



2020 -2021
Enrollment Form

STUDENT INFORMATION:

Student Legal Name _____ Gender M F
Last First Middle
SSN _____ Current Age _____ Current Grade _____
Physical Address _____ Mailing Address _____
City _____ State _____ Zip _____
Date of Birth _____ Place of Birth _____ Country of Birth _____
Home Phone _____ Cell Phone _____
E-mail Address _____ Texting? [] Yes [] No
Native American Tribe(s) _____ CDIB Card #(s) _____

LEGAL GUARDIAN(S):

Lives With: [] #1 [] #2 [] Both #1 & #2 (Please Check one)
Legal Custody: [] #1 [] #2 [] Both #1 & #2 (Please Check one)

#1 Name _____ Relationship to Student _____
Physical Address _____ Mailing Address _____
City _____ State _____ Zip _____ E-mail Address _____
Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____

#2 Name _____ Relationship to Student _____
Physical Address _____ Mailing Address _____
City _____ State _____ Zip _____ E-mail Address _____
Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____

Please list other children in the family:

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

EMERGENCY CONTACTS: (List 2 neighbors or nearby relatives who will assume temporary care of your child, and/or whom we can release your child to if you cannot be reached in case of an accident, sudden illness or possible early dismissal)

#1 Name _____ Relationship _____ Address _____
Home Phone _____ Work Phone _____ Cell Phone _____

#2 Name _____ Relationship _____ Address _____
Home Phone _____ Work Phone _____ Cell Phone _____

ETHNICITY: (check all that apply) [] Asian [] Native Hawaiian/Other Pacific Islander
[] African American/Black [] American Indian/Alaskan Native [] Caucasian/White
Is the student of Hispanic or Latino culture or origin? [] Yes [] No

PUBLICATION OF INFORMATION: Turkey Ford will occasionally send school photos to the newspaper and/or post to the website (please check one).

[] I agree to allow my student's photo and name to be released to the media for publication.
[] I do NOT allow my student's photo and name to be released to the media for publication.

