

POTTSVILLE JR & SR HIGH SCHOOL STUDENT DATA INFORMATION

PLEASE COMPLETE THE STATE MANDATORY INFORMATION AND RETURN IT TO SCHOOL- ASAP. THANK YOU

STUDENT'S	FIRST NAME	MIDDLE NAME	LAST NAME
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BIRTHDATE _____ SEX M F GRADE _____ YR. OF GRADUATION _____ SSN#(Opt) _____

Student Race (CIRCLE ONE) AMERICAN INDIAN ASIAN BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE HISPANIC

Hispanic/Latino Ethnicity: Yes No

IS STUDENT IN A HOUSEHOLD OF AN "ACTIVE" MILITARY PERSONNEL? Y N WHAT BRANCH?

WAS THE STUDENT BORN OF A MULTIPLE BIRTH? I.E. TWINS, TRIPLETS, ETC

NAME, GRADE AND AGES OF ALL SIBLINGS:

PREVIOUS SCHOOL	SCHOOL ADDRESS	CITY, STATE & ZIP	
LIVING WITH (CIRCLE ONE)	A-ALONE D-FATHER/STEPMOTHER E-MOTHER/STEPFATHER F-FATHER ONLY	G-GRANDPARENTS H-HOMELESS I-INSTITUTION L-LEGAL GUARDIAN	M-MOTHER ONLY P-BOTH PARENTS S-SPOUSE T-FOSTER PARENTS

LANGUAGE SPOKEN AT HOME:

Student Physical/911 Address

Student Home Phone	_____
Address:	_____
City:	_____
State:	_____ Zip Code _____

Student Mailing Address

Mailing Address (If Different From Physical/911 Address)	_____
Address:	_____
City:	_____
State:	_____ Zip Code: _____

Legal Parent/Guardian #1 (Mandatory Info)

Name:	_____
Relationship To Student	_____
Mailing Address	_____
City:	_____
State:	_____ Zip Code: _____
E-Mail	_____
Home Phone:	_____ Cell Phone: _____
Work Phone:	_____ *Alert Phone: _____
*District Automated Phone System	
Employer:	_____
<input type="checkbox"/> Student Primarily Resides With This Guardian	

Legal Parent/Guardian #2 (Mandatory Info)

Name:	_____
Relationship To Student	_____
Mailing Address	_____
City:	_____
State:	_____ Zip Code: _____
E-Mail	_____
Home Phone:	_____ Cell Phone: _____
Work Phone:	_____ *Alert Phone: _____
*District Automated Phone System	
Employer:	_____
<input type="checkbox"/> Student Primarily Resides With This Guardian	

Please Complete The Back Of This Form For Additional Contact Information

EMERGENCY INFORMATION

IN CASE OF EMERGENCY CONTACT: _____ PHONE # _____

I GIVE THE FOLLOWING PEOPLE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL:

(PLEASE NOTE THAT YOUR CHILD WILL NOT BE RELEASED TO ANYONE NOT LISTED AS AN EMERGENCY OR PICKUP CONTACT)

Contact Order:	Name:	Relationship To Child:	Phone #	Phone Type: (ex. Home, Cell, Work)
1				
2				
3				
4				
5:				

I _____ swear that my student is a legal student at Pottsville School because of being _____ a legal transfer or _____ a resident of the school district. Any person who knowingly gives a false residential address for purposes of public school enrollment is guilty of a misdemeanor and subject to fine not to exceed five hundred dollars (\$500).

Has this student been expelled/suspended from his/her previous school or currently under an expulsion/suspension procedure? Yes No

TRAVEL INFORMATION:

_____ Bus Bus Number _____

_____ Drives Self

_____ Parent/Guardian (Includes walkers, child care vans, etc)

PLEASE CONTACT THE OFFICE IF AT ANY TIME ANY OF THE ABOVE INFORMATION CHANGES.

DATE:

SIGNATURE OF PARENT OR
GUARDIAN

SMART CORE INFORMED CONSENT FORM

Name of Student: _____
Name of Parent/Guardian: _____
Name of District: _____
Name of School: _____

Smart Core is Arkansas's college- and career-ready curriculum for high school students. College and career readiness in Arkansas means that students are prepared for success in entry-level, credit-bearing courses at two-year and four-year colleges and universities, in technical postsecondary training, and in well-paid jobs that support families and have pathways to advancement.

Parents or guardians may waive the right for a student to participate in Smart Core and instead to participate in the Core curriculum. The parent must sign the separate Smart Core Waiver Form to do so.

