

Enrollment Form for Sierra Grande

First Name:	Middle:	Last Name:	Gender:
Preferred Name:	Grade:	Birth Place:	DOB:
Hispanic/Latino? Yes No (circle one)	Race:	Home Lang.:	
Access Internet?	SSN:	Email:	

PRIMARY HOUSEHOLD (STUDENT RESIDES AT)

Mailing:	Street:				
City:	State:	Zip:	City:	State:	Zip:
Phone:					

Information for adults living at the above address.

Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:
Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:

ALTERNATE HOUSEHOLD (NON CUSTODIAL)

Mailing:	Street:				
City:	State:	Zip:	City:	State:	Zip:
Phone:					

Information for adults living at the above address.

Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:
Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:

ALTERNATE HOUSEHOLD (NON CUSTODIAL)

Mailing:	Street:				
City:	State:	Zip:	City:	State:	Zip:
Phone:					

Information for adults living at the above address.

Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:
Name:	Relationship:	Employer:
Work #	Cell #	POL Account:
Email:	Wk Email:	Receive Printed Mailings:

EMERGENCY CONTACTS: Enter additional contacts not listed above.

Name:	Relationship:	Email:
Home #	Work #	Cell #
Name:	Relationship:	Email:
Home #	Work #	Cell #
Name:	Relationship:	Email:
Home #	Work #	Cell #

Emergency Medical Information

Physician:	Phone:	Hospital:
Medical Notes:		

Daycare Information (if applicable)

Provider:	Phone:
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SIBLINGS (other students living at same address)

First Name	Middle Name	Last Name	Grade	Birthdate	School Name

Completed By: _____ Signature: _____ Date: _____

Name of Previous School: _____
 Phone Number: _____ City/State: _____

EMERGENCY & ILLNESS INFORMATION (IMPORTANT! RETURN FIRST WEEK OF SCHOOL)

Student's Name _____ Grade _____ Date of Birth _____ Today's Date _____

Parent's Name _____

Home Address _____ Phone _____

Father's Employer _____ Working Hours _____ Business Phone _____

Mother's Employer _____ Working Hours _____ Business Phone _____

Person to contact if parents are not available. (List someone locally. This must be filled out.)

Name _____ Address _____ Phone _____

Does your child have any unusual health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, please indicate:	
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Wears Glasses	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sight Impairment	<input type="checkbox"/> Internal Irregularities	<input type="checkbox"/> Deafness
<input type="checkbox"/> Kidney/Bladder	<input type="checkbox"/> Convulsive seizures	<input type="checkbox"/> Bee Sting Allergy	<input type="checkbox"/> Other Allergy _____
<input type="checkbox"/> Physical Handicap (describe) _____			
<input type="checkbox"/> Other _____			

Family Doctor _____ Office Phone _____

Family Dentist _____ Office Phone _____

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgement in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below authorizes the release of medical records pertinent to such an emergency room visit, as the School District may request for its files. This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.

Special Note: At anytime where the above information is changed, these changes must be submitted to the principal or authorized school personnel in writing.

Parent's Signature _____ Date _____

Please list the name, address, phone number and relationship of additional emergency contacts below:

Name	Address	Phone Number	Relationship to student
		Cell:	
		Home:	
		Cell:	
		Home:	
		Cell:	
		Home:	
		Cell:	
		Home:	

Sierra Grande School District

ACCEPTABLE USE POLICY FOR INTERNET ACCESS

2011-2012

The Internet provides access to worldwide information, data bases, and program files in virtually every discipline and curricular area. However, there are also materials available which are not acceptable to K-12 education. All computers having Internet access must be used in a responsible, efficient, ethical and legal manner. Transmission of any materials in violation of any U.S. or state regulation is prohibited. Because misuse could endanger the privilege for everyone, we have adopted a policy that prohibits the following:

1. Profane or pornographic materials.
2. Materials which advocate violence or discrimination towards other people.
3. Materials which advocate illegal acts.
4. Copyrighted material.
5. Those materials which have been determined to be inappropriate by individual parents. Anyone who attempts to access such sites will lose their access immediately and be brought before the building administrator for whatever consequences may be appropriate. It is understood that Internet access is a privilege and not a right.

