

STUDENT DATA
POTTSVILLE MIDDLE GRADES

SOCIAL SECURITY # _____ FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____
(optional)
SEX-M F (CIRCLE ONE) YEAR OF GRADUATION _____ DATE OF BIRTH _____ GRADE _____

ETHNIC GROUP (Please mark one)

1. Is this student Hispanic or Latino?

____ No, not Hispanic or Latino
____ Hispanic ____ Latino

STUDENT RACE (Please mark one)

2. What is the student's race?

____ American Indian or Alaska Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White
____ Hispanic

Is the student a military dependent of "ACTIVE" duty military personnel? ____ If so, what Branch? _____

Was the student born of a multiple birth, example: twins, triplets, etc... _____

HOME MAILING ADDRESS _____

HOME PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____

Names & Ages of Siblings enrolled in a Pottsville school _____

GUARDIAN/CUSTODIAL INFORMATION

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

GUARDIAN CODE (CIRCLE ONE) 1-BOTH PARENTS
2-FATHER
3-MOTHER
4-GUARDIAN

GUARDIAN 2 (CIRCLE ONE) 1-BOTH PARENTS
2-FATHER
3-MOTHER
4-GUARDIAN

GUARDIAN 1

GUARDIAN 2

NAME _____

NAME _____

TITLE _____

TITLE _____

ADDRESS _____

ADDRESS _____

CITY,STATE,ZIP _____

CITY,STATE,ZIP _____

HOME PHONE _____

HOME PHONE _____

EMPLOYER _____

EMPLOYER _____

WORK PHONE _____ EXT _____

WORK PHONE _____ EXT _____

CELL # _____

CELL # _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT PERSON _____
NAME/RELATIONSHIP TO STUDENT _____ PHONE NUMBER _____

Is this student in the process of being suspended and/or expelled, or has been suspended and/or expelled from the previous school? Yes ____ No ____

**I _____ SWEAR THAT MY CHILD IS A LEGAL STUDENT AT POTTSVILLE

PARENT SIGNATURE
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 (\$500.00).

**POTTSVILLE MIDDLE GRADES
6926 SR 247
POTTSVILLE, AR 72858
(phone) 479-890-6631
(fax) 479-968-6446**

Date _____

Please send all cumulative school records on the following student(s) including transcript of grades, health records (including immunizations and birth certificate number or date), special education records, disciplinary records, and any other information available that would be helpful.

Student name	Grade	Date of Birth
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Student name	Grade	Date of Birth
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Previous school address:

Name _____

Street _____

City _____

State _____

Phone _____

Thank you,

Houston Townsend

*According to the Final Regulations Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain permission to release records, Vol. 41, No. 110-24673. It states that school officials, including teachers with the educational institution and officials of other school systems in which the student may intend to enroll may receive a student's records without written consent for such a release

POTTSVILLE MIDDLE GRADES

STUDENT MEDICAL INFORMATION

Student's Name _____ Grade _____ Birthdate _____

Mother's Name _____ Phone _____ Work# _____

Father's Name _____ Phone _____ Work# _____

Family Doctor _____ Clinic _____ Phone _____

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

Does Student Take Any Medication? Yes ___ No ___

If yes, indicate type of medication _____

Side effects (if any) _____ Any Drug Allergy _____

Has a Licensed Professional diagnosed student with ADD/ADHD? Yes ___ No ___

If yes, please provide a copy of evaluation confirming ADD/ADHD

Does student have any **health problems** that the school nurse & teacher should know about?

(diabetes, asthma, epilepsy, hearing problems, allergy to bee or wasp stings, etc)? Yes ___ No ___

If yes, please explain & send emergency medication. _____

May this information be shared with staff involved with your child? Yes ___ No ___

Does student have an ARKIDS 1st/Medicaid Card? Yes ___ No ___ (#) _____

May this information be shared for billing purposes? Yes ___ No ___

Date

Signature of Parent/Guardian



HOME STATUS SURVEY

If you (the student) are living with one or both parents in a one family dwelling, please disregard this form.

Complete this form ONLY if:

- student is living with either parent in a multi-family dwelling (more than one family in the 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: _____ Sex: _____

Grade: _____ Homeroom Teacher: _____

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 _____ Grandparent(s) _____ Other _____

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)

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.)?

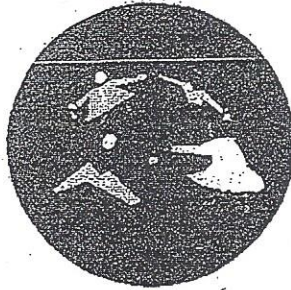
(¿En qué idioma prefiere recibir información escrita por parte de la escuela (tal como cartas de asistencia, etc.)?)

