CASEVILLE PUBLIC SCHOOL

6609 Vine Street, Caseville, MI 48725
Phone: 989-856-2311 ♦ Fax: 989-856-8641

Enrollment Checklist

Packet

- ☐ Student Enrollment Form
- ☐ Emergency Form
- ☐ Request for Records
- ☐ Residency Statement (completed by school personnel)
- ☐ School of Choice Form (if applicable)
- ☐ Transportation Form
- ☐ Consent for Health Dept. Disclosure Form
- ☐ Consent for Counseling (if applicable)
- ☐ Free & Reduced Meal Form

Additional Items

- ☐ Birth Certificate
- ☐ Immunization Record
- ☐ Proof of Residency (ex. piece of mail with address)
- ☐ Custody Papers or Court Order Papers (if applicable)
- ☐ Copy of IEP (if applicable)

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REQUEST FOR EDUCATIONAL RECORDS

I hereby request:

Name of Previous School: _____

City, State, Zip: _____

Fax Number: _____

To release and send the records of:

Student Name: _____

Date of Birth: _____ Grade: _____

Please fax:
Transcript or Last Report Card
Discipline Record
Attendance Record
Current IEP or 504 Plan (if applicable)

Please mail CA60 file to:
Caseville Public School
6609 Vine Street
Caseville, MI 48725

I authorize the release of all records for the above named student to Caseville Public School.

Parent Signature: _____ Date: _____

Caseville Public School

Home Language Survey

To be completed by parent/guardian and returned with the enrollment packet.

The Michigan Department of Education requires all schools to administer this form as written. The purpose of this survey is to help identify students who may need English language support services in order to succeed in school.

Student Information

Student Name: _____

Date of Birth: _____

Grade Entering: _____

School Year: _____

Home Language Questions (Required by MDE)

1. **What language is used most often in the student's home?**
   ☐ English ☐ Other (please specify): _____
2. **What language does the student use most often?**
   ☐ English ☐ Other (please specify): _____

Immigrant Identification (Title III Requirement)

3. **Was the student born outside of the United States or Puerto Rico?**
   ☐ Yes ☐ No
4. **If yes, what date did the student first enter a U.S. school** _____

Parent/Guardian Signature

I certify that the information provided above is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____

For Office Use Only

Date Received: _____ **Reviewed By:** _____

EL Screening Required: ☐ Yes ☐ No

Screening Completed: _____

Caseville Public School

STUDENT ENROLLMENT FORM

Directions for Applicants: Please complete all sections.

STUDENT DEMOGRAPHIC INFORMATION

STUDENTS LEGAL NAME: _____ **CURRENT GRADE:** _____
DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____ **GENDER:** ☐ Male ☐ Female
HOME PHONE: _____ **CELL PHONE:** _____
ADDRESS (street, city, and zip code and PO Box, if applicable): _____
SCHOOL STUDENT IS CURRENTLY ATTENDING (OR LAST ATTENDED): _____
LANGUAGE SPOKEN IN THE HOME: _____

ETHNICITY: 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.)

RACE: (Use percentages to rank ethnic groups in order.) The question above is about ethnicity not race. No matter what you selected, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

☐ American Indian/Alaska Native
☐ Native Hawaiian/Pacific Islander
☐ White
☐ Asian American
☐ Black/African American

RESIDENCY INFORMATION

RESIDENT DISTRICT: _____ **COUNTY OF RESIDENCE:** _____
*If student is not a resident of the district, please complete a Schools of Choice Application

Where is the student living now? (Please check one)

☐ in a one family dwelling
☐ with friends/family members (other than parent/guardian)
☐ in a car
☐ in a shelter
☐ none of the above – please explain: _____
☐ with more than one family in a house or apartment
☐ in a trailer park or campsite
☐ in a motel or hotel

SPECIAL EDUCATION INFORMATION

Is this student eligible for special education? ☐ Yes ☐ No
If yes, please check the programs/services this student has received:

☐ Special Education Classroom
☐ Teacher Consultant Services
☐ Speech and Language Therapy
☐ Occupational Therapy
☐ Physical Therapy
☐ School Social Work Services

SECTION 504 INFORMATION

Does student have a disability requiring a Section 504 Plan? ☐ Yes ☐ No

EMERGENCY CONTACT INFO

(If we are unable to contact parent(s), please include name, phone number and relationship to child)

Emergency Contact #1 _____
Emergency Contact #2 _____
Emergency Contact #3 _____

SUSPENSION/EXPULSION INFORMATION

SUSPENSION: Has this student been suspended from any school at any location for any reason at any time during the preceding two years? ☐ Yes ☐ No

If yes, please complete the following information regarding the suspension of the student:
Name of school district where student was suspended: _____
Grade and level (elementary/middle/high) of school building where suspension occurred: _____
Name of building administrator involved with the suspension: _____
Length and date(s) of suspension: _____
Specific conduct for which student was suspended: _____
_____

If the student had more than one suspension, please attach additional sheets to respond to the above questions for each incident.

EXPULSION: Has this student ever been expelled from school? ☐ Yes ☐ No

If yes, please complete the following information regarding the expulsion of the student:
Name of school district where student was expelled: _____
Grade and level (elementary/middle/high) of school building where expulsion occurred: _____
Name of building administrator involved with the expulsion: _____
Length and date(s) of expulsion: _____
Specific conduct for which student was expelled: _____
_____

If the student had more than one expulsion, please attach additional sheets to respond to the above questions for each incident.

PARENT/GUARDIAN INFORMATION

MOTHER/LEGAL GUARDIAN'S NAME: _____
RELATIONSHIP TO STUDENT: ☐ Father ☐ Mother ☐ Step-Parent ☐ Guardian ☐ Other (please describe; attach relevant documents)
ADDRESS (street, city, zip code, and include PO Box, if applicable): _____
HOME PHONE: _____ **CELL PHONE:** _____
EMPLOYER: _____ **WORK PHONE:** _____
EMAIL: _____

FATHER/LEGAL GUARDIAN'S NAME: _____
RELATIONSHIP TO STUDENT: ☐ Father ☐ Mother ☐ Step-Parent ☐ Guardian ☐ Other (please describe; attach relevant documents)
ADDRESS (street, city, zip code, and include PO Box, if applicable): _____
HOME PHONE: _____ **CELL PHONE:** _____
EMPLOYER: _____ **WORK PHONE:** _____
EMAIL: _____

OTHER CHILDREN IN FAMILY:

NAME: _____ **DATE OF BIRTH:** _____
NAME: _____ **DATE OF BIRTH:** _____
NAME: _____ **DATE OF BIRTH:** _____
NAME: _____ **DATE OF BIRTH:** _____
NAME: _____ **DATE OF BIRTH:** _____

EMERGENCY DISMISSAL

(Grades K-6 Only)

In the event school is dismissed early, please send my elementary child to (please check ONE) ☐ **Home** (address listed above) **OR** ☐ **Other…address** _____ (must be along Caseville bus route)
Name of person in charge _____ **Phone Number** _____

Parent Signature _____ **Date** _____

Caseville Public School

SCHOOLS OF CHOICE APPLICATION

STUDENT NAME: _____ **GRADE:** _____

DISTRICT STUDENT RESIDES IN (Outside Caseville School District)**:** _____

REASON FOR SCHOOL OF CHOICE REQUEST: _____

APPLICATION

Complete one application for each student that lives outside of the Caseville School District. Kindergarten – 12th grade students in the Huron ISD and bordering ISD's may apply to attend other participating public school districts in these ISDs. This application form must be completed and sent to the school district at the following address: 6609 Vine Street, Caseville, MI 48725, Phone Number: 989-856-2311. Applicants will be notified of approval or disapproval.