Student Name _____

Date _____

Is Student on Medicare, Medicaid or Soonercare? Yes No If Yes, list number _____

Medical History	Allergies	Current Medications												
<p><i>Please check if history of and list date if known:</i></p> <p><input type="checkbox"/> Asthma _____</p> <p><input type="checkbox"/> Chicken Pox _____</p> <p><input type="checkbox"/> Diabetes _____</p> <p><input type="checkbox"/> Emotional Prob. _____</p> <p><input type="checkbox"/> Freq. Headaches _____</p> <p><input type="checkbox"/> TB/TB Contact _____</p> <p><input type="checkbox"/> Hepatitis _____</p> <p><input type="checkbox"/> Hyperactivity _____</p> <p><input type="checkbox"/> Infectious Disease _____</p> <p><input type="checkbox"/> Pneumonia _____</p> <p><input type="checkbox"/> Rheumatic Fever _____</p> <p><input type="checkbox"/> Bleeding Disorder _____</p> <p><input type="checkbox"/> Scoliosis _____</p> <p><input type="checkbox"/> Seizures _____</p> <p><input type="checkbox"/> Skin Disease _____</p> <p> </p> <p><i>Please list if there is a history of:</i></p> <p><input type="checkbox"/> Fractures _____</p> <p><input type="checkbox"/> Surgery _____</p> <p><input type="checkbox"/> Heart Condition _____</p> <p> </p> <p><i>Indicate if your child wears Orthopedic Devices, prosthesis, Etc. _____</i></p> <p> </p> <p><i>Is your child able to participate in scheduled class activities?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Physical Education?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> </p> <p><i>If no, please provide written explanation and instructions from child's physician.</i></p>	<p>Allergies</p> <p><i>Does your child have severe reaction to wasp/bee/insect stings?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If Yes, please list necessary treatment</i></p> <p>_____</p> <p> </p> <p><i>Do you grant permission to administer Benadryl?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> </p> <p><i>Does your child have food allergies? [] Yes [] No</i></p> <p><i>If Yes, please list foods and type of reaction</i></p> <p>_____</p> <p> </p> <p><i>Does your child have allergies to pollens or other environmental irritants? [] Yes [] No</i></p> <p><i>If Yes, please list</i></p> <p>_____</p> <p> </p> <p><i>Does your child have medication allergies? [] Yes [] No</i></p> <p><i>If Yes, please list</i></p> <p>_____</p>	<p>Current Medications</p> <p><i>Is your child currently taking medications? [] Yes [] No</i></p> <p><i>If Yes, please list:</i></p> <table border="1"> <thead> <tr> <th>Name of Med</th> <th>Dose</th> <th>Frequency</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p> </p> <p><i>Child's Physician</i> _____</p> <p><i>Phone Number</i> _____</p> <p> </p> <p><i>Child's Dentist</i> _____</p> <p><i>Phone Number</i> _____</p> <p> </p> <p><i>Hospital Choice</i> _____</p> <p><i>Phone Number</i> _____</p> <p> </p> <p><i>Any medication information regarding this child, not revealed above please list here:</i></p> <p>_____</p> <p> </p>	Name of Med	Dose	Frequency	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name of Med	Dose	Frequency												
_____	_____	_____												
_____	_____	_____												
_____	_____	_____												
<p>Vision</p> <p><i>Does your child have vision problems?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Has your child been seen by an eye doctor? [] Yes [] No</i></p> <p><i>Were corrective lens prescribed?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Name of Eye Doctor?</i> _____</p> <p> </p> <p>Hearing</p> <p><i>Does your child have hearing problems? [] Yes [] No</i></p> <p><i>Tubes in Ears? [] Yes [] No</i></p> <p><i>Hearing Aid? [] Yes [] No</i></p> <p><i>Name of Ear Doctor?</i> _____</p>	<p>Emergency Treatment</p> <p><input type="checkbox"/> Yes, I authorize emergency treatment.</p> <p><input type="checkbox"/> No, I do not authorize emergency treatment.</p> <p><i>I understand that it is my responsibility as a parent/guardian to provide transportation for my sick child, unless my child is seriously ill or seriously injured.</i></p> <p> </p> <p><i>I, the undersigned, do hereby authorize officials of Turkey Ford School to contact the persons named on this form and do authorize the named physician(s) to render treatment deemed necessary in an emergency for the health of my child. School officials are authorized to take whatever action deemed necessary for the benefit of the child if unable to contact the above. I, the undersigned, will not hold the school district financially responsible for the emergency care and/or treatment for my child.</i></p>	<p>Special Services</p> <p><i>I am aware that Turkey Ford School offers Special Education Services. My child has difficulties in the following areas and may require special education services (check all that apply):</i></p> <p><input type="checkbox"/> learning <input type="checkbox"/> physical</p> <p><input type="checkbox"/> speech <input type="checkbox"/> emotional</p> <p><input type="checkbox"/> occupational</p> <p> </p> <p>Permission</p> <p><i>I give my permission for school office personnel to give my child:</i></p> <p>Acetaminophen (Tylenol-Generic:</p> <p><i>according to drug information, the meds are aspirin free)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tums (Generic)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> </p> <p>Corporal Punishment</p> <p><i>Turkey Ford administers corporal punishment as a form of discipline. It is with a wooden paddle and will not exceed three (3) swats (per incident).</i></p> <p><input type="checkbox"/> Yes, I give my permission to administer corporal punishment to my child.</p> <p><input type="checkbox"/> No, I do not give my permission to administer corporal punishment to my child.</p>												

I certify that all of the information stated on this enrollment form is true. Any false information given could be grounds for removal from Turkey Ford Public School. I acknowledge receipt of a student handbook and consent to receiving non-emergency robo calls.

Parent/Guardian Signature _____

Date _____



Julie Holloway, Superintendent
23900 S 670 Rd, Wyandotte, OK 74370
Phone (918) 786-4902
Fax (918) 787-5015

Transportation Agreement

Parent/Guardian:

Students who ride the school buses to and from home and on school trips should be careful about loading and unloading. Always wait for the bus to STOP. Safety is stressed at all times. Classroom rules as far as conduct apply while on the school bus. The bus driver has absolute authority and is expected to maintain order and discipline in order to prevent serious accidents. Please go over the following bus rules with your child(ren) in order to help us provide safe, pleasant transportation. Remember, riding the bus is a privilege that can be taken away if the rules are not followed.

Bus Rules

- COVID safety guidelines will be followed on the bus temperature checks & face mask
- Seat assigned by bus driver to reduce social contact
- No loud talking, yelling or screaming
- No food or drink
- No changing seats or getting out of your seat until your stop
- No standing – remain seated at all times
- No sitting or laying in the floor
- No talking back to the driver
- Keep all toys, pens, pencils, and markers in backpacks
- No inappropriate gestures
- Keep hands and feet to yourselves at all times
- Do NOT throw anything at each other or out windows
- No crawling over seats
- Disrespect of ANY kind will result in immediate suspension of bus riding privileges

Student's Name _____
Parent's Name _____

I have read and understand the above Bus Rules and will go over these expectations with my child(ren).