Sierra Grande School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Sierra Grande School District will not be responsible for any damages a student may suffer in using the Internet. This includes loss of data resulting from delays, non-deliveries, or service interruptions. Use of any information obtained via the Internet is at the student's own risk. The Sierra Grande School District specifically denies any responsibility for the accuracy or quality of information obtained through this service.

Before any student is permitted access on the Internet, they must:

1. Sign this form acknowledging the agreement to use the Internet access in a decent and appropriate manner.
2. Obtain parents' signatures acknowledging that misuse is possible, and that Sierra School does not condone accessing these resources.
3. Complete the Internet training appropriate for each school in the district.
4. I will not attempt to access material that is profane, obscene, or pornographic or that advocates violence toward other people.
5. I will not attempt to gain unauthorized access to any computer system or go beyond my authorized access. This includes attempting to log in through another person's account or access another person's file.
6. I will not make deliberate attempts to disrupt the computer system or destroy data by spreading computer viruses or by any other means.

7. I will not use the computer to engage in any illegal acts such as threatening the safety of others.
8. I will not plagiarize works that I find on the Internet.
9. I am aware of those subjects which my parents have judged inappropriate and will not attempt to access these subjects.

YOUR SIGNATURE ON THE ACCEPABLE USE AGREEMENT IS LEGALLY BINDING AND INDICATES THAT THE PARTY (PARTIES) WHO SIGNED HAS (HAVE) READ THESE TERMS AND CONDITIONS CAREFULLY AND UNDERSTAND(S) THEIR SIGNIFICANCE.

Student Signature

Date

Student Name (Print)

Grade

As the parent or guardian of this student, I have read the Acceptable Use Agreement. I understand that this access is designed for educational purposes. I recognize that it is impossible for Sierra Grande School District to restrict access to all controversial materials and I will not hold Sierra Grande School District responsible for materials acquired through the Internet. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I understand that unacceptable materials are accessible via my son/daughters' Internet access and I trust them not to abuse their privileges. I have instructed my child as to any additional materials and subjects that I feel are inappropriate.

Parent Signature

Date

Parent/Guardian Name (Print)

HOME LANGUAGE QUESTIONNAIRE

PARENT CHECKLIST

Federal rules and regulations require that school districts be aware of languages other than English used by students to protect their civil rights. We sincerely appreciate your help in completing this form.

Student's Name _____ Grade _____ Date _____

Parent or Guardian's Name _____

Address _____

1. Did your child learn to speak a language other than English before he/she learned English?
(check one) _____ Yes _____ No

2. How often is a language other than English used in your home? (check only one)
_____ a. Only the other language and no English.
_____ b. Other language more often than English.
_____ c. Other language and English equally.
_____ d. English more often than the other languages.
_____ e. Only English.

3. Please describe the language **spoken by your child**. (check only one)
_____ a. Speaks only the other language and no English.
_____ b. Speaks mostly the other language and some English.
_____ c. Speaks the other language and English equally.
_____ d. Speaks mostly English and some of the other language.
_____ e. Speaks only English.

4. Please describe the language **understood by your child**. (check only one)
_____ a. Understands only the language and no English.
_____ b. Understands mostly the other language and some English.
_____ c. Understands the other language and English equally.
_____ d. Understands mostly English and some of the other language.
_____ e. Understands only English.

5. If your child speaks or understands a language other than English, what is the language? _____
6. In what language do you prefer to receive communication from the school? _____
7. Do you need a translator? _____ Yes _____ No
8. Has your child been in Colorado continuously for 3 years? _____ Yes _____ No
9. Has your child been in the United States continuously for 3 years? _____ Yes _____ No
10. Please check one to indicate the primary language spoken at home: _____ English _____ Spanish _____ Other _____

Specify

NOTE: A checklist is available upon request in the following language: Spanish

Signature _____



Title I-Part C Migrant Education Program Survey

Colorado Southwest Region

Migrant Education Program

- *Ensure that migratory children who move among the States are not penalized in any manner by disparities among the States in curriculum, graduation requirements, and State academic content and student academic achievement standards.*
- *Ensure that migratory children receive full and appropriate opportunities to meet the same challenging State academic content and student academic achievement standards that all children are expected to meet.*

NCLB, Title I-C "Sec. 1301"

For more information: http://www.cde.state.co.us/index_english.htm or call the National Migrant Education Hotline (1-800)-234-8848

Attention: Please answer the following questions and return this form to your child's school as soon as possible.

