



# Pottsville Elementary School

1-3

87 South B Street

Pottsville, AR 72858

PHONE: (479) 968-2133 FAX: (479) 968-7672

shannon.davis@pottsville.k12.ar.us

Larry Dugger  
Superintendent

Shannon Davis  
Principal

Date: \_\_\_\_\_

Please send all cumulative school records of the following student(s) including transcript of grades, health records (including immunizations and birth certificate), all special education records, and any other information available that would be helpful in placing the student(s) listed below.

| Student | Date of Birth | Grade |
|---------|---------------|-------|
| _____   | _____         | _____ |
| _____   | _____         | _____ |
| _____   | _____         | _____ |

Please indicate school last attended:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address of School

**2016-2017 Student Data Form  
Pottsville Elementary School**

Date: \_\_\_\_\_

\_\_\_\_\_  
Social Security# (optional)      First Name      Middle Name      Last Name

Sex: (circle)    M    F    Date of Birth: \_\_\_\_\_    Grade: \_\_\_\_\_

Previous School: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

|              |          |        |
|--------------|----------|--------|
| Ethnic Code: |          |        |
| Black        | Asian    | Indian |
| White        | Hispanic |        |

\_\_\_\_\_  
Home Mailing Address

\_\_\_\_\_  
Home Physical Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

Home Phone: \_\_\_\_\_    Name / Ages / Grades of Siblings: \_\_\_\_\_

**GUARDIAN / CUSTODIAL INFORMATION**

|                              |  |   |  |  |
|------------------------------|--|---|--|--|
| Living With:<br>(Circle One) | A - Alone<br>D - Father/ Stepmother<br>E - Mother / Stepfather | F - Father Only<br>G - Grandparents<br>H - Homeless | I - Institution<br>L - Legal Guardian<br>M - Mother Only | P - Both Parents<br>S - Spouse<br>T - Foster Parents |
|------------------------------|--|---|--|--|

**Guardian 1**

**Guardian 2**

Code: ( Circle One) 1-Both Parents 2-Father 3-Mother 4-Guardian

Code: ( Circle One) 1-Both Parents 2-Father 3-Mother 4-Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City,State,Zip: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
Name/Relationship to Student                      Phone Number

Emergency Contact Person: \_\_\_\_\_  
Name/Relationship to Student                      Phone Number

Emergency Contact Person: \_\_\_\_\_  
Name/Relationship to Student                      Phone Number

**My child has been expelled from school in another school district or is a party to an expulsion proceeding.**     Yes     No

In addition as guardian, my signature indicates that my child is a legal student at Pottsville Elementary because of being (1) \_\_\_\_\_ a legal transfer, (b) \_\_\_\_\_ school choice, or (c) \_\_\_\_\_ 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 the appropriate fine.

Parent/Guardian \_\_\_\_\_    Date: \_\_\_\_\_

# Pottsville Elementary School

Fecha: \_\_\_\_\_

|   |               |  |                          |
|---|---------------|--|--------------------------|
| Seguro Social #   | Primer nombre | Segundo Nombre                             | Apellido (Nombre Pasado) |
| Sexo: (círculo) <input type="checkbox"/> M <input type="checkbox"/> F |               | Fecha de nacimiento: _____                 | Grado: _____             |
| Escuela Anterior: _____   |               |  |                          |
| Escuela Dirección: _____  |               |  |                          |
| Ciudad, Estado, Código postal: _____                                  |               |  |                          |
| Dirección caja postal _____   |               | dirección de la casa _____                 |                          |
| Ciudad, Estado, Código postal: _____                                  |               | Ciudad, Estado, Código postal: _____       |                          |
| teléfono casa _____   |               | Nombres/ Edades/ Grados de hermanos: _____ |                          |

Código Étnico: (círculo uno)

|        |          |       |
|--------|----------|-------|
| Negro  | Asiático | Indio |
| Blanco | Hispano  |       |

