

# Enrollment Instructions & Requirements

1. Complete the enrollment form with accurate information. (Please do not abbreviate)
2. If you are unsure of whether or not you live in Tuttle School District, please call the School Administration Building at 405-381-2605.
3. Tuttle Public Schools enrollment forms are combined into one PDF document with fillable fields throughout. The document can be saved to your local computer to be edited at any time prior to printing. **All forms must be signed and dated by a Parent/guardian.**
4. Many of the enrollment form fields that are required on subsequent documents will auto transfer data to the additional forms, i.e. Name, Address, Date of Birth etc.
5. If you change any of these fields on any page in the packet, all linked fields will also change. For example, if you change the student's last name on the Health Information Form, it will change the student's last name on the Enrollment Form as well.
6. Please bring all of the following required documentation with you to the Central Enrollment Center:
  - Official (certified) birth certificate
  - Copies of two (2) current, complete proofs of residency in parent/guardian's name.
    - Current Mortgage Statement, Mortgage Contract, Warranty Deed, Proof of Insurance, Lease or Rental Contract (Must have physical address printed on it).
    - Current month's utility bill for electric, gas, or water (Must have physical address printed on it).
    - If you are temporarily or permanently living with another family member or friend in Tuttle School District, both you and the Primary Resident will be required to complete the TPS Verification of Residency Form at enrollment.
  - Educational Records
    - Transcript (for grades 9-12)
    - IEP or 504
    - Withdrawal form, issued by previous school (if during the school year)
  - Immunization records
  - Driver's License or State Issued Photo ID for parent or guardian
  - Legal documents (custody, guardianship, adoption, name change, etc.)

# Guide to Immunization Requirements in Oklahoma: 2020-21 School Year

All children two months of age and older must present an immunization record or file for an exemption before they are allowed to attend childcare or school in Oklahoma. Please read the bullets below for essential information.

Age/Grade	Required immunizations with cumulative doses required		Recommended immunizations
<b>Childcare</b> <i>Up to date for age</i>	4 DTaP (diphtheria, tetanus, pertussis) 1-4 PCV (pneumococcal) ◆ 1-4 Hib ( <i>Haemophilus influenzae</i> type B) ◆ 1 MMR (measles, mumps rubella) 1 Varicella (chickenpox)	3 IPV (polio) 2 Hep A (hepatitis A) 3 Hep B (hepatitis B)	Seasonal influenza (flu)
<b>Preschool/Pre-K</b>	4 DTaP (diphtheria, tetanus, pertussis) 1 MMR (measles, mumps rubella) 1 Varicella (chickenpox)	3 IPV (polio) 2 Hep A (hepatitis A) 3 Hep B (hepatitis B)	Seasonal influenza (flu) 2 <sup>nd</sup> varicella at 4 years old Polio on or after 4 <sup>th</sup> birthday
<b>Kindergarten-6th</b>	5 DTaP (diphtheria, tetanus, pertussis) ★ 2 MMR (measles, mumps rubella) 1 Varicella (chickenpox)	4 IPV (polio) ◀ 2 Hep A (hepatitis A) 3 Hep B (hepatitis B)	Seasonal influenza (flu) 2 <sup>nd</sup> varicella at 4 years old Polio on or after 4 <sup>th</sup> birthday
<b>7<sup>th</sup>-12<sup>th</sup></b>	1 Tdap (tetanus, diphtheria, pertussis) 5 DTaP (diphtheria, tetanus, pertussis) ★ 2 MMR (measles, mumps rubella) 1 Varicella (chickenpox)	4 IPV (polio) ◀ 2 Hep A (hepatitis A) 3 Hep B ■ (hepatitis B)	Seasonal influenza (flu) 2-3 HPV (human papillomavirus) 1-2 MCV4 (meningococcal ACWY) 2-3 Men B (meningococcal serotype B)

