month	monthly	weekly	every 2 weeks	twice a month	monthly
Example: Jane Doe		Yes			\$0	\$600				\$250			
2		Yes			\$0								
3		Yes			\$0								
4		Yes			\$0								
5		Yes			\$0								
6		Yes			\$0								
7		Yes			\$0								
8		Yes			\$0								

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: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____
 I do not have a Social Security Number

HomeCall Phone	Work Phone	City	Email Address
		Zip Code	County

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 FDPIR 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: _____	Date Follow-up/Second Notice: _____	Date of Adverse Notice Sent: _____
Confirming Officials Signature: _____	Follow-up Official's Signature: _____	
Response Due from Household: _____	Verification Official's Signature: _____	
FAP/FIP/FDPIR/Foster Eligibility:	Income	Verification Result
Not confirmed	\$ _____	Free to Reduced
Confirmed:	Weekly _____	Free to Paid
Department of Human Services	Every 2 weeks _____	Reduced to Free
Notice of Eligibility	Twice a month _____	Reduced to Paid
	Monthly _____	No Change
	Annual _____	
APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY		
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12		
Household Size: _____		
Total Gross Income: \$ _____		
Weekly _____		
Every 2 Weeks _____		
Twice a Month _____		
Monthly _____		
Annual _____		
	Number of Children Free _____	
	Number of Children Reduced _____	
	Number of Children Paid _____	
	Temporary Free - Time Period: _____ (expires after _____ days)	
Reason for Denial: <ul style="list-style-type: none"> <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other (specify) _____ 		
Reason for Eligibility Change: <ul style="list-style-type: none"> <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other _____ 		

Determining Official's Signature: _____

Date: _____

Date Dropped/Withdrawn: _____