### TUTOR/ INFORMACIÓN DE LA CUSTODIA

|   |   |   |   |  |
|---|---|---|---|--|
| Viven con:<br>(ponga un círculo)                              | A - Solamente<br>D - Padre/ Madrastra<br>E - Madre/ Padrastra | F - Padre Solamente<br>G - Abuelos<br>H - Sin Hogar           | I - Institución<br>L - Tutor Legal<br>M - Madre Solamente | P - Ambos Padres<br>S - Esposo<br>T - Padres Adoptivos |
| Tutor 1   | Tutor 2   |   |   |  |
| código: ( Círculo Uno) 1-Ambos Padres 2-Padre 3-Madre 4-Tutor |   | código: ( Círculo Uno) 1-Ambos Padres 2-Padre 3-Madre 4-Tutor |   |  |
| Nombre: _____   |   | Nombre: _____   |   |  |
| Dirección: _____  |   | Dirección: _____  |   |  |
| Ciudad, Estado, Código postal: _____                          |   | Ciudad, Estado, Código postal: _____                          |   |  |
| Teléfono Casa: _____  |   | Teléfono Casa: _____  |   |  |
| Teléfono De EL Celular: _____                                 |   | Teléfono De EL Celular: _____                                 |   |  |
| Patrón: _____   |   | Patrón: _____   |   |  |
| Teléfono Del Trabajo: _____                                   |   | Teléfono Del Trabajo: _____                                   |   |  |

|  |                                 |                    |
|--|---------------------------------|--------------------|
| Persona a contactar en caso de emergencia: | Nombre / Relación al estudiante | Número De Teléfono |
| Persona a contactar en caso de emergencia: | Nombre / Relación al estudiante | Número De Teléfono |
| Persona a contactar en caso de emergencia: | Nombre / Relación al estudiante | Número De Teléfono |

Han expulsado de escuela en otro distrito de la escuela o es un partido a mi niño a un procedimiento de la expulsión.     SI?     NO

Además como tutor, mi firma indica que mi niño es un estudiante legal en Pottsville elemental debido a ser (1) \_\_\_\_\_ a la transferencia legal, (opción del b) \_\_\_\_\_ school, o (c) \_\_\_\_\_ un residente del distrito de la escuela. Cualquier persona que dé con conocimiento una dirección residencial falsa para los propósitos de la inscripción de la escuela pública es culpable de un delito menor y conforme a la multa apropiada.

Padre / tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

2016-2017 Student Data Form  
Pottsville Elementary School

Date: \_\_\_\_\_

Social Security# (optional) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Sex: (circle) M F Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

|              |          |        |
|--------------|----------|--------|
| Ethnic Code: |          |        |
| Black        | Asian    | Indian |
| White        | Hispanic |        |

Home Mailing Address \_\_\_\_\_

Home Physical Address \_\_\_\_\_

City State Zip \_\_\_\_\_

City State Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Name / Ages / Grades of Siblings: \_\_\_\_\_

**GUARDIAN / CUSTODIAL INFORMATION**

|                              |  |   |  |  |
|------------------------------|--|---|--|--|
| Living With:<br>(Circle One) | A - Alone<br>D - Father/ Stepmother<br>E - Mother / Stepfather | F - Father Only<br>G - Grandparents<br>H - Homeless | I - Institution<br>L - Legal Guardian<br>M - Mother Only | P - Both Parents<br>S - Spouse<br>T - Foster Parents |
|------------------------------|--|---|--|--|

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**Guardian 2**

Code: ( Circle One) 1-Both Parents 2-Father 3-Mother 4-Guardian

Code: ( Circle One) 1-Both Parents 2-Father 3-Mother 4-Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City,State,Zip: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

|                                 |              |
|---------------------------------|--------------|
| Emergency Contact Person: _____ | _____        |
| Name/Relationship to Student    | Phone Number |
| Emergency Contact Person: _____ | _____        |
| Name/Relationship to Student    | Phone Number |
| Emergency Contact Person: _____ | _____        |
| Name/Relationship to Student    | Phone Number |

**My child has been expelled from school in another school district or is a party to an expulsion proceeding.  Yes  No**

In addition as guardian, my signature indicates that my child is a legal student at Pottsville Elementary because of being (1) \_\_\_\_\_ a legal transfer, (b) \_\_\_\_\_ school choice, or (c) \_\_\_\_\_ 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 the appropriate fine.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**POTTSVILLE SCHOOL DISTRICT**  
**STUDENT MEDICAL INFORMATION**

