

Tri-Valley Central School

34 Moore Hill Rd.

Grahamsville, NY 12740 **PLEASE PRINT IN INK**

For Office Use Only:
 Grade _____ Homeroom _____ Bus # _____ ID# _____
 Date of Entry _____ Proof of Residency Supplied
 Proof of Birth: Birth Cert. Baptism Cert Physician's Cert Hospital Cert.

STUDENT'S NAME: _____
First *Middle* *Last*

Mailing Address: _____
Street

_____ *City* *State* *Zip*

911 Address (if different from above): _____
Street

_____ *City* *County* *State* *Zip*

Home Telephone: _____ **County of Residence:** _____

Gender: _____ (M/F) **Birth Date:** _____

Place of Birth: _____
City *State/Province* *Country*

Child Resides With:
 Both Parents: _____
 Mother: _____ Father: _____
 Other: _____

TRANSPORTATION INFORMATION (Transportation can only be provided within the Tri-Valley district)

Please Circle: My child will be transported to school from: HOME or BABYSITTER
 At dismissal my child will be transported to: HOME or BABYSITTER

Babysitter's Name: _____ Phone Number: _____

Babysitter's 911 Address: _____
Street(not P.O. Box) *City*

If LEGAL CUSTODY has been established, then fill in this portion.

Custody Type: Sole Joint 50/50 Temp Foster Visitation

_____ (person(s) with legal custody or guardianship) *(when established)*

_____ (person(s) with right to make educational decisions)

Special considerations/visitations/restrictions: _____

Mother/Guardian: (should receive mailings)

Full Name: _____

Salutation: _____

Relationship to Student: _____

Employer: _____

Work Phone: _____ Cell: _____

E-mail: _____

Address*: _____

(*If different from student) Emergency Contact Pick-up Rights

Father/Guardian: (should receive mailings)

Full Name: _____

Salutation: _____

Relationship to Student: _____

Employer: _____

Work Phone: _____ Cell: _____

E-mail: _____

Address*: _____

(*If different from student) Emergency Contact Pick-up Rights

Others living in the child's household:

Name	Age (if child)	Grade (if child)	Gender	Relationship to Child
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Tri-Valley Central School

34 Moore Hill Rd.
Grahamsville, NY 12740

Previous School: _____ Telephone for Previous School: _____

Dates Attended: _____ Grades Attended: _____ Fax for Previous School: _____

Language Spoken in Home? _____

Is your child Hispanic, Latino, or of Spanish origin? YES, Hispanic ____ NO, not Hispanic ____

Child's Ethnicity: American Indian ____ Asian ____ Black ____ Native Hawaiian/Pacific Islander ____
White ____

Health Comments: Glasses ____ Hearing ____ Seizures ____ Asthma ____ Allergies _____

DEVELOPMENTAL HISTORY: Do you have concerns about your child's development in any of the following areas?

Speech or Language? Yes No Physical Development? Yes No
Ability to Learn? Yes No Social or Emotional? Yes No

If you answered yes to any of the questions above, please explain: _____

Any Previous Special Education Programs? _____ In which grades? K-6 7-12

Any Previous Remedial Programs? _____ Any Previous Retention? _____

OTHERS TO BE CONTACTED IN CASE OF EMERGENCY (other than parent, in the order to be called)

Name	Salutation	Home Phone	Cell Phone	Work Phone	Relationship to Child	Emergency Contact	Authorized Pick-up
1) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Physician to be called in an emergency: _____ Tel.# _____

Hospital to be called in an emergency: _____ Tel.# _____

AUTHORIZED RELEASE FROM SCHOOL: I authorize the Tri-Valley School District to release my child during school hours to the individuals selected for "authorized pick-up" above.

(Signature of Parent)

(Date)



Tri-Valley Central School District

34 Moore Hill Road • Grahamsville, New York 12740

Phone (845) 985-2296

Michael Williams, Superintendent

Request For Records

Student's Name _____

(Grade _____ DOB _____) has enrolled in the Tri-Valley Central School District. Please forward copies of the information listed to the address(es) circled below:

- ✓ academic records
- ✓ birth certificate
- ✓ immunization records
- ✓ attendance records
- ✓ standardized testing
- ✓ health and dental records

Tri-Valley Central School
Registration and Attendance Office
34 Moore Hill Road
Grahamsville, NY 12740
(845) 985-2296 x 5405
Fax: (845) 985-2825

Date: _____

Requesting Records From:

School: _____

Street: _____

City: _____

State/Zip: _____

Phone: _____

Fax: _____

Physician: _____

Fax: _____

✓ Psychological evaluations and special education recommendations (if any), should be sent to the address below:

Tri-Valley Pupil Personnel Services
34 Moore Hill Road
Grahamsville, NY 12740
(845) 985-2296 x 5308
Fax: (845) 985-2481

PARENTAL RELEASE STATEMENT

I hereby authorize the release of the above mentioned records to the Tri-Valley Central School.