_____ **English** _____ **Spanish** _____ **Other** _____
(Inglés) (Español) (Otro)

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

Date
(Fecha)

PLEASE INCLUDE THIS
FORM IN ENROLLMENT
PACKETS.



AGRICULTURAL QUESTIONNAIRE FORM

Your children may qualify for tutoring, books, school supplies, preschool information, high school correspondence courses, college or vocational/technical scholarships, and limited health services.

STUDENT'S NAME _____ GRADE _____ DATE _____

PARENT'S NAME (S) _____

PHONE # _____ MESSAGE/CELL PHONE # _____

STREET NAME _____ HOUSE OR APT. # _____

CITY/STATE _____ ZIP CODE _____

Has your family moved across a school district line within the past three years to look for or do any of the following types of jobs? (Examples are given.)

YES _____ NO _____

- FOOD PROCESSING--(Chicken, turkey, beef, hog, vegetables, fruits)
- FARM WORK - (Cattle, Dairy, Chicken, Hog, Fruits, Vegetables, Sod, Plant Nursery)
- CHICKEN CATCHING, CHICKEN VACCINATING
- HARVESTING TREES -(Planting, marking, girdling, cutting, skidding)
- SOD FARMING
- WORKING WITH BEES
- WORKING ON A FISH FARM, FISHING FOR AN INCOME
- WORKING AT A COTTON GIN OR GRANARY

When is the best time to contact you to determine if your children qualify for these free services? _____

PLEASE RETURN THIS QUESTIONNAIRE TO SCHOOL TOMORROW.

Thank you!

POTTSVILLE MIDDLE GRADES

6926 SR 247

Pottsville AR 72858

Phone: 479-890-6631

Fax: 479-968-6446

Dear Parent:

Please provide the following transportation information regarding your child's transportation. Please indicate normal means of transportation to and from school such as school bus, car rider or walks. State law now requires that schools have on file each child's means of transportation.

Student's Name _____

Parent's Name _____

Bus _____ Bus # _____

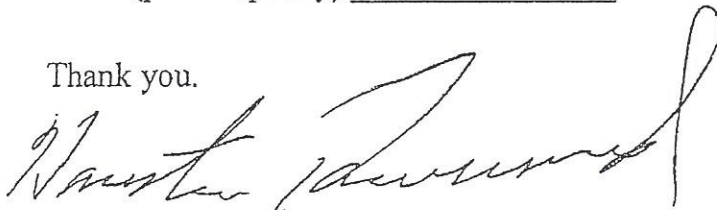
Child Care Van _____ Name of Child Care Agency _____

Car Rider _____

Walk _____

Other (please specify) _____

Thank you.



HOUSTON TOWNSEND
Principal

Pottsville Public Schools

Student Network User Policy

Introduction:

This policy document has been developed to meet the Pottsville School Board's responsibility for securing its network and computing systems in a reasonable and economically feasible manner. The intent of the policy includes the prevention of unauthorized student user access and/or abuse, while making the system accessible for authorized users. Users are hereby informed of the district's standards of conduct and the consequences for not adhering to them. Violation of certain provisions of this policy will result in the temporary or permanent suspension of user accounts. The Pottsville School Board hereby makes is known that it will use its authority to assist state and federal authorities in enforcing copyright, intellectual property rights, and network abuse laws.

In concert with the release of the Student Network User Policy, school patrons are also informed that the Pottsville Public Schools is making on-line information and communications services accessible to students and staff. The following policy statements are effective on the date provided in Section VI.

Section I: General Principles

The internet is an unregulated communications environment. The district intends to make only school district K-12 curriculum related educational resources available to authorized users. This shall be accomplished in the following manner:

1. All connections to the Internet, commercial on-line resources, or community access information networks will be through the district's APSCN (Arkansas Public School Computer Network) Gateway provider. It is the district's intent that encountering questionable material occurs only as a result of conscious choice on the part of the user.
2. All computers from which remote electronic information resources can be accessed will be in supervised areas. School district staff shall monitor student computer use providing assistance or taking corrective action when necessary.
3. Designated district staff shall assist in providing:
 - Training for students and other staff in the appropriate and safe use of remote electronic information resources.
 - Instruction to students and staff on the responsible use of on-line resources.
 - Direction to on-line resources that relate to curriculum, teaching and learning, and related communications priority activities and applications
 - Parents and staff with the opportunity to become aware of the district's policy and make available the Student Network User Policy for review.