- The current childhood immunization schedule may be found at <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>.
- Doses administered 4 days or less, before the minimum intervals or ages, are counted as valid doses. This does not apply to the 28 day minimum interval between doses of live vaccine not administered on the same day.
- If a parent reports that their child had chickenpox disease, the child is not required to receive varicella vaccine. Record that the child had the disease.
- The first doses of measles, mumps and rubella (MMR), varicella, and hepatitis A vaccines must be administered on or after the child's first birthday (or within 4 days before the birthday) or they must be repeated.
- It is not necessary to restart the series of any vaccine if a dose was given late or if a dose is past due. Longer than recommended intervals between doses do not affect final immunity.
- Children may be allowed to attend childcare and school if they have received at least one dose of all the required vaccines due for their age or grade and the next doses are not yet due, but they must complete the remaining doses of vaccine on schedule. These children are "in the process" of receiving immunizations.
- Children attending licensed childcare facilities must be up-to-date for their age for the vaccines listed in the "Childcare" column.
- Hib and PCV vaccines are not required for students in pre-school, pre-kindergarten, or kindergarten programs operated by schools unless the facility is a licensed child care facility. Hib and PCV vaccines are required for children attending licensed child care facilities.
- ★ If the 4th dose of DTaP is administered on or after the child's 4th birthday, then the 5th dose of DTaP is not required.
- ◆ The number of doses of PCV and/or Hib may range from 1 to 4 depending on the age of the child when the first dose was given and type of Hib vaccine used.
- ◀ If the 3rd dose of IPV is administered on or after the child's 4th birthday and at least six months from the previous dose, then the 4th dose of IPV is not required.
- Students 11 through 15 years of age who have not received Hep B vaccine may receive a 2 dose series of Merck® Adult Hepatitis B vaccine to comply with this requirement. All other children (younger or older) must receive 3 doses of pediatric hepatitis B vaccine.



# TUTTLE PUBLIC SCHOOLS

## NEW STUDENT ENROLLMENT FORM: School Year \_\_ - \_\_

**Please attach 2 Current - lease/mortgage papers, gas, water or electric bill - as a proof of address.**

**Please Print**

### STUDENT INFORMATION

TPS STUDENT ID: \_\_\_\_\_  
(Office use)

STUDENT'S LEGAL NAME \_\_\_\_\_  
Last Name First Name Middle Name Suffix

20-21 Grade Level: \_\_\_\_\_

Age - As Of Sept. 1st \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Primary Phone Number: (\_\_\_\_)-\_\_\_\_\_

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

City: \_\_\_\_\_ State: **OK** Zip Code: \_\_\_\_\_

Mailing Address (If Same As Above, Leave Blank): \_\_\_\_\_

City: \_\_\_\_\_ State: **OK** Zip Code: \_\_\_\_\_

Housing Subdivision: \_\_\_\_\_ Bus #: \_\_\_\_\_  
(Office Use)

Directions if Rural Route: \_\_\_\_\_

Transportation to/from School: \_\_\_ Walker \_\_\_ Car Rider \_\_\_ Bus \_\_\_ Daycare \_\_\_\_\_  
(Name of Daycare)

Is the Student of Hispanic/Latino Culture or Origin? \_\_\_ Yes \_\_\_ No

What is the Student's Race? (Check one or more) \_\_\_ American Indian or Alaskan Native \_\_\_ Asian  
\_\_\_ Black or African American \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White

Birth Certificate: \_\_\_ Yes \_\_\_ No Student's Birthplace: \_\_\_\_\_  
(Office use) City State Country

Last School Attended: \_\_\_\_\_  
(Name of School) (Address if known) (City, State)

Last School Phone: (\_\_\_\_) - \_\_\_\_\_ Date First Enrolled In U.S. School: \_\_\_\_\_

Has the student attended Tuttle Public Schools in the past? \_\_\_ Yes \_\_\_ No

Is the student currently under suspension from another school district? \_\_\_ Yes \_\_\_ No  
Discipline records will be requested by Tuttle Public Schools. Continued enrollment is based on the receipt of satisfactory discipline records.