(PLEASE PRINT CLEARLY)

Student's Name \_\_\_\_\_

S.S. # \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Ethnic Code (Circle One) Asian Black Hispanic Indian White Other \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Work \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's Work \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Name and ages of all siblings \_\_\_\_\_

E-Mail Address (Optional) \_\_\_\_\_

Please list **two** local people to contact if above cannot be reached:

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Family Doctor \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Does Student Take Any Medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate type of medication: \_\_\_\_\_

Side Effects (if any) \_\_\_\_\_ Any Drug Allergy \_\_\_\_\_

**\*SEE SCHOOL DISTRICT MEDICATION POLICY FOR ANY MEDICATION NEEDED WHILE AT SCHOOL**

(SEE HANDBOOK FOR CURRENT MEDICATION POLICY)

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 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 here \_\_\_\_\_

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

Does Student Have An ARKIDS 1st/Medicaid Card? Yes \_\_\_\_\_ No \_\_\_\_\_ (#) \_\_\_\_\_

Can Medicaid information be shared for 3<sup>rd</sup> party Medicaid billing? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Billing for Vision and hearing screenings only)

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian

**DISTRITO ESCOLAR POTTSVILLE**  
**INFORMACION MÉDICA DEL ESTUDIANTE**

(Escriba claramente)

Nombre del estudiante: \_\_\_\_\_  
Núm. de seguro social: \_\_\_\_\_ Fecha de Nac. \_\_\_\_\_ Sexo \_\_\_\_\_ Grado \_\_\_\_\_  
Código étnico (circular) Asiático Negro Hispano Indígena Blanco Otro \_\_\_\_\_  
Domicilio \_\_\_\_\_ Ciudad \_\_\_\_\_ Zona P. \_\_\_\_\_  
Padre/Tutor \_\_\_\_\_ Tel. de casa \_\_\_\_\_  
Lugar de trabajo del padre \_\_\_\_\_ Tel. \_\_\_\_\_ Cel. \_\_\_\_\_  
Lugar de trabajo de la madre \_\_\_\_\_ Tel. \_\_\_\_\_ Cel. \_\_\_\_\_  
Nombres y edad de los hermanos (as) \_\_\_\_\_  
Correo electrónico (opcional) \_\_\_\_\_

Favor de proporcionar dos contactos en caso de no encontrar a los enlistados anteriormente.

Nombre \_\_\_\_\_ Tel de casa \_\_\_\_\_  
Tel de trabajo \_\_\_\_\_ Cel. \_\_\_\_\_  
Nombre \_\_\_\_\_ Tel. de casa \_\_\_\_\_  
Tel. de trabajo \_\_\_\_\_ Cel. \_\_\_\_\_  
Médico familiar \_\_\_\_\_ Clínica \_\_\_\_\_ Tel. \_\_\_\_\_

¿El estudiante, toma algún medicamento? Sí \_\_\_ No \_\_\_

¿Qué tipo de medicina? \_\_\_\_\_  
Efectos secundarios: \_\_\_\_\_ ¿Alergia a alguna medicina? \_\_\_\_\_

**\*VER LA POLIZA ESCOLAR DE MEDICAMENTO PARA CUALQUIER MEDICINA  
NECESARIA MIENTRAS ESTE EN LA ESCUELA**

(Ver el manual actual para la póliza de medicamento)

¿Algún profesionista certificado ha diagnosticado al estudiante con ADD/ADHD? Sí \_\_\_ No \_\_\_

**\*\* Si es así, proporcionar una copia de la evaluación que lo confirma\*\***

¿El estudiante padece algún problema de salud del cual el maestro/enfermera deben ser notificados? (diabetes, asma, epilepsia, problemas auditivos, alergia, mordidas de avispas, abejas, etc.? Sí \_\_\_ No \_\_\_

Si es ASI favor de explicar \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

¿Puede ser compartida esta información con el personal involucrado con su hijo? Sí \_\_\_ No \_\_\_

¿Tiene el estudiante cobertura de ARKIDS 1st/Medicaid? YES \_\_\_ NO \_\_\_ (Núm.) \_\_\_\_\_

