

# POTTSVILLE JR HIGH SCHOOL STUDENT MEDICAL / DATA INFORMATION

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

**STUDENT'S NAME** \_\_\_\_\_ **SS#(OPT)** \_\_\_\_\_  
**BIRTHDATE** \_\_\_\_\_ **SEX** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **YR. OF GRADUATION** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**Student Race (Circle One)**    American Indian    Asian    Black or African American    Native Hawaiian or Other Pacific Islander    White    Hispanic

<b>LIVING WITH (CIRCLE ONE)</b>	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		
				PREVIOUS SCHOOL	
<b>GUARDIAN 1 (CIRCLE ONE)</b>	1-BOTH PARENTS 2-FATHER 3-MOTHER 4-GUARDIAN	<b>GUARDIAN 2 (CIRCLE ONE)</b>	1-BOTH PARENTS 2-FATHER 3-MOTHER 4-GUARDIAN	SCHOOL ADDRESS	
				CITY, STATE & ZIP	

**Ethnic Group** (Please mark one) Is this student Hispanic or Latino?  No, not Hispanic or Latino  Hispanic  Latino

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

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

**HOME MAILING ADDRESS** \_\_\_\_\_ **HOME PHYSICAL ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**MOTHER/GUARDIAN** \_\_\_\_\_ **FATHER/GUARDIAN** \_\_\_\_\_

**FATHER'S PHONE** \_\_\_\_\_ **WORK#** \_\_\_\_\_ **CELL#** \_\_\_\_\_  
**MOTHER'S PHONE** \_\_\_\_\_ **WORK#** \_\_\_\_\_ **CELL#** \_\_\_\_\_

**NAME, GRADE AND AGES OF ALL SIBLINGS** \_\_\_\_\_

**LOCAL CONTACT PERSON AVAILABLE TO PICK UP STUDENT IF ABOVE CANNOT BE REACHED:**

**NAME** \_\_\_\_\_ **ADDRESS/CITY** \_\_\_\_\_  
**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_ **CELL#** \_\_\_\_\_  
**FAMILY DOCTOR** \_\_\_\_\_ **CLINIC** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**SEE MEDICATION GUIDELINE FOR MEDICATION PRIVILEGES WHILE AT SCHOOL**

DOES STUDENT TAKE ANY MEDICATIONS? YES  NO  IF YES, INDICATE TYPE OF MEDICATION (ON BACK)  
**SIDE EFFECTS (IF ANY)** \_\_\_\_\_ **ANY DRUG ALLERGY** \_\_\_\_\_

HAS A LICENSED PROFESSIONAL DIAGNOSED STUDENT WITH ADD/ADHD? YES  NO   
 (IF YES, PLEASE ATTACH A COPY OF EVALUATION 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 STINGS, ETC.)?  
 YES  NO  (IF YES, PLEASE EXPLAIN ON BACK & SEND EMERGENCY MEDS)

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

DOES STUDENT HAVE AN ARKIDS 1<sup>ST</sup> /MEDICAID CARD? YES  NO  Med # \_\_\_\_\_

AUTHORIZATION TO BILL MEDICAID? YES  NO

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 A 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

**<<<<PLEASE COMPLETE THE BACK OF THIS FORM FOR ADDITIONAL CONTACT INFO>>>>**

**HEALTH**

**PROBLEMS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 below or as an emergency contact)

Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____

Please contact the office if at any time any of the above information changes.

PARENT SIGNATURE: \_\_\_\_\_ 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 \$1.00; lunch costs \$1.75(K-3) \$2.00(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 2015-16				
Household size	Yearly	Monthly	Weekly	
1	21,775	1,815	419	
2	29,471	2,456	567	
3	37,167	3,098	715	
4	44,863	3,739	863	
5	52,559	4,380	1,011	
6	60,255	5,022	1,159	
7	67,951	5,663	1,307	
8	75,647	6,304	1,455	
Each additional person:	7,696	642	148	

- 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 Pottsville School 479-968-8101 or tara.thompson@pottsvilleschools.org
- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one (1) 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 CN Director Pottsville Schools
- 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 479-968-8625 or [Kathy.cynova@pottsvilleschools.org](mailto:Kathy.cynova@pottsvilleschools.org) immediately.
- 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. You must send in a new application unless the school told you that your child is eligible for the new school year.
- 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.
- WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 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.
- 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 7000 SR 247 Pottsville Ar or [larry.dugger@pottsvilleschools.org](mailto:larry.dugger@pottsvilleschools.org)
- 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.
- 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.
- 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.
- 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, or receive Family Subsistence Supplemental Allowance payments, 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.
- WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper; include the same information required on the form for each family member added. Attach the additional paper containing the information to your application. Contact Kathy Cynova 479-968-8625 or [Kathy.cynova@pottsvilleschools.org](mailto:Kathy.cynova@pottsvilleschools.org) to receive a second application.
- MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP benefits or other assistance benefits, contact your local assistance office or call 800-482-8988.