SMART CORE CURRICULUM

English – 4 units

- English 9th grade
English 10th grade
English 11th grade
English 12th grade or Transitional English 12

Mathematics – 4 units (or 3 units of math and 1 unit of Computer Science*) At least one MATH unit must be taken in Grade 11 or Grade 12.

- Algebra I (or Algebra A & Algebra B - Grades 7-8 or 8-9)
Geometry (or Geometry A & Geometry B - Grades 8-9 or 9-10)
Algebra II
fourth math as approved by ADE or approved *Computer Science

Science – 3 units with lab experience (or 2 units with lab experience and 1 unit of Computer Science*)

- Biology – 1 unit (Biology, IB Biology, ADE Approved Biology, ADE Approved Biology Honors, AP Biology or Concurrent Credit Biology.)
Physical Science, Chemistry, Physics, or approved *Computer Science – 2 units; a maximum of 1 computer science credit may count for this requirement

Social Studies – 3 units

- Civics - 1/2 unit
World History - 1 unit
U.S. History - 1 unit
other social studies - 1/2 unit

Oral Communications – 1/2 unit

Physical Education – 1/2 unit

Health and Safety – 1/2 unit

Economics – 1/2 unit (may be counted toward Social Studies or Career Focus)

Fine Arts – 1/2 unit

Career Focus – 6 units

*Computer Science – (optional) A flex unit of an approved Computer Science may replace the 4th math requirement or the 3rd science requirement. Two distinct units of the approved computer science courses may replace the 4th math requirement and the 3rd science requirement.

Beginning with the entering 9th grade class of the 2014 – 2015 school year, each high school student shall be required to take at least one digital learning course for credit to graduate. (Act 1280 of 2013)

By signing this form, I acknowledge that I have been informed of the requirements and implementation of the Smart Core Curriculum and am choosing the Smart Core Curriculum for my child.

Parent/Guardian Signature

Date

School Official Signature

Date

**SMART CORE WAIVER FORM
(GRADUATING CLASS OF 2016 AND AFTER)**

Name of Student: _____
Name of Parent/Guardian: _____
Name of District: _____
Name of School: _____

Smart Core is Arkansas's college- and career-ready curriculum for high school students. College and career readiness in Arkansas means that students are prepared for success in entry-level, credit-bearing courses at two-year and four-year colleges and universities, in technical postsecondary training, and in well-paid jobs that support families and have pathways to advancement. To be college and career ready, students need to be adept problem solvers and critical thinkers who can contribute and apply their knowledge in novel contexts and a variety of situations. Smart Core is the foundation for college and career-readiness. All students should supplement additional rigorous coursework within their career focus.

Failure to complete the Smart Core Curriculum for graduation *may* result in negative consequences such as conditional admission to college and ineligibility for some scholarship programs.

Parents or guardians may waive the right for a student to participate in Smart Core and instead to participate in the Core curriculum. By signing this Smart Core Waiver Form, you are waiving your student's right to Smart Core and are placing him or her in the Core Curriculum.

CORE CURRICULUM

English – 4 units

- English 9th grade
- English 10th grade
- English 11th grade
- English 12th grade or Transitional English 12

Mathematics – 4 units (or 3 units of math and 1 unit of Computer Science*)

- Algebra I (or Algebra A & Algebra B - each may be counted as one unit of the 4 unit requirement)
- Geometry (or Geometry A & Geometry B - each may be counted as one unit of the 4 unit requirement)
(All math units must build on the base of algebra and geometry knowledge and skills.)

Science – 3 units (or 2 units with lab experience and 1 unit of Computer Science*)

- Biology - 1 unit (All students must have 1 unit in Biology, IB Biology, ADE Biology, ADE Approved Biology Honors, or Concurrent Credit Biology.)
- Physical Science, Chemistry, or Physics – at least 1 unit
- other ADE approved science

Social Studies – 3 units

- Civics - ½ unit
- World History - 1 unit
- U.S. History - 1 unit
- other social studies – ½ unit

Oral Communications – ½ unit

Physical Education – ½ unit

Health and Safety – ½ unit

Economics – ½ unit (may be counted toward Social Studies or Career Focus)

Fine Arts – ½ unit

Career Focus – 6 units

***Computer Science – (optional)** A flex unit of Computer Science and Mathematics, Essentials of Computer Programming, AP Computer Science, or IB Computer Science may replace the 4th math requirement or the 3rd science requirement. Two distinct units of the computer science courses listed above may replace the 4th math requirement and the 3rd science requirement. If the 4th math requirement and the 3rd science requirement have been met through other coursework, any of the computer science courses listed above may be used for career focus credit.