Admission may only be available to a student applicant for a specific grade, school, and/or special program which has been specifically identified as open for enrollment by the Board of Education. Admission is subject to the terms and conditions of the policies, rules, and regulations of the Board of Education, its administrators, this Application, and applicable Michigan Law.

SUSPENDED/EXPELLED STUDENTS

Our School District may refuse to enroll a nonresident applicant if:

- The applicant is, or has been within the preceding 2 years, suspended from another school.
- The applicant has at any time been expelled from another school.
- The applicant has at any time been convicted of a felony.

SECTION 105C SPECIAL NEEDS STUDENTS

Applicants under section 105C (crossing ISD boundaries) with special needs will not be approved until the resident district enters into a cooperative agreement as mandated.

TRANSPORTATION

The School District is not required to provide transportation for a nonresident pupil who becomes enrolled through the Schools of Choice program or for a resident pupil enrolled in another school district through the Schools of Choice program (except as may be required by federal law.)

INFORMED CONSENT

I understand that the Student Application must meet the same criteria, other than residence, which an applicant who is a resident of the school district must meet for enrollment in a grade, specialized, magnet or intra-district choice school or special program to which admission is requested for this Student Applicant. I state and declare that all of the information provided in the Application is accurate and true.

I understand that if any of the above information which I have provided is inaccurate, a misrepresentation or otherwise incomplete in any way, that this Application for admission to the Caseville School District may be rejected. I also understand that submission of the Application to the Caseville School District does NOT guarantee or assure that admission and enrollment will be granted. I understand that I may be required to complete an Authorization to Release Information to the Caseville School District as part of enrollment.

_____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN

RECEIVING INFORMATION (to be completed by school district official)

Date Application Received: _____

APPLICATION STATUS: ☐ Approved ☐ Disapproved

_____ _____

Signature of School Official Date

INTERNET ACCESS

Caseville Public School has an Acceptable Use Policy for Internet Access in their student handbooks, or is available upon request. Also available is "Internet Etiquette."

Please read the following document carefully before signing. It is a legally binding document.

After reading the Acceptable Use Policy, please sign complete the rest of this page.

STUDENT: I understand and will abide by Terms and Conditions for Internet Access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action.

STUDENT USER'S SIGNATURE _____
DATE _____ **GRADE** _____

(If you are under the age of 18, a parent or guardian must also read and sign this agreement.)

PARENT OR GUARDIAN: As the parent or guardian of this student, I have read the Terms and Conditions for Internet Access. I understand that this access is designed for educational purposes and Caseville Public School has taken available precautions to eliminate controversial material. However, I also recognize that it is impossible for Caseville Public School to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network.

PARENT/GUARDIAN (please print full name) _____

SIGNATURE _____ **DATE** _____

INFORMATION TO PARENTS

Dear Parent or Guardian,

Here are a few items we would like to bring to your attention.

The school is required to notify you that you must provide the district within 30 days, a **certified copy of the child's state birth certificate.** If you do not comply with this, we must report you to a law enforcement agency. This is all with your child's safety in mind.

For registration, you will also need an up to date **immunization record** and **proof of residency** such as a driver's license or a utility bill.

You will be given a **handbook**, please read it. Students should **sign the agreement form** at the end of the handbook and return it to the principal's office. If you have any questions, please call the school.

The Board of Education has established a program of instruction entitled "Sex Education, Reproductive Health and Family Planning." During the school year we will be having classes and presentations on human growth and hygiene. There will be discussions of sexually transmitted diseases. According to law PA226 of 1977, you have the right to review the materials to be used in these classes. The Board of Education, in compliance with the statute has made the materials available for your review. Your child is eligible to participate. By law, you have the right to excuse your child from participation if you choose. If you wish to exercise your right to excuse your child, please send a written notice to the school.