¿Por motivo de facturación a terceros, podemos compartir le información de Medicaid? Sí \_\_\_ No \_\_\_

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del padre/tutor

Pottsville Elementary  
After-School Student Dismissal Information

- 3:05 Early Car-Rider
- 3:10 Parents who need to park in the lot and walk to building to pick up child
- 3:25 Late Car-rider (Siblings from Middle-School)
- 3:25 Bus Riders

- As always, the safest method of picking up your child is through the car-rider line. Whoever is picking up your child should have a car-rider tag.
- If you need to park in the lot and walk to the building to pick up your child, you will be issued a "pass" to identify you with your child. Please use the following procedures if you have this need:
  - Please park on the south side of the parking lot (nearest the middle school).
  - Report to the awning nearest the 1<sup>st</sup>/2<sup>nd</sup> Grade hallway.
  - Students will be kept inside the hallway and designated personnel will bring your child out.
  - A "pass" will be issued to the person responsible for picking up your child.
- Students with siblings walking from the middle school to the elementary will dismiss at 3:25.
- Anytime your child's pick-up time or method changes please send a note to his/her teacher or call the office (968-2133).

Child's Name: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_

**Please check one of the following:**

**My child will dismiss at:**

- 3:05 Early Car-Rider**
- 3:10 Parents needing to park and walk to building to pick up child**
- 3:25 Late Car-rider (Siblings from Middle-School)**
- 3:25 Bus Riders**

**Bus Number:** \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



AGRICULTURAL QUESTIONNAIRE FORM  
Pottsville Public Schools

*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?

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

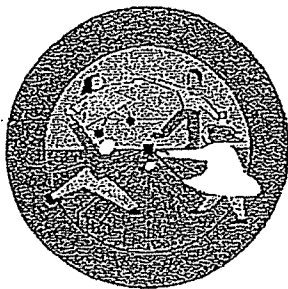
When is the best time to contact you to determine if your children qualify for these free services? \_\_\_\_\_

PLEASE RETURN THIS QUESTIONNAIRE TO SCHOOL TOMORROW.

Thank you!



PLEASE INCLUDE THIS  
FORM IN ENROLLMENT  
PACKETS.



## Cuestionario de Empleo para Agricultura Escuela Públicas de Pottsville

SUS NIÑOS PUDEN CALIFICAR PARA CLASES PRIVADAS, LIBROS, UTILES ESCOLARES, PAQUETES PREESCOLARES, CURSOS POR CORRESPONDENCIA de PREPARATORIA, las BECAS PARA el COLEGIO O VO-TECNOLOGIA, Y SERVICIOS DE SALUD LIMITADOS.

NOMBRE de ESTUDIANTE \_\_\_\_\_ GRADO \_\_\_\_\_ FECHA \_\_\_\_\_

NOMBRE de PADRE (S) \_\_\_\_\_

TELEFONO # \_\_\_\_\_ MENSAJE/NUMERO de CEL \_\_\_\_\_

NOMBRE del CALLE \_\_\_\_\_ NUMERO de CASA O APARTEMENTO \_\_\_\_\_

CIUDAD/ESTADO \_\_\_\_\_ CODIGO POSTAL \_\_\_\_\_

¿HA MUDADO CON SU FAMILIA A TRAVES DE la LINEA del DISTRITO de la ESCUELA DENTRO de LOS PASADOS TRES AÑOS a BUSCAR O TRABAJAR EN CUALQUIERA de LOS TRABAJOS SIGUIENTES?

SI \_\_\_\_\_

NO \_\_\_\_\_

- PROCESAMIENTO DE POLLO/PAVO
- AGADANDO POLLO, o VACUNAR POLLO
- AGRICULTURA/AVECULTURA  
(Por ejemplo: ganado, Lechería, Pollo, Frutas, Verduras, El césped)
- CORTAR O PLANTAR ARBOLES (Plantar, marcando, cortando)
- TRABAJAR CON ABEJAS
- COSECHAR FRUTA O VERDURAS
- PUDIENDO FRUTO O VERDURAS
- TRABAJAR EN UN GRANERO
- TRABAJAR EN UNA PISCIFACTOÍA, PESCANDO POR DINERO.
- LIMPIADORA DE ALGODÓN

POR FAVOR VUELVA ESTE SOLICITUD A LA ESCUELA MAÑANA.

