

**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

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:		
<p>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.</p>		

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 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)	Preferred First Name
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)	
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.					
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>					
_____ Both natural parents	_____ Father only	_____ Host family	_____ Divorced-joint custody		
_____ Father/Stepmother	_____ Mother only	_____ Relative	_____ Adult student		
_____ Mother/Stepfather	_____ Legal guardian	_____ Court placed			
Names/Relationships of All Adults Residing with Student:					
Student's Residence Is: <i>(Please Check)</i>					
_____ Single Family Dwelling	_____ More than 1 family in house/apartment	_____ Motel/Car/Campsite			
_____ With friends/family (other than parent/guardian)		_____ Shelter			
_____ 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		
<i>Please complete Stepmother/Stepfather information if applicable:</i>					
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: 150px; height: 40px; margin: 0 auto;">BUS #</div>
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 _____

Gaylord High School

(989) 731-0969 • Fax (989) 731-2585
90 Livingston Boulevard • Gaylord, Michigan 49735

*Established 1887
U. of M. accredited since 1905*

Guidance Office
Fax (989) 705-3072

Student Records Request

To: _____
Previous School Name & Address

Date: _____

Please fax the following information for enrollment purposes then mail CA60.

Student's Name: _____

Grade: _____ Birthdate: _____ UIC# _____

- _____ Birth Certificate
- _____ Immunization Record
- _____ Transcript, please include 8th grade year
- _____ Withdrawal Grades
- _____ Current MET and IEP or 504
- _____ Current Schedule

Please Note: Parental permission is no longer required when records are requested by authorized school personnel. (According to the Final Regulations-Family Educational Rights and Privacy Act dated June 17, 1976.) Therefore, please furnish us with the above information in order to provide proper placement of this student.

Your cooperation is greatly appreciated.

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

Signature of Parent or Guardian

Date

Please return this Signature Page to your classroom teacher.

NEW STUDENT – TRANSFER INFORMATION 2010-11

Yes	No	I am interested in participating in athletics this school year.
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To be completed by new student and parents. **For internal school use; do not send this form to the MHSAA.** This form is designed to assist in researching athletic eligibility at Michigan High School Athletic Association member schools for students in grades 9-12, except those entering the 9th grade for the first time. Consult *MHSAA Handbook* Int. 64 and 76 assist in determining whether residential changes are full and complete. **Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form and official school record (transcript) since first enrolling in the 9th grade of any school.**

THIS SECTION COMPLETED BY SCHOOL & STUDENT	Number of classes for which credit has been given in the previous academic term: _____
	Number of potential classes for a full-time student in our high school: _____
	Official enrollment date (in school books & attending one or more classes) ____/____/____
	Number of semester's _____ and/or trimesters _____ in grades 9-12 completed to date.
	In what school year did the student end the 8 th grade (and begin grade 9)? 20__ - 20__
	Has the student repeated any grade 9-12? Yes _____ No _____

STUDENTS NAME _____ GRADE _____ BIRTHDATE ____/____/____

PHONE: _____ EMAIL: _____

CURRENT (NEW) ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS _____

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE _____

OLD HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

OLD PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PARENT(S) or GUARDIAN(S) _____ Phone: _____

1. The last school the student attended: _____
2. While enrolled at former school, the student lived with _____
(Note all people: Parents, guardians, siblings, or others)
YES NO The student lived with the above for at least 30 days during the most recent previous academic term.
3. The student now lives with _____
(Note all people: Parents, guardians, siblings, or others)

CIRCLE THE CORRECT ANSWER:

4. 8 9 10 11 12 Circle the highest grade in which the student was enrolled at the previous school.
5. YES NO The school previously attended is a nonpublic, private or parochial school.
6. YES NO The student is a "Ward of the Court/State" and was placed in this school district by court order.
7. YES NO The student is a foreign exchange student. COUNTRY _____ VISA: F-1 J-1
7a. Name of Exchange Program _____
- 7b. YES NO The program is on the current CSIET Approved Listing.
8. YES NO The student's previous school has been closed, dissolved or reorganized (See Int. 63 & 86)
9. YES NO The student's parents are divorced. If divorced, give decree date: Month _____ Year _____
10. YES NO The student is 18 or under; if 19 his/her birthday is on or after Sept. 1 of this school year.
11. YES NO Last year, the student was a student at a boarding school, or while enrolled out of state attended a sports academy.
12. YES NO The student is 18 and moved into this district without parents.
13. YES NO The student is a 9th or 10th grader and has not participated in any MHSAA sponsored sport.
14. YES NO The student participated in a cooperative program involving his/her previous school and our school
15. YES NO The student wishes to discuss her/her situation with the athletic director.

OVER

THIS FORM MUST BE GIVEN TO THE ATHLETIC DIRECTOR OR PRINCIPAL FOR IMMEDIATE EVALUATION

STUDENT OR PARENTS - DO NOT WRITE BELOW THIS LINE

School Administrators should complete the following:

The eligibility status of this student at _____ High School is checked below.

- _____ This student is IMMEDIATELY ELIGIBLE to participate in interscholastic athletics.
- _____ This student will be eligible upon completion and processing of the Educational Transfer Form.
- _____ There is a question about the eligibility of this student and he/she may not participate in interscholastic athletics until written permission is given by the Principal.
- _____ This student is NOT ELIGIBLE to participate in interscholastic athletics.
- _____ This student may be ELIGIBLE effective ___ / ___ / ___

SIGNED: _____
Athletic Director

DATE: _____

SIGNED: _____
Principal

DATE: _____

DO NOT SEND THIS FORM TO THE MHSAA
This form is intended for local use only – MAY BE DUPLICATED

This form was designed to assist schools in compiling information to determine eligibility under MHSAA Regulations. It is not possible to immediately and unconditionally determine eligibility.