Parent/Guardian Signature

Date



Julie Holloway, Superintendent
23900 S 670 Rd, Wyandotte, OK 74370
Phone: (918) 786-4902
Fax: (918) 787-5015

Field Trip "Blanket" Permission Form

Each year there are a variety of field trips sponsored by the school and considered to be educational and/or entertaining for the students. There have been times when students forget their permission forms the day of the trip and this can create a problem if the parents are unreachable.

Please sign the form below and return to the school. We will keep it in your child's folder in the office. This form grants permission for any class/school field trip undertaken this school year. A note will always be sent home to inform you prior to a trip being taken.

Student's Name _____ Grade _____

Parent/Guardian Name _____

I hereby give permission for my child to be transported by Turkey Ford Schools to any class/school field trip during this academic school year. I understand I will be notified in advance of any needs required for the individual trips taken.

Signature Parent/Guardian

Date



Julie Holloway, Superintendent
23900 S 670 Rd, Wyandotte, OK 74370
(918) 786-4902 Fax (918) 787-5015

Turkey Ford School Student Computer and Internet Rules

Please read the terms and conditions of this contract carefully before signing this document. This document is binding upon those signing it.

Parents:

Turkey Ford School District provides computers and Internet access for the use of administrators and staff, teachers, parents and students. The use of these computers and access to the Internet is a privilege – not a right. Inappropriate use of this technology will result in loss of technology use, disciplinary action, and/or referral to legal authorities.

With access to computers and people all over the world also comes availability of material that may not be considered to be of educational value in the context of the public school setting. Turkey Ford School District has taken precautions to prevent access to controversial material; however, on a global network it is impossible to control all material.

Students:

These are the rules for using computers while at school:

SCHOOL WORK ONLY: Turkey Ford provides computers and Internet connections for you to work on school work only. Don't use the school computers to email or check your home email. Don't go to websites unless you ask your teacher for permission.

BE POLITE. Do not use school computers or any technology device to write or send abusive (mean) messages to others. This is called cyber bullying. Bullying is not allowed at school. Tell your teacher or an adult if someone is mean to you online while using the computer.

USE APPROPRIATE LANGUAGE. Do not type words that are not allowed at school. Your teacher has the right to see anything you type on a school computer.

DO NOT GIVE OUT YOUR NAME OR ADDRESS ON THE INTERNET.

HONOR COPYRIGHTS. Anything printed on the Internet is assumed to be private property and therefore should be deemed as copyrighted material.

PLAGIARISM IS THE SAME AS STEALING. The writing of another person is assumed to be private property. Using another's writing and claiming it as your own is plagiarism.

DON'T TELL OTHERS YOUR PASSWORDS. If your teacher gives you a password, like for Accelerated Math or Study Island, don't give your password to your friends.

NO MULTI-PLAYER INTERNET GAMES OR CHAT ROOMS.

DO NOT DOWNLOAD ANY GAME OR MUSIC FROM HOME ON SCHOOL COMPUTERS.

DO NOT DAMAGE SCHOOL COMPUTERS.

REPORT ANY PROBLEMS ON SCHOOL COMPUTERS TO YOUR TEACHER.

As Parent or legal guardian of this student, I have read the Terms and Conditions. I understand that Turkey Ford School has taken all available precautions to eliminate controversial material; however, I also recognize it is impossible to monitor and restrict access to 100% of every type of controversial material available on the Internet. I will not hold Turkey Ford School District responsible for materials acquired on the Internet or through the Internet. If user is under the age of 18, a parent or legal guardian must read and sign this agreement.

By signing, I certify I have received the Computer and Internet Contract and will discuss it with my child. I understand that it is mandatory to sign and return this to the school to be kept on file prior to my child receiving access to computers at school.

Parent/Legal Guardian Name (Please Print): _____

Parent/Legal Guardian Signature: _____

Date ____ / ____ / ____

By signing, I agree to abide by Turkey Ford's Computer and Internet Rules.

User's Full Name (Please Print): _____

Student Signature: _____

Date ____ / ____ / ____



Julie Holloway, Superintendent
23900 S 670 Rd, Wyandotte, OK 74370
(918) 786-4902 Fax (918) 787-5015

Parental Authorization to Administer Medicine

Student Name _____

Age _____

I am the parent with legal custody, legal guardian or individual assuming permanent care and custody of the student listed above. This student requires medication at intervals during the school day as prescribed by a physician. I understand that I must label medications with the student's name and that it will be kept in the office until needed. It is my responsibility to attain refills and provide the school with medications needed by my child. All medications not picked up prior to the last day of school will be discarded.