Sincerely,

Kenneth J. Ewald
Superintendent

SIGNATURE OF APPLICANT

GRADE LEVEL REQUESTED (example: 5th, 8th, 12th): _____

_____ **DATE:** _____
APPLICANT'S SIGNATURE (PARENT, GUARDIAN, OR STUDENT, IF OVER 18)

CASEVILLE PUBLIC SCHOOL
EMERGENCY FORM

STUDENT'S FULL NAME _____ _____

GRADE _____ DATE OF BIRTH _____

FATHER/GUARDIAN NAME _____ **MOTHER/GUARDIAN NAME** _____

ADDRESS_____PO BOX_____ ADDRESS _____PO BOX_____

CITY, STATE _____ CITY, STATE _____

CELL / WORK PHONE #_____ CELL / WORK PHONE # _____

PLACE OF EMPLOYMENT_____ PLACE OF EMPLOYMENT _____

HOME PHONE # _____ HOME PHONE # _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

PLEASE FILL IN ADDITIONAL INFO BELOW, IF APPLICABLE:

STEPMOTHER'S NAME_____ STEPFATHER'S NAME _____

CELL / WORK PHONE # _____ CELL / WORK PHONE # _____

HOME PHONE # _____ HOME PHONE #_____

PLACE OF EMPLOYMENT _____ PLACE OF EMPLOYMENT _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

IN CASE OF ILLNESS OR INJURY AND NONE OF THE ABOVE CAN BE REACHED AT HOME OR BUSINESS PLEASE CALL:

NAME _____ **NAME** _____

RELATIONSHIP _____ RELATIONSHIP _____

CELL / WORK PHONE #_____ CELL / WORK PHONE #_____

HOME PHONE # _____ HOME PHONE # _____

IN CASE OF AN EMERGENCY, ACCIDENT, OR ILLNESS WHICH NEEDS A DOCTOR'S IMMEDIATE ATTENTION, I GIVE MY PERMISSION TO TRANSPORT MY CHILD FOR CARE AND FOR MY DOCTOR TO GIVE THE CARE NEEDED.

DOCTOR _____ PHONE #_____

HOSPITAL _____ PHONE #_____

Please list any medical concerns we should be aware of: _____

_____

SHADED AREA MUST BE FILLED IN!

In case of accident or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child to the physician indicated on this form. If it is impossible to contact this physician, the school may take my child to another physician or hospital authorized by the Board of Health, or the friend, neighbor or relative listed on this form. I further authorize that school personnel may apply first aid as recommended by the County Department of Health and the County Medical Society.

I agree to pay all expenses incurred in the emergency care.

TO MY KNOWLEDGE:

- ☐ My child is able to fully participate in all school activities, including physical education.
- ☐ My child has a physical condition which may have a degree of restriction in school activities.

Parent's Signature _____ Date _____

CASEVILLE PUBLIC SCHOOL
RESIDENCY STATEMENT

Based on the current address of this student, whose name and address is:

_____

_____

_____

I hereby certify that he/she lives within the boundary lines of our school district. Futhermore, the student meets one of the criteria for determining residency as defined in Section 4- Pupil Residency- Michigan Department of Education Membership Accounting and Auditing Manual. My certification is also based upon one or more of the following criteria:

_____ 1) Personal observation/knowledge of the location of the dwelling

_____ 2) Address is within the village/city limits of our school district

_____ 3) Student is transported by school bus and dwells at a location within our district boundary lines

_____ 4) Other (please state): _____

_____

_____

_____ _____

Signature of School Official Date

Caseville Public School
Transportation Information

PLEASE COMPLETE ONE FORM PER FAMILY

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

Home Address: _____

Student(s) will be needing Bus Transportation on a regular basis: ☐ Yes ☐ No

Student(s) will be walking or dropped off/picked up on a regular basis: ☐ Yes ☐ No

Caseville Public School wants to maintain a safe and pleasant bus riding experience for all students. To accomplish this, students and parents should review the Student Handbook on student conduct. To ensure that buses remain on time and to ensure your student rides the correct bus:

- ***Please note that students are allowed one other bus stop other than their home stop.***
- ***Changes to busing must be called in at least one hour prior to school ending.***
- ***Students should arrive at the bus stop at least 10 minutes prior to the scheduled time.***

HOME STOP:

Please give **description** of stop (ex: brown, two story house….brick, ranch house…..white house with black shutters)

_____

Home is located between crossroads _____ and _____

Side of the road: ☐ North ☐ South ☐ East ☐ West

Time: ☐ AM only ☐ PM only ☐ Both AM & PM

Days of the Week: ☐ All ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

ALTERNATE STOP LOCATION:

Name: _____ **Phone:** _____

☐ Grandparent ☐ Daycare ☐ Babysitter ☐ Other _____

Address: _____

Please give **description** of stop (ex: brown, two story house….brick, ranch house…..white house with black shutters)

_____

Home is located between crossroads _____ and _____

Side of the road: ☐ North ☐ South ☐ East ☐ West

Time: ☐ AM only ☐ PM only ☐ Both AM & PM

Days of the Week: ☐ All ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Which prearranged stop should the bus driver leave your child on scheduled half days?

☐ Home ☐ Alternate

CASEVILLE PUBLIC SCHOOL

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, date of birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Caseville Public School to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: _____

Signature of Parent/Guardian
or Eligible Student: _____ Date: _____

Printed Parent/Guardian Name: _____

Informed Consent for Counseling Services

Student Name: _____ School District: _____

Student Grade Student Date of Birth

Introduction

Huron Intermediate School District has received funding to expand mental health services to students not receiving special education services. To achieve this goal, parents/ guardians or school staff may refer students for counseling (individual and/or group), or students may request counseling. The focus of the counseling program is to promote more effective education and socialization within the school community. There is no cost for counseling services that are provided through this program during the school year.

Provision of Services

It is a generally accepted policy to obtain the parent/ guardian's permission for counseling when it is for more than crisis intervention. Services may be individual, group, short or long term, depending on the needs of your child. These services are not intended as a substitute for diagnosis or treatment for any mental health disorder. Referrals to outside agencies will be provided to the parent when appropriate.

Confidentiality

In order to build trust with the child, the counselor/therapist will keep information confidential, with some possible exceptions. Because these services are provided to minor children in the school setting, the provider may share information (on a need to know basis) with parents/guardians, the child's teacher, and/or administrators or school personnel who work with the child so that we may better assist the child as a team. The provider is also required by law to share information with parents or others in the event the child is in danger of harm to self or others. The Michigan Child Protection Law requires the provider to report suspicions of child abuse or neglect to Children's Protective Services. The provider will make the child aware of these limits to confidentiality and will inform the child when sharing information with others. If you would like the counselor/therapist to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, the parent/legal guardian will need to sign an additional release of information form.

I understand that the therapist will keep information confidential with the following exceptions:

- If they are being harmed
- If they are currently harming or planning on harming themselves or others
- If they know of anyone who might be doing harm to themselves or others
- If the counselor/therapist suspects child abuse or neglect

The student will be informed when that confidentiality has to be broken.

Parent/Guardian Consent

If a signed consent form is on file, your child will be able to receive the services described above. This could include counseling services related to anger/stress management, bullying, depression, friendship skills, etc. If you have questions about these services, please contact Geralyn Kolar at Huron ISD at (989)269-3464.

Check yes if you would like your child to receive these services if social/emotional health counseling services are needed.

☐YES ☐NO

I have reviewed the above information and hereby give my consent for my child to participate in counseling services and agree to abide by the guidelines of confidentiality. I also understand that I can revoke my consent at any time. By signing this consent form, I certify that I am the legal guardian and legal custodian of the student listed above.

_____ _____

Parent/Guardian Signature (or age of majority student) Date

HISD USE ONLY

This consent was revoked on _____

_____ ____/____/20____

Signature Date

School Office: Please return this to the Huron ISD School Social Worker.