Section II: User Responsibilities

1. Use of network resources is a privilege.
2. A certified or a designated non-certified professional staff member must be present to monitor the student use of e-mail and electronic on-line resources.
3. Student use will be permitted only to students who have signed and have on record a Student Network Contract Form. Students must not use another account to gain access to the network.
4. The user is responsible for following local, state, federal, and international copyright, intellectual property rights, and adhering to acceptable network use.
5. The user is responsible for protecting their own network accounts and is solely responsible for all actions taken while accessing and using information resources.
6. The user is expected to work in a moral and ethical fashion that supports district educational goals.
7. The user is responsible for adhering to the policies of other networks accessed.
8. User will not violate the integrity of a network or computer system, change its performance or intentionally make it malfunction, or add or delete any programs or information resources located on the server or local workstation unless acting upon the approved authorization of the district Technology Coordinator.
9. Authorized district personnel reserve the right to occasionally access student e-mail accounts to monitor activity.
10. In general, a user is not authorized to transfer programs to or from the district's local area network. All such transfers shall be completed or directed by the district's Technology Coordinator.
11. A user's privilege of access to remote electronic information resources shall be temporarily revoked for inappropriate use or violation of the district's policy. In each specific case, such action must be initiated by the professional staff monitoring such activities. Violations shall be documented. Documented violations and repeated violations by a user shall be presented to the school administrator for appropriate action following the guidelines of general school disciplinary policy or guidelines developed by the administration and approved by the School Board specifically with the regard to the district's Student Network User Policy.

Section III: Proper Respect for Copyright

In an effort to encourage the proper respect for copyright on the Internet, the following guide for student users is provided:

- if the user did not create a non-public domain written work, piece of art, photograph or music, or obtain distribution rights to it, the user does not own it.
- If the user does not own the non-public domain material, the user may not copy it or distribute it to others.
- The author of a document or other type of information must explicitly relinquish rights in order to place a work in the "public domain" and thereby make copying/distribution without specific authorization possible.
- Fair use allows the user to copy small portions of a work the user does not own without permission, but only for criticism, education, news reporting, and the like.
- When in doubt, the user should ask the creator or owner of the material for permission to use the work.

Section IV:

With regard to all matters described or implied within the Pottsville School District Student Network User Policy document, the School Board shall follow its current general policies for due process relative to students. The primary purpose of enforcing these policies shall be to maintain an atmosphere of a wholesome learning environment for both students and staff and promote personal responsibility and professionalism. The Board recognizes and hereby acts responsibly relative to existing federal and state law that apply to the areas addressed in this policy document.

Section V:

This policy document shall be reviewed periodically and amended when necessary by action of the Pottsville School Board according to Board policies for addressing and acting on such issues that may affect Board policy documents.

Section VI:

This policy shall be effective beginning February 19, 1996.

Section VII: Student Internet and Computer System Service Account

The following form shall be used to provide a record of the assignment of student user account names.

Student Network Contract Form

I have read the Pottsville Public School's Student User Policy document. I take personal responsibility for the abiding by the terms and conditions set forth. I further understand that violation and abuse of copyright and intellectual property rights is unethical and may constitute a federal or state offence. I understand that should I commit any violation of the district network user policy, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be pursued in the context of general board policy on due process.

Student User Name (print): _____

Student User Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

*If the applicant is under the age of 18, a parent/guardian must also sign.

Parent or Guardian Permission Form

As the parent or guardian of this student, I have read the Pottsville Public Schools Student Network User Policy. I understand that the access to and the use of electronic network resources is designed for educational purposes and that the Pottsville School District has taken precautions to eliminate access to controversial material. However, I also recognize it as impossible for the school district to restrict access to all controversial materials and I will not hold the district responsible for material acquired on the network. Further, I accept full responsibility for supervision if and when my child's use of school district network resources are accessed and used in a non-school setting. I have read the Student Network Contract Form and hereby give my permission to issue and account for my child.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Work Phone: _____ Home Phone: _____

Dear Parent/Guardian:

Children need healthy meals to learn. Your child's school offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals.

1. Do I need to fill out an application for each child? No. You can 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 your children's school.**

2. Who can get free meals? All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) can get free meals regardless of your income. Also, your children can get free meals if your household gross income is within the free limits on the Federal Income Eligibility Guidelines.

3. Can foster children get free meals? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

4. Can homeless, runaway and migrant children get free meals? Yes, children who meet the definition of homeless, runaway or migrant qualify for free meals. If you haven't been told your children will get free meals, **please call or e-mail your child's school to see if they qualify.**

5. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Eligibility Chart, shown on this application.

6. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals? Please carefully read the letter you got and follow the instructions. Call your child's school if you have questions.

7. My child's application was approved last year. Do I need to fill out another 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 free meals for the new school year.

8. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

9. Will the information I give be checked? Yes, we may ask you to send written proof.

10. 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 or reduced price meals if the household income drops below the income limit on the Federal Income Eligibility Guidelines.

11. 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 to have the decision reviewed.

12. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

13. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) **who share income and expenses.** You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

14. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

15. We are in the military, do we include our housing allowance as income? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

16. My spouse is deployed to a combat zone. Is the combat pay counted as income? No, if the combat pay is received in addition to the basic pay because of the deployment and it wasn't received before the deployment, combat pay is not counted as income. Contact your child's school for more information.

17. My family needs more help. Are there other programs we might apply for? To find out how to apply for other assistance benefits contact your local assistance office.

18. The free and reduced lunch statistics allow our schools to receive technology funding from the federal government. It provides access to the Internet and distance learning services. Please help us by returning this form.

INSTRUCTIONS FOR APPLYING

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, follow these instructions:

Part 1: List all child(ren)'s attending this district by name, school, grade.

Part 2: Complete the name of the household member receiving SNAP benefits and the SNAP case number.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

Part 6: If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

If NO ONE in your household receives SNAP benefits AND if all child(ren) in your household is/are foster child(ren):

Part 1: List all the child(ren) in the household attending school at this district by name, school, and grade.

Check the box for each child(ren) that is the legal responsibility of welfare agency or court.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

Part 6: If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

ALL OTHER HOUSEHOLDS, including households with both foster and non-foster children in the same household and WIC households, follow these instructions:

Part 1: List each child's name, school, and grade. Check the box for each child(ren) that is the legal responsibility of welfare agency or court.

Part 2: If the household does not have a SNAP case number skip this part. If a SNAP case number is listed skip to Part 4 of this form.

Part 3: Follow these instructions to report total household income for the month.

Column 1: Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them. Next to each person's name list the gross income for each type of income received for the month, and how often the money is received. **Gross income is the amount earned before taxes and other deductions.**

Column 2: Gross income from work and how often it was received. List the **gross income** (not take home pay) each person earned from work. The amount should be listed on your pay stub, or your boss can tell you. **Next to the amount, write how often the person receives the income (for example: weekly, every other week, twice a month, or monthly).** For **ONLY** the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm or rental property. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it.

Column 3: List the amount each person got for the month from welfare, child support, alimony,

Column 4: List the amount each person got for the month from pensions, retirement, Social Security Supplemental Security Income (SSI), Veteran's benefits (VA benefits),

Column 5: List the amount each person got for the month from ALL OTHER INCOME SOURCES, including Workers' Compensation, unemployment or strike benefits; regular contributions from people who do not live in your household and any other income. Do not include the SNAP benefits, federal education benefits and foster payments received by the family from the placing agency.

If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 6—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have a Social Security Number.

Part 5: Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

Part 6: If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

Part 1. Children in School at this District

Names of all children in school at this district (First, Middle Initial, Last)	School Name	Grade	Check if a foster child (legal responsibility of welfare agency or court). If all children listed below are foster children, skip to part 4 of this form.
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Part 2. SNAP Benefits: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) benefits, provide the name and case number or other SNAP identifier for any household member that receives benefits and skip to Part 4. If no one receives SNAP benefits, skip to Part 3. This is NOT the EBT card number.

Name: _____ Case Number: _____

Part 3. Total Household Gross Income — You must tell us how much and how often

A. Name (List everyone in household)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	Earnings from work before deductions Income / How often	Welfare, child support, alimony Income / How often	Pensions, Retirement, Social Security, SSI, VA benefits Income / How often	All Other Income Income / How often	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4. Signature and Last Four Digits of Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this form.)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Social Security Number: xxx-xx-_____ (last 4 digits only)
 Print Name: _____ I do not have a Social Security Number
 Phone Number: _____ Address: _____
 Date: _____ City, State, Zip: _____

Part 5. Children's racial and ethnic identities. Mark one box in each category (optional).

<p>Choose one or more (regardless of ethnicity):</p> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American	<p>Choose one ethnicity:</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latin
---	---

Part 6. 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).

Don't fill out this part. This is for school use only. Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
 Total Income: _____ Per: _____ Week, _____ Every 2 Weeks, _____ Twice a Month, _____ Month, _____ Year
 Household size: _____ SNAP* (food stamps): _____ Categorically Eligible: _____ Date Withdrawn: _____
 Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Determining Official's Signature: _____ Determination Date: _____

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART			
For School Year 2014-2015			
Household size	Yearly	Monthly	Weekly
1	\$ 21,590	\$1,800	\$ 416
2	\$ 29,101	\$2,426	\$ 560
3	\$ 36,612	\$3,051	\$ 705
4	\$ 44,123	\$3,677	\$ 849
5	\$ 51,634	\$4,303	\$ 993
6	\$ 59,145	\$4,929	\$ 1,138
7	\$ 66,656	\$5,555	\$ 1,282
8	\$ 74,167	\$6,181	\$ 1,427
Each additional person:	\$ 7,511	\$ 626	\$ 145

***SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)**

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

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), case for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: 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.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/index.html), found online at <http://www.ascr.usda.gov/index.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.

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).

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