Has the student previously been adjudicated? \_\_\_ Yes \_\_\_ No

Does the student live in the Tuttle Public School District? \_\_\_ Yes \_\_\_ No

Has the student previously attended an Online School? \_\_\_ Yes \_\_\_ No, if yes list name \_\_\_\_\_

Is your student currently being served in any special programs? (Check all that apply)

\_\_\_ IEP \_\_\_ 504 Plan \_\_\_ Therapeutic Foster Care \_\_\_ Gifted/Talented \_\_\_ Title I



# Tuttle Public Schools

515 East Main Street  
Tuttle, Oklahoma 73089

## Legal Custody Questionnaire

The safety of your student is an on-going concern and our district makes every effort to comply with state and federal regulations regarding this issue. **For the protection of your child**, we are requesting the following information for our records.

Are the student's Biological Parents, listed on the birth certificate, married to each other and residing together with the student?    **Yes**      **No**

**If Yes**, do not answer the questions in the next section. Please sign and date at the bottom.

**If No**, Please indicate below with a check mark in each column those that apply:

### **Biological Parent Marital Status**

Married

Divorced

Never married

Parent deceased

Other \_\_\_\_\_

### **Legal Custody/ Guardianship Status**

Student lives with custodial parent

Parents have joint custody

Only one parent is on the birth certificate

Student lives with a legal guardian(s) and not parents

Students lives with Guardian that holds a TPS Power or Attorney

**Do legal custody/guardianship documents exist? Yes      No**

Most recent/current legal custody documents are on file with the school district.

I have not provided a copy of the most recent/current legal custody/guardianship documents - **I understand the school have to release my student and/or records to either parent listed on the birth certificate upon request.**

\_\_\_\_\_  
Parent/Guardian – Please print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian – Signature

\_\_\_\_\_  
Student Name

## PARENT/ LEGAL GUARDIAN INFORMATION

All Parent/Legal Guardians listed will have access to the student's records and to Tuttle Public Schools Parent Portal.

Step-Parents may only be listed in the Emergency Contact Section unless legal custody documentation is provided.

PARENT/LEGAL GUARDIAN #1: Relationship: \_\_\_ Father \_\_\_ Mother \_\_\_ Foster-Father \_\_\_ Foster-Mother \_\_\_ Legal Guardian

First Name

Middle Initial

Last Name

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP CODE: \_\_\_\_\_

HOME: (\_\_\_\_) - \_\_\_\_\_ CELL: (\_\_\_\_) - \_\_\_\_\_ WORK: (\_\_\_\_) - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

LIVES WITH STUDENT? \_\_\_ YES \_\_\_ NO CAN PICK UP? \_\_\_ YES \_\_\_ NO HAS CUSTODY? \_\_\_ YES \_\_\_ NO

PARENT/LEGAL GUARDIAN #2: Relationship: \_\_\_ Father \_\_\_ Mother \_\_\_ Foster-Father \_\_\_ Foster-Mother \_\_\_ Legal Guardian

First Name

Middle Initial

Last Name

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP CODE: \_\_\_\_\_

HOME: (\_\_\_\_) - \_\_\_\_\_ CELL: (\_\_\_\_) - \_\_\_\_\_ WORK: (\_\_\_\_) - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

LIVES WITH STUDENT? \_\_\_ YES \_\_\_ NO CAN PICK UP? \_\_\_ YES \_\_\_ NO HAS CUSTODY: \_\_\_ YES \_\_\_ NO

## EMERGENCY CONTACT INFORMATION

(Parents listed above are primary contacts. Please list below persons other than the parent/guardians.)

CONTACT PERSON (1): \_\_\_\_\_

First Name

Last Name

Relationship to Student

CELL: (\_\_\_\_) - \_\_\_\_\_ HOME: (\_\_\_\_) - \_\_\_\_\_ WORK: (\_\_\_\_) - \_\_\_\_\_

CONTACT PERSON (2): \_\_\_\_\_

First Name

Last Name

Relationship to Student

CELL: (\_\_\_\_) - \_\_\_\_\_ HOME: (\_\_\_\_) - \_\_\_\_\_ WORK: (\_\_\_\_) - \_\_\_\_\_

## SIBLING INFORMATION

(Please list any sibling(s) of the student that you are enrolling from oldest to youngest.)