GRACIAS!

**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)

|  | <b>English</b><br>(Inglés) | <b>Spanish</b><br>(Español) | <b>Other</b><br>(Otro) |
|--|----------------------------|-----------------------------|------------------------|
| <b>What language is spoken in your home most of the time?</b><br>(¿Cuál es el idioma que habla más en su casa?)                                      |                            |                             |                        |
| <b>What language does the student speak most of the time?</b><br>(¿Cuál es el idioma que habla más el estudiante?)                                   |                            |                             |                        |
| <b>What language do parents/guardians speak to the student most of the time?</b><br>(¿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)

**Pottsville Elementary School**  
**Special Information Sheet**  
(Optional)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Dear Parents: In order that we may better serve your child, please answer the following questions.

|   | Yes   | No    |
|---|-------|-------|
| 1. My child was enrolled in a special program.<br>Name of program: _____                                    | _____ | _____ |
| 2. My child was seeing a speech therapist.  | _____ | _____ |
| 3. My child needs to wear glasses at school.  | _____ | _____ |
| 4. My child has a hearing problem.  | _____ | _____ |
| 5. My child takes medication.<br>Name of medication: _____  | _____ | _____ |
| 6. My child has special needs.  | _____ | _____ |
| 7. My child was in a gifted and talented program.   | _____ | _____ |
| 8. My child was seeing the school counselor.  | _____ | _____ |
| 9. Can child be released to either parent?<br>(If not, are custody papers on file in your child's records?) | _____ | _____ |

Other Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Escuela Primaria de Pottsville**  
**Información Especial**  
**(Opcional)**

Nombre del Niño(a): \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_

Grado: \_\_\_\_\_

Queridos Padres: Para que podamos ayudarle mejor a su hijo(a), por favor conteste las siguientes preguntas:

|  | Si    | No    |
|--|-------|-------|
| 1. Mi hijo(a) a estado inscrito en un programa especial.<br>Nombre del Programa: _____   | _____ | _____ |
| 2. Mi hijo(a) estaba visitando a un terapeuta del habla  | _____ | _____ |
| 3. Mi hijo(a) necesita usar lentes en la escuela.  | _____ | _____ |
| 4. Mi hijo(a) tiene problemas auditivos.   | _____ | _____ |
| 5. Mi hijo(a) toma medicina.<br>Nombre de la medicina: _____   | _____ | _____ |
| 6. Mi hijo(a) tiene necesidades especiales.  | _____ | _____ |
| 7. M hijo(a) estaba en un programa de niños dotados y talentosos   | _____ | _____ |
| 8. Mi hijo(a) estaba visitando a la consejera de la escuela  | _____ | _____ |
| 9. Puede el niño(a) ser recogido por cualquiera de los padres?<br>( Si no se puede, estan los papeles de custodia en archivo con los documento del niño(a)?) | _____ | _____ |

Otra Informacion:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# 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 STATUS SURVEY

Si usted (el estudiante) está viviendo con un o ambo padres en una vivienda de una familia, desatienda por favor esta forma.

Llene este formulario SOLAMENTE: Si

- El estudiante está viviendo con cualquier padre en una vivienda multifamiliar (más de una familia en el hogar) Student is living in a motel
- El estudiante está viviendo en un casa hogar
- el estudiante está viviendo en el ambiente inferior al nivel normal
- El estudiante está viviendo con alguien con excepción de padre

nombre del niño: \_\_\_\_\_ Edad: \_\_\_\_\_ Sexo: \_\_\_\_\_

Grado: \_\_\_\_\_ Profesor De tiempo completo: \_\_\_\_\_

Nombre Del Padre: \_\_\_\_\_ Teléfono de la casa: \_\_\_\_\_

dirección: \_\_\_\_\_

estas viviendo en: (compruebe uno)

Apartamento \_\_\_\_\_

Casa hogar juvenil \_\_\_\_\_

Casa \_\_\_\_\_

parque/ sitio para acampar \_\_\_\_\_

Vehículo \_\_\_\_\_  
(coche, campista, autobús)

hogar móvil \_\_\_\_\_

Caso hogar \_\_\_\_\_

Otro \_\_\_\_\_

usted vive con:

Padre \_\_\_\_\_ Amigo \_\_\_\_\_ Tía/ Tío \_\_\_\_\_ Padre Adoptivo \_\_\_\_\_

hermana/ hermano \_\_\_\_\_ Abuelos \_\_\_\_\_ Otro \_\_\_\_\_

¿Vive usted consu guardian legal? Si \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Firma Del Padre)

Acto sin hogar de la ayuda de McKinney - de Vento - ningún niño se fue detrás del acto de 2001

Para el uso de la oficina solamente:

Copia y elasticidad del archivo uno de la secretaria (1) una (1) copia al supervisor de la cafetería..

\_\_\_\_\_  
\_\_\_\_\_ (Firma)



# Pottsville Elementary School

87 South B Street

Pottsville, AR 72858

PHONE: (479) 968-2133 FAX: (479) 968-7672

[shannon.davis@pottsville.k12.ar.us](mailto:shannon.davis@pottsville.k12.ar.us)

Larry Dugger  
Superintendent

Shannon Davis  
Principal

Dear Parent or Guardian:

Pottsville Elementary School receives federal funds for Title I, Part A programs. Throughout the school year, we will be providing you with important information about this law and your child's education. This letter lets you know about your right to request information about the qualifications of the classroom staff working with your child.

Parents have the right to request information regarding the professional qualifications of the classroom teachers(s) who instructs your child. If you request this information, the district or school will provide you with the following information in a timely manner:

1. Whether your child's teacher has met the state requirements for licensure and certification for the grade level and subject in which the teacher is providing instruction;
2. Whether the teacher is teaching under emergency or other provisional status for which state licensing requirements have been waived;
3. The college degree majors and any other graduate certification or degree held by the teacher, and the fields of discipline of the certification or degree; and
4. Whether your child is provided services by a paraprofessional, and if so, his or her qualifications.

If you would like to request this information, please contact me by phone at 968-2133 or by e-mail at [shannon.davis@pottsville.k12.ar.us](mailto:shannon.davis@pottsville.k12.ar.us).

If at any time your student has been taught for four (4) or more consecutive weeks by a teacher(s) that is not highly qualified, you will be notified by the school of this information.

Should you have any other questions regarding your child's education, please don't hesitate to call me at the number below.

Respectfully,

Shannon Davis  
Pottsville Elementary School Principal  
479-968-2133

# Escuela Primaria Pottsville

87 South B Street  
Pottsville, AR 72858

Teléfono: (479) 968-2133 FAX: (479) 968-7672

[Shannon.davis@pottsvilleschools.org](mailto:Shannon.davis@pottsvilleschools.org)

Larry Dugger  
Superintendente

Shannon Davis  
Director

Estimados padres/tutores:

La escuela primaria Pottsville recibe fondos federales para los programas Parte A, Título I. Durante el año escolar, le estaremos dando información importante de esta ley y de la educación de su hijo. Esta carta es para hacer de su conocimiento que Ud. Tiene el derecho de pedir informes acerca de las calificaciones del personal que trabaja con su hijo en su aula escolar.

Los padres tienen el derecho de pedir informes referentes a las calificaciones profesionales de las maestras que instruyen a su hijo. Si Ud. Pide esta información, el distrito o la escuela le proveerán la siguiente información de manera oportuna.

1. Si el maestro de su hijo ha cumplido con los requisitos estatales u otro status provisional para su licenciatura y certificación para el nivel de grado y materia en las cuales el maestro imparte su enseñanza.
2. Si el maestro esta enseñando bajo un status de emergencia o provisiona por lo cual los requisitos del estado para la licencia han sido cedidos.
3. Los títulos universitarios con especialidades y cualquier otra certificación o titulo que el maestro posea, y el ámbito de disciplinario de la certificación o titulo; y
4. Si su hijo está recibiendo servicios a través de un paraprofesional (asistente de maestro), y si así fuera, se le mostraran sus aptitudes.