- Please only one survey per family.
- If you answer 'no' to the first two questions, it is not necessary to continue this survey.
- Completing this survey does not assume or guarantee enrollment into the Migrant Education Program.
- This survey is confidential. *Thank you for your participation.*

1. Have you lived at your current address less than 3 years? _____

2. Has either parent/guardian looked for employment or worked in agriculture in the past 3 years? Yes No

- | | |
|-------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Vegetables/ fruits/ seeds | <input type="checkbox"/> Farm/Ranch (Including Dairy and Sod) |
| <input type="checkbox"/> Meat Packing Plant/Slaughter House | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Greenhouse / Nursery | <input type="checkbox"/> Orchards |
| <input type="checkbox"/> Forestry | |

3. Parent's/Guardian's Name: _____ Date: _____

Address: _____ Apt # _____

City: _____ Zip Code: _____

Phone number () _____ Best time to call: _____

4. Please list all children in your home from birth to 22 years old:

First and last Name	Date of Birth	School

*Attention school staff: please mail to, Migrant Education Program/Southwest Region
2261 Enterprise Drive
Alamosa, CO 81101
719-587-5418 Fax 719-589-5007
Dr. Mary Valerio, Migrant Education Program Director*



Student Residency Questionnaire

The Title X McKinney-Vento Assistance Act protects the educational rights of students in crisis or unstable housing and your child may be eligible for services such as free breakfast/lunch, school supplies, information on community resources, basic needs, etc. under this act.

This information is confidential to protect the privacy of the family.

Present Housing Situation:

Please check the box(es) that apply.

- own or rent a home
- in a shelter, ie. La Puente, Tu Casa
- in motel, car, or campsite
- living with friends or extended family members due to financial
- in a transitional housing program, ie Adelante
- inadequate housing (lacks kitchen or bathroom facilities)
- unaccompanied youth (not in the physical custody or parent or guardian) who are in crises or unstable housing.

Child's full name _____

Date of birth _____

School _____

Current address _____

Phone number _____

Parent/Guardian name _____

Services Needed/Requesting _____

Please return this form to Dawnia Cooper by February 10, 2010

For more information or to request services, please contact:

McKinney-Vento Liaison Eva Barela, SLV BOCES 719-589-5851

Explanation to Parents: Media Release Form

There are several times during the school year when school personnel ask to interview and/or photograph many of our students. This is a passive permission form. If you are willing to have your student photographed, you have two options. You may sign the form and have the student return the form to the student's homeroom teacher. You may also indicate your permission by simply doing nothing. If you DO NOT want your child's picture taken then you MUST sign the form and indicate your choice. All returned forms will remain on file at the school.

There will also be times when pictures and/or information about contest winners, student's work, as well as student's life on campus will be posted on the School's web page. This media release form will serve as permission to post such information as needed.

SIERRA GRANDE SCHOOL MEDIA RELEASE FORM

_____ I hereby give permission to the school/news media to photograph/interview my child. It is my understanding that this photograph/interview or portions thereof will be used for public view.

_____ I do not give my permission to the school/news media to photograph/interview my child.

Name of Child: _____ Grade: _____

(Please print or type)

Address: _____

City, State, ZIP: _____

Signature of parent or guardian: _____

Date: _____

Collection Question Format
For Parents/Guardians

Student's name: _____

Grade: _____

CURRENT RACIAL/ETHNIC DESIGNATION FOR STUDENT

Part A. Is this student Hispanic/Latino? (choose only one).