SIBLING (1):

DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

First Name

Middle Name

Last Name

SIBLING (2):

DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

First Name

Middle Name

Last Name

SIBLING (3):

DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

First Name

Middle Name

Last Name

SIBLING (4):

DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

First Name

Middle Name

Last Name

## ENROLLMENT DECLARATION:

I hereby certify that I am the custodial parent and legal guardian or have obtained legal guardianship through the courts. I certify that I have verified my address to be a legal residence within the Tuttle Public Schools, Independent School District I-069. I also certify that all of the above information is true and correct.

Signature of Parent/Legal Guardian only

Date

Principal Signature (If Required)

Date

# Health Information Form: School Year: \_\_\_\_\_ Grade \_\_\_\_\_

To be completed by parent or guardian at the time of enrollment.

Name of Student: \_\_\_\_\_ Female Male

Student Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

	Yes	No		Yes	No
ADD/ADHD Diagnosed by MD			*Epinephrine for any Allergic Reaction		
Allergies			Hearing or Speech Issue		
*Asthma-Uses an Inhaler			Hearing Aid		
Bleeding Disorder			*Heart Condition		
Bladder/Bowel Issue			Mental Health Concerns		
Cancer			*Seizures		
Cystic Fibrosis			Stomach Issue		
Dental Issue			Vision: Contacts, Glasses or Cataract		
*Diabetes Type I or II			Other Issues:		

*\*Denotes an Individualized Health Plan is required. Contact the counselor at the student's attending site.*

If the answer to Seizures is **YES**, please list the type of seizure and the approximate date of the last seizure. \_\_\_\_\_

If the answer to any of the above is **YES**, especially an allergy, please tell us more: \_\_\_\_\_

Does your child have any special health care needs? **Yes** **No**

If **Yes**, please explain: \_\_\_\_\_

What Medication does your child take regularly? \_\_\_\_\_

What Medication will your child take at school? \_\_\_\_\_

Are there any other medical problems that you would like to share with Health Services? \_\_\_\_\_

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***\*\*A student requiring any over the counter, (OTC) or Prescription medication MUST have a current school year, 2020-2021, Medication Administration Record form on file. Contact the school for a Medication Administration Record.***

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Student Health Screenings are provided by third party designated screening personnel and may include both hearing and vision. I give my permission for my child to be screened: **Yes** **No**

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to Tuttle Public Schools: **Yes** **No**

Name of Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Emergency phone numbers Cell: \_\_\_\_\_ Other \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tuttle Public Schools  
American Indian Program

U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202

**TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)

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

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- \_\_\_\_\_ Federally Recognized
- \_\_\_\_\_ State Recognized
- \_\_\_\_\_ Terminated Tribe (Documentation required. Must attach to form)
- \_\_\_\_\_ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

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

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

**Release Agreements (Annual Permissions)****Tuttle Public Schools**

Parent and student understand responsibility for these areas:

Expectations and Student Code of Conduct - Student and parent understand the student will be held accountable for behavior and subject to disciplinary consequences outlined in the expectations and student code of conduct.

Student Handbook - I acknowledge that TPS does not provide a printed version of the Student Handbook, but that it can be accessed online at [www.tuttleschools.info](http://www.tuttleschools.info). I also acknowledge that it is my responsibility to familiarize myself with the information provided in the Student Handbook.

TPS Acceptable Use Policy (AUP) - Student and parent understand violating the TPS Acceptable Use Policy (AUP) may result in loss of Internet/computer privileges and /or other district disciplinary measures. Student is given parent permission to access, produce, video conference, and communicate information on the district network resources for the current school year for class assignments under the supervision of the teacher. **(See Student Handbook for Code of Conduct.)**

Textbook Responsibility - Parent will be responsible for any textbooks issued to student listed below for his/her use while he/she is enrolled in TPS.