Sí, a Ud. le gustaría obtener esta información, por favor comuníquese conmigo al Tel. # 968-2133 o vía correo electrónico: [shannon.davis@pottsvilleschools.org](mailto:shannon.davis@pottsvilleschools.org)

Sí, en cualquier momento su hijo ha recibido instrucción por cuatro (4) semanas o más, a través de un maestro(s) que no esté altamente calificado, Ud. será notificado por la escuela sobre este caso.

Sí, tiene alguna inquietud sobre la educación de su hijo(a), no dude en llamar.

Respetuosamente,

Shannon Davis  
Director del plantel  
479 968-2133



# 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 1.10; lunch costs 1.85/K-3 2.10/4-12. 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.

2. **FEDERAL INCOME ELIGIBILITY CHART For School Year 2016-2017**

| Household size          | Yearly | Monthly | Weekly |
|-------------------------|--------|---------|--------|
| 1                       | 21,978 | 1,832   | 423    |
| 2                       | 29,637 | 2,470   | 570    |
| 3                       | 37,296 | 3,108   | 718    |
| 4                       | 44,955 | 3,747   | 865    |
| 5                       | 52,614 | 4,385   | 1,012  |
| 6                       | 60,273 | 5,023   | 1,160  |
| 7                       | 67,951 | 5,663   | 1,307  |
| 8                       | 75,647 | 6,304   | 1,455  |
| Each additional person: | 7,696  | 642     | 148    |

**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 District

3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Kathy Cynova 87 So B Street Pottsville AR 72858.
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Kathy Cynova 479-968-8625 or [Kathy.cynova@pottsvilleschools.org](mailto:Kathy.cynova@pottsvilleschools.org) immediately.

5. CAN I APPLY ONLINE? NO We are not currently taking On-Line applications
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Larry Dugger 479-968-8101 or [larry.dugger@pottsvilleschools.org](mailto:larry.dugger@pottsvilleschools.org)
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, 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.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Kathy Cynova 479-968-8625 to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Supplemental Nutrition Assistance Program (SNAP) or other assistance benefits, contact your local assistance office or call [State hotline number].

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

Sincerely,

*Kathy Cynova*

# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in [School District]. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Pottsville Schools 479-968-8625 or Kathy.cynova@pottsvilleschools.org

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

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

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

### Who should I list here?

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

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

A) *List each child's name.* For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) *Is the child a student at Pottsville Schools?* Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Pottsville Schools. Include the name of the school and the grade for each child that is a student at the school district.

C) *Do you have any foster children?* If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) *Are any children homeless, migrant, or runaway?* If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

## STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)?

If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), your children are eligible for free school meals.

- A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN Supplemental Nutrition Assistance Program (SNAP):
- Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
  - Leave STEP 2 blank.
- B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN Supplemental Nutrition Assistance Program (SNAP):
- Circle 'YES' and provide a SNAP case number or SNAP Identifier Number. You only need to write one case number or identifier. If you participate in this program and do not know your case number or identifier number, contact: Dept of Human Services 479-968-5596]. You must provide a case number or identifier on your application if you circled "YES".
  - THIS IS NOT THE SIXTEEN (16) DIGIT EBT CARD NUMBER
  - Skip to STEP 4

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) **CHILD INCOME:** Report all income earned by children. Refer to the chart titled "Sources of Income for Children" in these instructions and report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

#### What is Child Income?

Child income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

#### Sources of Income for Children

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

#### B) 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.

- 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.
- 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.

- **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.
- **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.
- **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.
- **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/<br>Child Support  | Pensions/Retirement/<br>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><b>If you are in the U.S. Military:</b></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>• <i>Regular</i> 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 back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.





**OPTIONAL**

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

- Ethnicity (Check one):
- Hispanic or Latino
  - Not Hispanic or Latino
- Race (check one or more):
- American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, 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 or other SNAP identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

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

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

1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov) <<mailto:program.intake@usda.gov>>

This institution is an equal opportunity provider.

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 1<sup>st</sup>).

School use only

Total Income: \_\_\_\_\_

Per:  Week  Every 2 Weeks  Twice a Month  Month  Year

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

Eligibility:  Free  Reduced  Denied

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

Annual Income Conversion: show calculations

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

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

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

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

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

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