(Comparable concurrent credit may be substituted where applicable.)

Beginning with the entering 9th grade class of the 2014 – 2015 school year, each high school student shall be required to take at least one digital learning course for credit to graduate. (Act 1280 of 2013)

By signing this form, I acknowledge that I have been informed of the requirements and implementation of the Smart Core Curriculum and am choosing to waive the Smart Core curriculum for my child. I understand the potential negative consequences of this action as outlined on this form.

Parent/Guardian Signature

Date

School Official Signature

Date

POTTSVILLE JR/SR HIGH
STUDENT MEDICAL INFORMATION
PLEASE COMPLETE AND RETURN THIS WEEK. THANK YOU!

STUDENT'S NAME _____ SS # _____

BIRTHDATE _____ SEX _____ GRADE _____ LANGUAGE SPOKEN IN HOME _____

COMPLETE MAILING ADDRESS _____ HOME PHONE _____

MOTHER/GUARDIAN _____ WORK _____ PHONE _____ CELL _____

FATHER/GUARDIAN _____ WORK _____ PHONE _____ CELL _____

STUDENT LIVES WITH _____

NAME, GRADE & AGE OF ALL SIBLINGS _____

PERSONS WITH TRANSPORTATION ALLOWED TO PICK UP YOUR CHILD IF ABOVE CANNOT BE REACHED.

NAME _____ DAY TIME PHONE # _____

NAME _____ DAY TIME PHONE # _____

FAMILY DOCTOR _____ CLINIC _____ PHONE _____

DOES STUDENT TAKE ANY MEDICATION? YES _____ NO _____ IF YES, INDICATE TYPE OF MEDICATION. _____
LIST ANY SIDE EFFECTS _____ ANY DRUG ALLERGY _____

HAS A LICENSED PROFESSIONAL DIAGNOSED STUDENT WITH ADD/ADHD? YES _____ NO _____
(IF YES, PLEASE CIRCLE DIAGOSIS & ATTACH A COPY OF EVALUATION/REPORT CONFIRMING ADD/ADHD)

DOES STUDENT HAVE ANY HEALTH PROBLEMS THAT THE TEACHER AND SCHOOL NURSE SHOULD KNOW ABOUT?
(DIABETES, ASTHMA, EPILEPSY, HEARING PROBLEMS, ALLERGY TO BEE OR WASP STING, ETC.) ?
YES _____ NO _____ IF YES, PLEASE EXPLAIN HEALTH PROBLEMS:

PLEASE SEE MEDICATION GUIDLINE IN HANDBOOK FOR MEDICATION PRIVILEGES WHILE AT SCHOOL

MAY THIS INFORMATION BE SHARED WITH PERSONS INVOLVED WITH YOUR CHILD? YES _____ NO _____

DOES STUDENT HAVE AN ARKIDS 1ST CARD? YES _____ NO _____ ARKIDS 1ST # _____

AUTHORIZED TO BILL MEDICAID THROUGH 3RD PARTY BILLING FOR HEARING/VISION SCREENING? YES _____ NO _____

PLEASE CONTACT THE NURSE OR OFFICE IF ANY OF THE ABOVE INFORMATION CHANGES.
THANK YOU & WELCOME BACK TO ANOTHER GREAT YEAR!

PARENT SIGNATURE: _____ DATE: _____



Agricultural Employment Questionnaire

Pottsville School District

This questionnaire is for an educational program for children/youth under the age of 22. You or your children may qualify for tutoring, limited health services, books, school supplies, preschool packets, high school correspondence courses, and scholarships for college or vo-tech. Please complete this short survey.

Este cuestionario es para un programa educacional para jóvenes menores de 22 años. Sus niños podrían calificar para tutorial en la escuela, libros, útiles escolares, paquetes preescolares, cursos de preparatoria por correspondencia y becas para el colegio o vo-tecnología y servicios de salud limitados. Por favor llene este cuestionario.

Name (*Nombre*) _____

Physical Address (*Direccion Fisica*) _____

Telephone# (Teléfono) (_____ Cell Phone# (Numero de Celular) (_____)

What hours do you work? _____ (¿Qué horas trabaja?) _____

Have you moved into the area in the last 3 years? YES (SI) _____ NO _____
(¿Se ha mudado a esta área durante los últimos tres años?)