- No, not Hispanic/Latino
- Yes, **Hispanic/Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

*The above part of the question is about ethnicity, not race. **No matter what you selected in Part A above, please provide an answer to Part B** by marking one or more boxes below to indicate what you consider your child's race to be.*

Part B. Which of the following groups describe the student's race? (choose one or more)

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Signature: _____

Date: _____

Sierra Grande Schools
 Transportation Department
 Bus Registration -- August, 2010

Parent's Name: _____ Phone #: _____

Child's Name: _____ Grade: _____

Physical Address: _____

Please provide us with the following information so we can provide reliable transportation to your student.

_____ Mornings: My child will ride from our home to [school].

_____ Afternoons: My child will ride from [school] to our home every afternoon. OR

_____ Afternoons: My child will ride from [school] to different locations in the afternoons.

(Please complete the table below – must be a designated stop location.)

Weekday	Name	Address	Phone#
Monday			
Tuesday			
Wednesday			
Thursday			
Early Release			

I acknowledge that the above information is correct. I have read and discussed the bus rules with my child. My child and I agree to follow the bus rules.

Parent Signature _____ Date _____
 Student's Signature _____

****ALL BUS CHANGES NEED TO BE IN WRITING***

To be completed by the school district:

Teacher: _____ Bus# _____

**LETTER TO PARENTS
2011-2012**

Dear Parent/Guardian:

Children need healthy meals to learn. **Sierra Grande School** offers healthy meals every school day. Breakfast costs **\$.50**, and lunch costs **\$1.00**. Your children may qualify for free meals or for reduced price meals. The reduced price is **\$.30** for breakfast and **\$.40** for lunch.

Students in all grades who qualify for reduced price meals will receive breakfast at no charge. Students in preschool through 2nd grade who qualify for reduced meals will also receive lunch at no charge.

Complete **one Free and Reduced Price School Meals 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 Kathy Putney 17523 Hwy 160 Blanca Co 81123. (719)379-3259**

Income Chart			
Household Size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
For each additional family member add:	\$ 7,067	\$589	\$136

Here are answers to questions you may have about applying:

- 1. Who can get free or reduced price meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) and children in households that participate in The Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals regardless of your income. Also, your children can get free or reduced price meals if your household income is within the limits on the Federal Income Chart.
- 2. 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.
- 3. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- 4. Can homeless, runaway, and migrant children get free meals?** Please call **Kathy Putney** to see if your child(ren) qualify, if you have not been informed that they will get free meals. Making a note of the student's homeless, runaway, or migrant status on the application will not automatically qualify them for meal benefits.
- 5. If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP or FDPIR. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.
- 6. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Darren Edgar 17523 Hwy 160 Blanca Co 81123 (719)379-3259**
- 7. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
- 8. Whom should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 9. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month.
- 10. We are in the military; do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- 11. My spouse is deployed to a combat zone. Is his/her combat pay counted as income?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it was not received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
- 12. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

If you have other questions or need help, call **(719)379-3259**

Sincerely,

Kathy Putney
Food Service Director

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National 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 digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you 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."

INSTRUCTIONS FOR APPLYING

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP (SUPPLMENTAL NUTRITION ASSISTANCE PROGRAM OR FDIPIR (FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all students; indicate school and grade for each student.
- Part 2:** List the name of the household member receiving the benefit, and list the case number.
- Part 3:** Skip this part
- Part 4:** Skip this part
- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** Sign the form. The last four digits of the social security number are NOT required.

If you are applying for a MIGRANT, HOMELESS, OR RUNAWAY CHILD, please call [your school, homeless liaison, migrant coordinator at phone#]. Indicating homeless, migrant, or runaway on this application DOES NOT qualify the student for meal benefits; the coordinator must be contacted.
To be eligible for meal benefits as soon as possible, please apply with income information following the steps outlined below.

IF YOU ARE APPLYING FOR A FOSTER CHILD OR MULTIPLE FOSTER CHILDREN ONLY FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all students; indicate school and grade for each student. Check the foster check box for each foster child.
- Part 2:** Skip this part
- Part 3:** Skip this part
- Part 4:** Skip this part
- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** Sign the form. The last four digits of the social security number are NOT required.