Schools should fill in their school name at the top this page and provide copies of forms to be included in the enrollment material. Schools should make this form available in the guidance, administration and athletic offices. Request that the form be submitted as soon as possible after enrollment, to the athletic director for his/her evaluation. Schools may meet with students and parents to further clarify eligibility issues. Schools may contact the MHSAA for assistance.

Assistance in Applying the MHSAA Transfer Rule and Interpretations

The reverse side of this form is based upon the following MHSAA Regulations, Sections and Interpretations. Administrators should consult the *MHSAA Handbook* and then, if necessary, the MHSAA staff to assist in processing a new student transfer. The only interpretations that are official are those received in writing.

The boxed information is intended to provide evidence to address Regulation 1, Section 2 (age eligibility), Section 4 (maximum enrollment), Section 7 (previous academic term record), and Section 9(A) (transfer student). A transfer student must be enrolled prior to set dates to participate in MHSAA tournaments (eg. before Oct. 1 for Fall sports).

The CAPITALIZED INFORMATION on residence relates to Regulation 1, Section 9 exceptions regarding residence change "from one public school district to a different public school district." Exceptions: 1, 2, 3, 4, 5, 8, and 12.

- Line 1: Indicates type of school: public, nonpublic or charter school.
- Lines 2/3: Regulation 1, Section 9(A), Exception 1, (30 days) Interpretations 64 and 76.
- Line 4: Determine grade level. Regulation 1, Section 9(A), Exceptions 10 and 11.
- Line 5: Verification of line 1 and interpretation # 61.
- Line 6: Regulation 1, Section 9(A), Exception 3.
- Line 7: Regulation 1, Section 9(A), Exception 4. J-1 VISA usually (not always) provides eligibility. The F-1 VISA is not issued to exchange students. See Interpretations 82-85 and mhsaa.com for CSJET listing.
- Line 8: Regulation 1, Section 9(A), Exception 6, (also see Interpretations 63 and 86)
- Line 9: Regulation 1, Section 9(A), Exception 8 (allowed one time. See Educational Transfer Form on mhsaa.com). If student is moving between parents who never married see Interpretation 88.
- Line 10: Regulation 1, Section 2.
- Line 11: Regulation 1, Section 9(A), Exception 2 or Exception 1, Interpretations 60 & 66 (out-of-state sports academy).
- Line 12: Regulation 1, Section 9(A), Exception 12 (allowed one time. See Educational Transfer Form).
- Line 13: Regulation 1, Section 9(B). Subvarsity for 9th or 10th-grade students with no athletic participation.
- Line 14: Regulation 1, Section 9(C). Former school must concur and student must have participated in the co-op.
- Line 15: Acknowledges that the student or parents need to discuss the matter of eligibility further.

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 _____
Parent Name (PRINT) _____

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 High School

90 Livingston Blvd.

Gaylord, MI 49735

(989) 731-0969

(989) 731-2585 – FAX

gaylordschools.com (District website)

gaylordhighschool.com (High School website)

This enrollment packet must be complete before a student can enroll at Gaylord High School

- _____ Birth Certificate – a photo copy is NOT acceptable
- _____ Current immunization records
- _____ Proof of residency – form completed with copies attached
- _____ Enrollment form, front and back, with all information completed and signed by parent/guardian. We must have at least one working phone number where you can be reached in case of emergency during the school day.
- _____ Transcript – or copy of last report card if student is a freshman
- _____ If special needs, a copy of latest IEPC and temporary placement form signed by parent
- _____ Athletic eligibility form (optional)
- _____ Technology form completed
- _____ Free and reduced lunch form if applicable
- _____ Transportation registration
- _____ Medication form if necessary

If your student will be riding a school bus, please contact the bus garage at 7045-3022 to arrange your child's bussing. They will tell you when and where your child will be picked up and dropped off each day and what bus to take home after school.

Administrator

Counselor

Date

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

Date _____
School _____
Grade _____
Sex _____
City _____ Zip _____
City _____ Zip _____

Child's Name _____
Residential Address _____
Mailing Address _____
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	2	3	4	5	6	7	8	Circle 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	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks
Example: Jane Doe	Yes			\$0	\$600			weekly	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks
	Yes			\$0				weekly	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks
	Yes			\$0				weekly	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks
	Yes			\$0				weekly	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks
	Yes			\$0				weekly	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks
	Yes			\$0				weekly	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks
	Yes			\$0				weekly	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks

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/PR 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 Official's 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 _____	
	Wage Stubs _____	
	Written Documents _____	
	Collateral Contact _____	
	Agency Records _____	
	Other _____	
	Reason for Eligibility Change:	
	Income _____	
	Household Size _____	
	Refused to Cooperate _____	
	Other _____	

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: _____	Reason for Denial:
Total Gross Income: \$ _____	Income Too High _____
Weekly _____	Incomplete Application _____
Every 2 Weeks _____	Other (specify) _____
Twice a Month _____	
Monthly _____	
Annual _____	
Number of Children Free _____	
Number of Children Reduced _____	
Number of Children Paid _____	
Temporary Free - Time Period: _____	
(expires after _____ days)	

Determining Official's Signature: _____

Date: _____

Date Dropped/Withdrawn: _____