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

Sincerely,

Kathy Cynova CN Director

**FOR EACH ADULT HOUSEHOLD MEMBER:**

**Who should I list here?**

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do not include people who:

- Live with you but are not supported by your household's income and do not contribute income to your household.
- Children and students already listed in Step 1

**How do I fill in the income amount and source?**

**FOR EACH TYPE OF INCOME:**

- Use the charts in this section 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.
  - Gross income is the total income received before taxes or deductions.
  - 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.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

**B) List Adult Household member's name.** 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.

**C) Report earnings from work.** Refer to the chart titled "Sources of Income for Adults" in these instructions and 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.

**What if I am self-employed?**

If you are self-employed, 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.

**D) Report income from Public Assistance/Child Support/Alimony.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

**E) Report income from Pensions/Retirement/All other income.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

**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 determines your income cutoff for free and reduced price meals.

**G) Provide the last four digits of your Social Security Number.** The household's primary wage earner or another 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 SS#."

**Sources of Income for Adults**

Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• Net income from self-employment (farm or business)</li> <li>• Strike benefits</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>)</li> <li>• Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from State or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private Pensions or disability</li> <li>• Income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul>

**STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE**

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.

**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.

**B) Sign and print your name.** Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."

**C) Write Today's Date.** In the space provided, write today's date in the box.

**D) Share children's Racial and Ethnic Identities (optional).** On the bottom 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.

# School Year 2015-2016 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. (Leave space to add more names, dates, and notes.)

**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.

Names of ALL Children (First, Middle Initial, Last)	Age	Grade	School Name (if not in school put n/a)	Foster Child	Homeless, Migrant, Runaway
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

## STEP 2

Do any Household Members (including you) currently participate in the assistance program SNAP? Circle one Yes / No

If you answered NO > complete STEP 3.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number or SNAP Identifier (not the EBT #):

Write only one case number in the space above.

## STEP 3

Report Income for ALL Household Members (Skip this step if you answered Yes to STEP 2)

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members Section

### A. Child Income

Sometimes Children in the household earn income. Please include the TOTAL income earned 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 receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '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	How Often?				Public Assistance/Child Support/Alimony	How Often?				Pension/Retirement/ All Other Income	How Often?			
		Wkly	Bi Wkly	2x Mthly	Mthly		Wkly	Bi Wkly	2x Mthly	Mthly		Wkly	Bi Wkly	2x Mthly	Mthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members Children and Adult Household Members        Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult          Check if no SSN

## EP 4

Contact Information and adult signature

"I certify (promise) that all information on the 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)	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult completing the form	Signature of adult completing the form			Today's Date

## OPTION

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       Native Hawaiian or Other Pacific Islander  
 Asian       White  
 Black or African American

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 (ArkKids 1<sup>st</sup>).

School use only

Annual Income Conversion: show calculations

Total Income: \_\_\_\_\_  
Per:  Week  Every 2 Week  Twice a Month  Month  Year

Weekly \_\_\_\_\_ X 52= \_\_\_\_\_

2x/month \_\_\_\_\_ X 24= \_\_\_\_\_

Household Size: \_\_\_\_\_ SNAP: \_\_\_\_\_ Categorically Eligible: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Every 2 wks \_\_\_\_\_ X 26= \_\_\_\_\_

Eligibility:  Free  Reduced  Denied

Monthly \_\_\_\_\_ X 12= \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Annual \_\_\_\_\_ X 1= \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Determination Date: \_\_\_\_\_

**THIS PAGE MUST BE PRINTED ON THE BACK OF THE APPLICATION**

**Privacy Act Statement:**

**The Richard B. Russell National School Lunch Act requires the information on this application.** You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), case number 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.

**Required Non-Discrimination Statement:**

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

**Required Civil Rights Statement:**

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

Pottsville School District  
Home Language Survey  
(Encuesta de Lenguaje en Casa)

Student's Name \_\_\_\_\_ School \_\_\_\_\_  
(Nombre de estudiante) (Escuela)

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
(Fecha de Nacimiento) (Genero) (Edad)

Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
(Maestra/maestro) (Grado)

	English (Inglés)	Spanish (Español)	Other (Otro)
What language is spoken in your home most of the time? (¿Cuál es el idioma que habla más en su casa?)			
What language does the student speak most of the time? (¿Cuál es el idioma que habla más el estudiante?)			
What language do parents/guardians speak to the student most of the time? (¿Cuál es el idioma que le hablan más los padres al estudiante?)			

What services has your child received in previous schools?

(¿Qué servicios ha recibido su hijo/a en su escuela anterior?)

\_\_\_\_\_ ESL \_\_\_\_\_ Gifted & Talented \_\_\_\_\_ Special Education \_\_\_\_\_ Speech \_\_\_\_\_ Other  
(ELL) (G.T.) (Educación Especial) (Discurso) (Otro)

What grade did your child first enroll in Arkansas schools? \_\_\_\_\_

(¿En qué grado se inscribió su hijo cuando llegó a una de la escuela de Arkansas por primera vez?)