If you checked "Yes" When did you move? (Fecha de Mudanza) _____

Where From? (De Donde) _____ Where to? (A Donde) _____

Do your children live with you? YES (SI) _____ NO _____

(¿Sus hijos viven con usted?) Have you moved during the summer to obtain a seasonal or temporary job?

(¿Se ha mudado durante el verano para obtener trabajo temporal en Agricultura?)

YES (SI) _____ NO _____

List all children in the household under the age of 22

Escriba los nombres de todos los niños de 0 a 22 años que viven con usted.

Name/Nombre

Age/Edad

Grade/Grado

Name/Nombre	Age/Edad	Grade/Grado

For more information please contact: **Millie Frías- 479-647-8516**

Para mas informacion por favor contacte: **Dora Choate- 479-414-8151 Jennifer Black- 479-965-5996**

Pottsville Junior High

Special Information Sheet (Optional)

Childs Name: _____

Date of Birth: _____

Grade: _____

Dear Parents: The following questions are optional, not mandatory, but will enable us to better serve your child.

1. My child was enrolled in a special program such as:
(Circle any that may apply)

-504

-Resource

-LEP

Other (please specify) _____

- | | | |
|--|-----|----|
| 2. My child was seeing a speech therapist. | Yes | No |
| 3. My child needs to wear glasses at school. | Yes | No |
| 4. My child has a hearing problem. | Yes | No |
| 5. My child takes medication. | Yes | No |

Name of medication: _____

- | | | |
|--------------------------------|-----|----|
| 6. My child has special needs. | Yes | No |
|--------------------------------|-----|----|

Explain Comments: _____

- | | | |
|---|-----|----|
| 7. My child was seeing the school counselor or outside agency | Yes | No |
|---|-----|----|

- | | | |
|---|-----|----|
| 8. My child was in Gifted and Talented. | Yes | No |
|---|-----|----|

- | | | |
|--|-----|----|
| 9. Can child be released to either parent? | Yes | No |
|--|-----|----|

(If not, are custody papers on file in your child's records?)

Other information:



Arkansas Department of Education (ADE)
Home Language Usage Survey

The Home Language Usage Survey is completed by *all* students initially enrolling in Arkansas schools.

Student Name: _____		Grade: _____	Date: _____
School: _____	Student State ID #: _____	Gender: _____	Date of Birth: _____
Parent/Guardian Name: _____		Parent/Guardian Signature: _____	
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. a) In what language do you prefer to receive written communication from the school? _____</p> <p>b) In what language would you prefer to communicate with school staff when speaking? _____</p>		
<p>Eligibility for Language Development Support Information about the student's language usage helps us identify students who may qualify for extended support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) is (are) spoken in your home? _____</p> <p>3. What language did your child learn first? _____</p> <p>4. What language does your child use most often at home? _____</p> <p>5. What language does your family speak most often at home? _____</p> <p>6. What language do adults speak most often with each other at home? _____</p>		
<p>Prior Education Your responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school. <i>This form is not used to identify students' immigration status.</i></p>	<p>7. Where was your child born? _____</p> <p>8. When did your child first attend a school in the United States (this includes all US territories)? (Kindergarten – 12th grade) _____ Month Day Year</p>		

Thank you for providing the information needed on the Home Language Survey. Contact your child's school if you have further questions about this form or about services available at your child's school.



Note to district: This form is available in multiple languages on <http://www.arkansased.gov/divisions/learning-services/english-learners>. A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.

This work, "Arkansas Department of Education (ADE), Home Language Survey", is a derivative of "OSPI Home Language Survey" by OSPI, used under CC BY. "Arkansas Department of Education (ADE), Home Language Survey" is licensed under CC BY by the English Learners Unit of the Arkansas Department of Education.



Departamento de Educación de Arkansas (ADE)
Encuesta sobre el uso de los idiomas en el hogar

Todos los estudiantes que se inscriben por primera vez en las escuelas de Arkansas deben llenar la encuesta sobre el uso de los idiomas en el hogar.