I hereby give consent and authorize the superintendent and/or employee of the school designated by the superintendent to:

administer ___ Office Staff _____, a **non-prescription** medication which I am hereby supplying, in accordance with the written instructions of child's physician which are attached.

administer ___ Office Staff _____, a **filled prescription** medication which I am hereby supplying, in accordance with the written instructions of child's physician which are attached.

I understand that under state law, the board of education, the school district, or employees of the district shall not be liable to the student or student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medication I have authorized for from the self-administration of medication by the student.

Signature Parent/Guardian

Date

Signature Witness

Date

Turkey Ford School

Student/Teacher/Parent Schoolwide Compact

Mission Statement Turkey Ford School is a positive, safe environment that encourages success intellectually, socially, and physically.

Vision Statement Turkey Ford School will provide quality education experiences for productive and fulfilling lives.

Parent/Guardian Agreement

I want my child to achieve. Therefore, I will encourage him/her by doing the following:

- Ensure that my child is punctual and attends school regularly.
- Support the school in its efforts to maintain proper discipline.
- Establish a time for homework and review it regularly.
- Provide a quiet well-lighted place for study.
- Encourage my child's efforts and be available for questions.
- Stay aware of what my child is learning.
- Read with my child, and let my child see me read.

Name _____ Signature _____ Date _____

Student Agreement

It is important that I work to the best of my ability. Therefore, I shall strive to do the following:

- Attend school daily
- Come to school each day with pencils, paper, and other necessary tools for learning.
- Complete and return homework assignments on time.
- Study at home or read a book during study time in the evenings as often as possible, away from TV and other distractions.
- Follow school rules.

Name _____ Signature _____ Date _____

Teachers Agreement

It is important that students achieve. Therefore, I shall strive to do the following:

- Provide assistance to parents so that they can help with the assignments when necessary.
- Provide current information to students and parents regarding student's academic progress.
- Appropriately pace students according to individual ability and needs as a learner.

Provide homework assignments for students, according to classroom objectives and district policy.

Name _____ Signature _____ Date _____

Superintendent Agreement

I support this form of parent involvement. Therefore, I shall strive to do the following:

- Encourage teachers to provide classroom instruction to incorporate the use of multiple intelligences into daily planning.
- Provide an environment that allows for open and effective communication between the teacher, parent, and student.

Name _____ Signature _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

STUDENT INFORMATION

Name of Student: _____ Grade: _____
 Last Name First Name Middle Name

Date of Birth: _____ School: _____ Student ID # _____ Gender: Male _____ Female _____
 MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes _____ No _____

Select one or more of the following races:

_____ African American/Black _____ American Indian/Alaskan Native _____ Asian
 _____ Native Hawaiian/Pacific Islander _____ Caucasian/White

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
3. What language was **first** learned by the student? _____
4. Does the parent/guardian need **interpretation** services? Yes _____ No _____ If so, what language? _____
5. Does the parent/guardian need **translated** materials? Yes _____ No _____ If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
 MM/YYYY

Date (MM/DD/YYYY)

Parent / Guardian Signature

SCHOOL USE ONLY

Please have test score documentation available for the Regional Accreditation Office to review.

- Other language than English indicated **TWO OR MORE** times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as **bilingual** on the accreditation report.
- Other language than English indicated **ONLY ONCE** on questions 1 – 3 above. The student is classified as "less often" and only qualifies as **bilingual** on the accreditation report if he or she meets one of the following (any selection below **REQUIRES** appropriate documentation):
 - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool (PKST).
 - 2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS	Date of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL
	Composite / Overall Score		Composite / Overall Score
	1.		1.
	1.		
	1.		

Date(s) of ELA OSTP	Score(s) on ELA OSTP			
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Composite / Percentile Score(s)

Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

Periodically, Turkey Ford School District sends out recorded phone calls to advise Turkey Ford families of school closings; upcoming events: field trip details; or class information.

Please inform the office of any changes to addresses or phone numbers.

Parents or Guardian signature Date

Please list the preferred phone numbers for automated calls.

Please list the preferred phone numbers for texts.

2020-2021 Household Application for Free and Reduced Price School Meals

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

Apply online:

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.)

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 School Meals** for more information.

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

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

Case Number:

Write only one case number in this space.

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

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.

Child income: \$

How often?
 Weekly Bi-Weekly 2x Month Monthly

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 not 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

STEP 4 Contact information and adult signature. Mail 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 (check) the information. I am aware that if I purposefully 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)

Signature of adult Today's date