Caseville Public School

Student Enrollment – Parent Questionnaire

To help us better understand and support your child's learning experience, please take a few minutes to complete the questions below. This form will remain confidential and will be used by staff to plan for your child's success.

Student Information

Student Name: _____

Grade Entering: _____ School Year: _____

1. What do you view as your child's greatest strengths?

_____

_____

_____

2. What do you view as your child's weaknesses or areas for growth?

_____

_____

_____

3. Are there any social, emotional, physical, or academic issues that may be an area of concern?

_____

_____

_____

4. What is your goal (or goals) for your child this school year?

_____

_____

_____

5. What does your child enjoy doing in their free time?

_____

_____

_____

Parent/Guardian Name: _____ **Date:** _____

2025-2026 Education and Nutrition Benefits

Apply online:

Complete one application per household. Please use a pen (not a pencil).

STEP 1: List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need more space for names

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

	Child's First Name	MI	Child's Last Name	Student? Yes	Student? No	School	Grade	Foster Child	Homeless Migrant, Runaway
1)				☐	☐			☐	☐
2)				☐	☐			☐	☐
3)				☐	☐			☐	☐
4)				☐	☐			☐	☐
5)				☐	☐			☐	☐

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2: Do any Household Members (including you) currently participate in: SNAP, TANF, or FDPIR?

If NO > Go to STEP 3. **If YES >** Write a case number here, then go to STEP 4 (Do not complete STEP 3). **Case Number:** ____ ____ ____ ____ ____ ____ ____ ____ ____

(Write only one case number in this space)

STEP 3: List ALL household members and income for each member (before taxes and deductions). Skip this step if you answered "YES" to STEP 2.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by ALL children listed in STEP 1 here.

Child Income: $ _____

How Often? Please put an X

Weekly	Bi-Weekly	2x Month	Monthly	Annually
☐	☐	☐	☐	☐

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

PLEASE PRINT

	Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Bi-Weekly	2x Month	Monthly	Annually	Public Assistance/ Alimony/Child Support	How often received? Weekly	Bi-Weekly	2x Month	Monthly	Annually	Pensions/Retirement/ All Other Income	How often received? Weekly	Bi-Weekly	2x Month	Monthly	Annually
1)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
2)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
3)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
4)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
5)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member (if Applicable) ____ ____ ____ ____

Check if no SSN ☐

STEP 4: Contact information and adult signature. **RETURN COMPLETED FORM TO:**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws".

Street Address (if available) _____ Apt# _____ City _____ State _____ Zip _____ Phone (Optional) _____ Email (Optional) _____

Printed Name of Adult Signing Form _____ Signature of Adult _____ Today's Date _____

SOURCES AND EXAMPLES OF INCOME: for additional information in income, please refer to the instructions that accompany this application.

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivor's Benefits	A child is blind or disabled and receives Social Security Benefits. A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
Income from person outside the household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

Sources of Adult Income	Examples
Earnings from work	Salary, wages, cash bonuses / Net income from self-employment (farm or business) -If you are in the U.S. Military: -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing
Public Assistance / Alimony / Child Support	-Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits -Strike benefits
Pensions / Retirement / All Other Income	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household

OPTIONAL: Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Use of Information Statement: The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at USDA Program Discrimination Complaint Form (https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA

(1) by: mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (833) 256-1665 or (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

***Do not mail applications to this address, only complaints of discrimination**

DO NOT FILL OUT: For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income: $_____ $_____ $_____ $_____ $_____ **Household Size:** _____ **Categorical Eligibility:** _____ **Eligibility:** _____ _____ _____
Weekly Bi-Weekly 2x Month Monthly Annual Free Reduced Denied

_____ _____ _____ _____ _____ _____
Determining Official's Signature Date Confirming Official's Signature Date Verifying Official's Signature Date