Nombre del estudiante:		Grado:	Fecha:
Escuela:	Nro. de ID del estado del estudiante:	Sexo:	Fecha de nacimiento:
Nombre del padre/tutor:		Firma del padre/tutor:	
<p>Derecho a servicios de traducción e interpretación Indique el idioma de su preferencia para que podamos ofrecerle un intérprete o documentos traducidos sin costo alguno, cuando los necesite.</p>	<p>Todos los padres tienen derecho a estar informados sobre la educación de sus hijos en un idioma que puedan entender.</p> <p>1. a) ¿En qué idioma prefiere recibir los mensajes escritos de la escuela? _____</p> <p>b) ¿En qué idioma preferiría comunicarse de forma oral con el personal de la escuela? _____</p>		
<p>Elegibilidad para apoyo de desarrollo lingüístico La información sobre el uso del idioma del estudiante nos ayuda a identificar a aquellos que puedan ser elegibles para recibir apoyo prolongado para desarrollar las habilidades lingüísticas necesarias para el éxito académico. Es posible que se requiera realizar pruebas para determinar si el apoyo lingüístico es necesario.</p>	<p>2. ¿Qué idiomas se hablan en casa? _____</p> <p>3. ¿Qué idioma aprendió primero su hijo? _____</p> <p>4. ¿Qué idioma usa su hijo con mayor frecuencia en el hogar? _____</p> <p>5. ¿Qué idioma habla su familia con mayor frecuencia en el hogar? _____</p> <p>6. ¿Qué idioma hablan los adultos entre sí con mayor frecuencia en el hogar? _____</p>		
<p>Educación previa Sus respuestas sobre el país natal y la educación previa de su hijo nos brindan información sobre el conocimiento y las habilidades que el estudiante trae a la escuela. Este formulario no se usa para identificar la situación migratoria de los estudiantes.</p>	<p>7. ¿Dónde nació su hijo? _____</p> <p>8. ¿Cuándo fue la primera vez que su hijo asistió a la escuela en los Estados Unidos (esto incluye todos los territorios de los EE. UU.)? (Jardín de infancia – 12.º grado) _____</p> <p>Mes Día Año</p>		

Gracias por proporcionar la información necesaria en la encuesta sobre los idiomas en el hogar. Comuníquese con la escuela de su hijo si tiene preguntas adicionales sobre este formulario o sobre los servicios escolares disponibles.

Nota para el distrito: Este formulario está disponible en varios idiomas en <http://www.arkansased.gov/divisions/learning-services/english-learners>. Una respuesta que incluya un idioma diferente al inglés en las preguntas desde la nro. 1 a la nro. 6 indica que se requiere una prueba de dominio del idioma inglés.



Este trabajo, "Encuesta sobre los idiomas en el hogar del Departamento de Educación de Arkansas (ADE)", se deriva de la "Encuesta sobre los idiomas en el hogar de la Oficina del Superintendente de Instrucción Pública (OSPI)" de la Oficina del Superintendente de Instrucción Pública (Office of Superintendent of Public Instruction, OSPI) y se usa bajo la licencia CC BY. "La encuesta sobre los idiomas en el hogar del Departamento de Educación de Arkansas (ADE)" está autorizada por la Unidad de Estudiantes de Inglés del Departamento de Educación de Arkansas bajo la licencia CC BY.



HOUSING INFORMATION FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

List all children in your family birth through age 21.

Name of Child	School	Age	Grade	Date of Birth

Parent/Guardian _____

Address _____

City _____

Zip Code _____

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians?

Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at [Insert phone number] or the State Coordinator at 501-683-5428.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date



Services for McKinney-Vento Identified Students

Student: _____

School: _____

Grade _____

Please check the services needed or desired:

- Free Lunch
- Transportation to the school of origin
- Clothing/Uniform
- School supplies
- Counseling
- Medical/dental referral
- Vision referral
- Medicaid/DSHS services – food stamps
- Preschool Enrollment records
- Missing enrollment records
- Birth certificate

- Immunization/medical records
- Tutoring
- After-school programs
- Teen Center
- Mentoring
- Special Education
- Gifted/talented
- Vocational/technical
- Community resource
- Prior academic records
- LEP/Bilingual program
- Guardianship issues

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Pottsville School District offers healthy meals every school day. Breakfast costs 1.25; lunch costs 2.00. K-3/2.25/4-12. Your children may qualify for free meals or for reduced price meals. Reduced price is .30 for breakfast and .40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Supplemental Nutrition Assistance Program (SNAP)**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2018-2019			
Household size	Yearly	Monthly	Weekly
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	7,992	666	154

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Tara Thompson 479-968-8101 or tara.thompson@pottsvilleschools.org**.
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use 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 Cynova 87 So B Street Pottsville, AR 72858 or to your child's school office.**
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Kathy Cynova 87 So B Street Pottsville, AR 72858 479-968-8625 kathy.cynova@pottsvilleschools.org** immediately.