Unless 'No' is checked below, parent and student agree to the following:

☐ No **Student Directory Information** - Parent gives permission for release of student information which may include: name, address, telephone number, parent names, date and place of birth, major field of study, class designation (grade), extracurricular participation, achievements or honors, photography or video, dates of attendance, and most recent educational institution student attended prior to enrolling in Tuttle district. If student is a member of an athletic team, student height and weight may be provided to third parties upon request. Directory information will be provided, without parental notification or written authorization, to third parties who requests the information.

☐ No **Military Recruiters** - Parent grants permission for TPS district to release directory information regarding the student listed below to military recruiters. **(HIGH SCHOOL ONLY)**

☐ No **Gifted and Talented Program** - Should my child be nominated for consideration of Tuttle Public School's Gifted and Talented Program, I give permission for him/her to be tested to determine eligibility. I understand that just because my student tested, it does not mean he/she will qualify. Additionally, I understand that I will receive written notification if my child does qualify.

☐ No **I give permission for my child to receive gifted and talented services if he/she is eligible.**

☐ No **Medical Treatment** - When a principal or teacher is unable to reach you in the event that your child is injured in an accident or becomes seriously ill, EMS may be called and the cost directed to you. EMS will only be called in medical emergencies and/or if you cannot be contacted. You must provide your school with current phone numbers and additional emergency contacts to be reached should your child become seriously ill or injured during school hours, thus requiring emergency medical treatment.

☐ No **Tutors and Mentors** - TPS is committed to offering opportunities for the community to be involved in our schools. Through this commitment, your child may be provided with a tutor, mentor, and/or other volunteers who will support educational achievement.

☐ No **Photo/Media Release Permission** - Under the supervision of the principal or district administrator for district activities, student and parent agree to the usage and/or publishing of student's name, photograph, video, and/or interview on the district website, social or news media websites, newspaper.

Student Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_







# TUTTLE PUBLIC SCHOOLS

## Student Enrollment Questionnaire



Student Name:	Date:	
Date of Birth:	Grade:	School:

Your child may be eligible for additional educational services through Title X, Part C McKinney Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

**Where are you and your family currently living? Please check one of the boxes below.**

### Section A

☐ Rent/own my own home or apartment

**STOP:** If you checked the box that you rent/own your home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not own/rent you home or apartment, please continue to the next section.

### Section B

Temporarily/Permanently live with another family member or friend until we can locate affordable housing  
In an emergency or transitional shelter  
In a vehicle, park, campground, or on the streets  
In a house, building, or trailer WITHOUT running water or electricity  
In a hotel or motel  
With an adult that is not a parent or legal guardian  
Alone or in different locations, without an adult serving as a caregiver  
Wherever I can find a place to stay at night  
Other Please Explain:

**If you checked a box in section B, in the space below please list all children currently living with you who attend Tuttle Public Schools.**

First and Last Name of Student	Male/Female	Date of Birth	Grade	School Name

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? ☐ YES ☐ NO

*The undersigned certifies that the information provided is correct and accurate.*

**Please Print Legibly**

Parent/Guardian or Adult Caring for Student: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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



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

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

Apply online:

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

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."  
  
Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

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

Check all that apply

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

If NO > Go to STEP 3.

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

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?  
  
Flip the page and review the charts titled "Sources of Income" for more information.  
  
The "Sources of Income for Children" chart will help you with the Child Income section.  
  
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income

\$

How often?

WeeklyBi-Weekly2x MonthMonthly

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

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

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X

X X

Check if no SSN

STEP 4 Contact information and adult signature. Mail Completed Form To:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date

## INSTRUCTIONS

## Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

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> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</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> <li>- Strike 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 benefits</li> <li>- Regular 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>

## OPTIONAL

## Children's Racial and Ethnic Identities

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

Ethnicity (check one):      Hispanic or Latino      Not Hispanic or Latino

Race (check one or more):      American Indian or Alaskan Native      Asian      Black or African American      Native Hawaiian or Other Pacific Islander      White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, 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), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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, audiotape, 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:

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

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

This institution is an equal opportunity provider.

## Do not fill out

## 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

How often?

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Household Size

Categorical Eligibility ☐

Eligibility:

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date