What grade did your child first enroll in any U.S. school? \_\_\_\_\_

(¿En qué grado se inscribió su hijo por primera vez en los estados unidos?)

What written language would you prefer to receive school communications (such as attendance letters, etc.)?

(¿En qué idioma prefiere recibir información escrita por parte de la escuela (tal como cartas de asistencia, etc.)?)

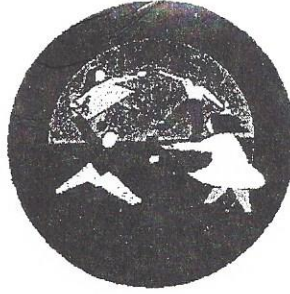
\_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_  
(Inglés) (Español) (Otro)

\_\_\_\_\_  
Parent/Guardian's Signature  
(Firma del padre/guardián)

\_\_\_\_\_  
Date  
(Fecha)

PLEASE INCLUDE THIS  
FORM IN ENROLLMENT  
PACKETS.

POTTSVILLE SCHOOL DISTRICT



## AGRICULTURAL QUESTIONNAIRE FORM

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S NAME (S) \_\_\_\_\_

PHONE # \_\_\_\_\_ MESSAGE/CELL PHONE # \_\_\_\_\_

STREET NAME \_\_\_\_\_ HOUSE OR APT. # \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

YOUR CHILDREN MAY QUALIFY FOR TUTORING, BOOKS, SCHOOL SUPPLIES,  
PRESCHOOL PACKETS, HIGH SCHOOL CORRESPONDENCE COURSES, SCHOLARSHIPS  
FOR COLLEGE OR VO-TECH, AND LIMITED HEALTH SERVICES.

HAS YOUR FAMILY MOVED ACROSS A SCHOOL DISTRICT LINE WITHIN THE PAST  
THREE YEARS TO LOOK FOR OR DO ANY OF THE FOLLOWING JOBS?  
YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU CHECKED **YES**, PLEASE CHECK THE JOB THAT YOU WORK/WORKED OR  
LOOKED FOR WORK.

\_\_\_\_\_ **CHICKEN/TURKEY/BEEF OR FOOD PROCESSING PLANT**  
(FOR EXAMPLE : Tyson, Con-Agra, Butterball, Twin Rivers, Simmons, Ozark Mtn., OK  
Foods, Wayne Farms, Petit Jean Poultry, Allen Canning, Pepper Source, Bryant Preserves)

\_\_\_\_\_ **FARM WORK**  
(For Example: Cattle, Dairy, Chicken, Hog, Fruits, Vegetables, Sod)

\_\_\_\_\_ **COTTON GIN**

\_\_\_\_\_ **CUTTING OR PLANTING TREES**

\_\_\_\_\_ **WORKING ON A FISH FARM**

\_\_\_\_\_ **HARVESTING FRUITS OR VEGETABLES**

\_\_\_\_\_ **CANNING FRUITS OR VEGETABLES**

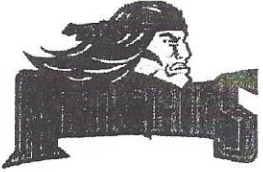
\_\_\_\_\_ **WORKING AT A GRANARY**

Thank you!



**\*\*If you (the student) are living with one or both parents in a one family dwelling, PLEASE DISREGARD THIS FORM\*\***

**POTTSVILLE  
SCHOOL  
DISTRICT**



## HOME STATUS SURVEY

Complete this form **ONLY** if:

- Student is living with either parent in a multi-family dwelling (more than one family in a home)
- Student is living in a motel
- Student is living in a shelter
- Student is living in sub-standard environment
- Student is living with someone other than parent

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Do you live in?: (check one)**

Apartment \_\_\_\_\_  
House \_\_\_\_\_  
Vehicle (Car, Camper, Bus) \_\_\_\_\_  
Family Shelter \_\_\_\_\_  
Youth Shelter \_\_\_\_\_  
Park/Campsite \_\_\_\_\_  
Mobile Home \_\_\_\_\_  
Other \_\_\_\_\_

**Do you live with?:**

Parent: \_\_\_\_\_ Friend: \_\_\_\_\_ Aunt/Uncle: \_\_\_\_\_  
Foster Parent: \_\_\_\_\_ Sister/Brother: \_\_\_\_\_  
Grandparents: \_\_\_\_\_ Others: \_\_\_\_\_

Is the person you live with your legal guardian? YES \_\_\_\_\_ NO \_\_\_\_\_

Parent Signature: \_\_\_\_\_

McKinney-Vento Homeless Assistance Act – No Child Left Behind Act of 2001

For office use only:

Secretary file one (1) copy and give one (1) copy to cafeteria supervisor.

\_\_\_\_\_  
Signature