FOR ALL OTHER HOUSEHOLDS, INCLUDING WIC AND HOUSEHOLDS THAT HAVE FOSTER CHILD(REN) LIVING WITH THEM ALONG WITH NON-FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List each child's name, school, and grade. If the child is a foster child, check the foster box. For all students listed, please indicate income information including source and frequency of pay, or indicate no income.

- Part 2:** Skip this part.
- Part 3:** Skip this part.

- Part 4:** Follow these instructions to report all household income. Income can be from the previous month, this month, or your projected income for next month.

Column 1–Name: 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 not listed in Part 1. Attach another sheet of paper if you need to.

Column 2–Check if no income: If the person does not have any income, check the box.

Column 3–6 Gross income and how often it was received: Next to each person's name, list each type of income received and how often it was received.

Earnings from work: example: If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. **Gross income is the amount earned before taxes and other deductions.**

Additional Income Sources: List the total amount each person received from **all other sources**. For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.

Other Income: Report net income for self-owned business, farm, or rental income. Next to the amount, check how often the person receives it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.

- Part 6:** An adult household member **must** sign the form and provide the last four digits of his or her Social Security Number or mark the box if he or she does not have one.

INCOME TO REPORT:

<u>Earnings from Work</u> Wages/salaries/tips Strike benefits Unemployment Compensation Worker's Compensation Net income from self- owned business or farm

<u>Welfare/Child Support/Alimony</u> Public assistance payments Welfare payments Alimony Child support payments

<u>Pensions/Retirement/ Social Security</u> Pensions Supplemental Security Income Retirement income Veteran's payments Social Security

<u>Other Income</u> Disability benefits Cash withdrawn from savings Interest/Dividends Income from Estates/Trusts/ Investments Regular contributions from people not living in the household Net royalties/annuities/ net rental income Any other income

2011-2012 Application for Free and Reduced Price School Meals
(This form may be used only if participating in the federal Child Nutrition programs)

Telephone Number _____

Mailing Address, City, Zip Code _____

Last Name(s) of Family _____

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return the application to the school.

Part 1. Student Information. List all students attending [School District Name]; provide school and grade information. Check the foster child check box for all students who are the legal responsibility of a welfare agency or court.

Last Name, First Name	School	Grade	Foster Child	Student income; please provide income information for all students. This is income that is received by the student only.		Welfare, child support		Social Security and Other	
				No Income	Earnings from work, before deductions, or unemployment	monthly	bi-weekly	monthly	bi-weekly
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Supplemental Nutrition Assistance Program (SNAP) / Food Distribution Program on Indian Reservations (FDPIR): Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)

Name: _____ Case Number: _____

Part 3. If any of the students you are applying for are homeless, migrant, or runaway, please call Kathy Purney. To be eligible for meal benefits as soon as possible, please continue to complete this application.

Part 4. List all household members not listed above

Name	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security	Other						
						monthly	bi-weekly	monthly	bi-weekly	monthly	bi-weekly
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5. MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)—The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.
Your information WILL be shared unless you check the box below.

Please do NOT share my information with the Medicaid or SCHIP offices.

Part 6. Signature and Social Security Number: (Adult MUST sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. Social Security Number (Last 4 digits only): XXX - XX - _____ I do not have a Social Security Number

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

Sign here: X _____ Date: _____

*****Do Not Write Below This Line. District Use Only.*****

Annual Income Conversion: Weekly x 52, Bi-Weekly x 26, 2 Times per Month x 24, Monthly x 12
 Total Income: _____ Per Week Bi-Weekly 2x/Month Month, Year Household size _____ Eligibility: Free _____ Reduced: _____ Denied: _____
 Reason: _____ Categorical Eligibility _____ Temporary Free: _____ Expires after 45 days on: _____ Withdrawn Date: _____
 Determining Official's Signature: _____ Date: _____

2011-2012 INFORMATION RELEASE

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the information below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]**.
Return this form to: [address] by [date].