5. ~~CAN I APPLY ONLINE?~~ No. A copy of the Free/Reduced Application can be found on the Pottsville School District web site at www.pottsvilleschools.org under Food Service. A copy of the application can be printed, filled out and sent to Kathy Cynova or your child's school office.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through [date]. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. 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: **Larry Dugger 976 Pine Ridge Road Pottsville, AR 72858 479-968-8101 larry.dugger@pottsvilleschools.org**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Kathy Cynova 87 So B Street Pottsville, AR 72858 479-968-8625 kathy.cynova@pottsvilleschools.org** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Supplemental Nutrition Assistance Program (SNAP)**, contact your local assistance office or call 501-682-8276.

If you have other questions or need help, call 479-968-8625.

Sincerely,

Kathy Cynova

Kathy Cynova CN Director

<ul style="list-style-type: none"> Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated. Mark how often each type of income is received using the check boxes to the right of each field. 	<p>3.A. REPORT INCOME EARNED BY CHILDREN</p> <p>A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.</p> <p><i>What is Child Income?</i> Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.</p>	<p>3.B. REPORT INCOME EARNED BY ADULTS</p> <p>Who should I list here?</p> <ul style="list-style-type: none"> When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own. Do NOT include: <ul style="list-style-type: none"> People who live with you but are not supported by your household's income AND do not contribute income to your household. Infants, Children and students already listed in STEP 1. 	<p>B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p> <p>C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.</p> <p><i>What if I am self-employed?</i> Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p> <p>E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p> <p>F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.</p> <p>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."</p>
<p>STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE</p>				
<p>All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.</p>				
<p>A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>B) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>C) Write today's date. In the space provided, write today's date in the box.</p>	<p>D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.</p>	

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Pottsville School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Kathy Cynova 479-968-8625 or Kathy.cynova@pottsvilleschools.org

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Pottsville School District regardless of age.

<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>B) Is the child a student at Pottsville School District? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Pottsville Schools. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.</p>	<p>C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.</p>
<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.</p>		

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP (Supplemental Nutrition Assistance Program)?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).

<p>A) If no one in your household participates SNAP:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write a case number or identified for SNAP. You only need to provide one case number. If you participate in SNAP and do not know your case number or identified, contact: Pope Co. Dept of Human Services • Go to STEP 4.
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - o Gross income is the total income received before taxes
 - o Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

2018-2019 Prototype Household Application for Free and Reduced Price School Meals

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

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Name of School	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway

Check all that apply

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price

STEP 2 Do any Household Members (including you) currently participate in the following assistance program: Supplemental Nutrition Assistance Program (SNAP)?

If NO> Go to STEP 3. If YES > Write a case number or identifier here then go to STEP 4. (Do not complete STEP 3)

Case Number or Identifier: _____

STEP 3 Report income for ALL Household Members (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 Household Members listed in STEP 1 here.

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) 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.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance / Child Support/Alimony			Pensions/Retirement/ All Other Income					
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

_____ _____ _____ _____ _____ _____

Check if no SSN.

Disclosure (Optional) I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ArKids 1st).

STEP 4 Contact information and adult signature

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 (check) 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 _____ Daytime Phone and Email (Optional) _____

Printed name of the adult signing the form _____ Signature of adult _____ Today's date _____

INSTRUCTIONS

Sources of Income

Source of Child Income	Example (s)
Earnings from work	A child has a regular full or part-time job where they earn a regular salary or wages.
Social Security	A child is blind or disabled and receives social security benefits.
<ul style="list-style-type: none"> Disability Payments Survivor's Benefits 	A parent is disabled, retted, or deceased, and their child receives Social Security benefits.
Income from person outside the household	A friend or extended family member regularly give a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

Source of Income for Adults

Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from state or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

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 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

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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. 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) case number or other SNAP 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

fax: (202) 690-7442;
 email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For School Use Only

School use only

Total Income: _____

Per: Week Every 2 Weeks Twice a Month Month Year

Household Size: _____ SNAP: _____ Categorically Eligible: _____ Date Withdrawn: _____

Eligibility: Free Reduced Denied

Reason for denial: _____

Determining Official's Signature: _____

Annual Income Conversion: X 52= X 24= X 26= X 12= X 1= show calculations

Weekly _____

2x/month _____

Every 2 wks _____

Monthly _____

Annual _____

Determination Date: _____ 2018 - 2019