Date

Signature of Parent/Guardian

(Parent permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, NO> 118, page 24673)

Expected Graduation Year: _____

STUDENT NETWORK USE AGREEMENT

Student Name: _____ Grade: _____

Teacher (Homeroom Teacher for 7-12): _____

FOR PARENT/GUARDIAN:

I have read, understand, and agree to the terms of the District's Acceptable Use of District's Information Technology Network Policy (Board Policy #8360). I understand that my child has no right to privacy when he/she uses the District's Network and I understand that the District may monitor my child's communications while using the District's Network or Computers. I further understand that any violation of District policy may result in suspension or revocation of my child's Network access and privileges. I understand that my child's Network account may be terminated at any time for any reason.

I hereby release the District, its' personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the District's Network including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

Parent/Legal Guardian Name (*please print*): _____ Relationship: _____

Parent/Legal Guardian Signature: _____ Date: _____

THIS SPACE RESERVED FOR TVCSD IT STAFF

- Account created
- Email created
- Added to "Class of" distribution list
- Login information communicated to Homeroom Teacher
- Email address communicated to School Registrar

Student Chromebook Agreement and Parent Permission Form

As a user of the Tri-Valley Central School District computer network and recipient of a Chromebook, I acknowledge receipt of and hereby agree to comply with the following user agreements contained in the Chromebook Procedures and Information Handbook:

- Acceptable Use Policy
- Student User Agreement and Parent Permission Form
- Fee Schedule as follows
 - Chromebook Replacement: \$350.00
 - Screen Replacement (Dell Chromebooks): \$125.00
 - Charger: \$30.00
 - Case: \$15.00

Student Name (PRINT) _____

Student Signature _____ Date _____

As the parent or legal guardian of the minor student signing above, I grant permission for the student named to access networked computer services and school computer hardware. I understand that I may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use -setting and conveying standards for the student named to follow when selecting, sharing, or exploring information and media. I understand that I am responsible for the cost of any repairs and/or replacement resulting from negligence on the part of my child. I acknowledge receipt of and hereby agree to comply with the following user agreements contained in the Chromebook Procedures and Information Handbook:

- Acceptable Use Policy
- Student User Agreement and Parent Permission Forms

Parent/Guardian Name (PRINT) _____

Parent/Guardian Signature _____ Date _____

<p>School Use Only:</p> <p>Chromebook # : _____</p> <p>Issued: _____</p> <p>Returned: _____</p>
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Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.

STUDENT NAME:		

First	Middle	Last
_____	_____	_____
DATE OF BIRTH:		GENDER:
Month	Day	Year
_____	_____	_____
PARENT/PERSON IN PARENTAL RELATION INFO:		

_____	_____	_____
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	
		<i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

<i>Educational History</i>
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* No Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation *Date*

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

Physical Exams Offered at TVCS

I, _____, would like my child or ward: _____
Parent/ Guardian *Name of Student*

to have a: (Check one)

- PRIVATE PHYSICAL (obtained at a doctor's office), or
 a cost free SCHOOL PHYSICAL performed by Crystal Run Healthcare (obtained at the Tri-Valley Central School District Health office), during his/her enrollment.

Educational Law and Regulations of the Commissioner of Education require physical exams of children when they:

- Enter the school district for the first time
- Are in Grades Pre-K or K, 1, 3, 5, 7, 9, and 11 (**NYS Screening & Health Exam Requirements are posted on the school website under health services**)
- Are referred by the Committee on Special Education
- To participate in interscholastic sports

It is required to provide a physical to the health service department within 30 days from the first day the student starts school. After 30 days a notice will be sent to you, if a physical is not promptly provided, the student will be scheduled for a school physical with the medical director.

I understand that all reasonable precautions and care will be taken in giving health physicals to my child. The physical exams are done by the school district's Medical Director and with the assistance of a registered nurse. The School Nurse will report to the parents in writing all significant findings which may require further professional attention. The medical evaluation consists of the history and physical exam.

Signature of Parent/ Guardian

Date

I UNDERSTAND THAT ALL REPORTS, TESTING, AND MEDICAL ISSUES WILL BE SHARED ONLY WITH NECESSARY PERSONNEL (IE: teaches, administrators, coaches).

Parent/ Guardian Signature

Updated May, 2019

Tri-Valley Central School District

34 Moore Hill Road • Grahamsville, New York 12740

Phone (845) 985-2296

Michael Williams, Superintendent

Parent and Physician's Authorization for Administration of Medication in School and School Activities

A. To be completed by physician:

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ DOB: _____

Diagnosis: _____

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

Possible Side Effects and Adverse Reactions (if any): _____

PLEASE CHECK ONE:

Self-directed student: means that the student can: Identify the correct medicine, identify the purpose of the medication, determine dosage being administered, describe what will happen if the medication is not taken, and able to refuse the medication if the student has any concerns about its appropriateness.

Non self-directed student: means that administration of oral, topical, inhalant and injectable medications must remain the responsibility of the school nurse, licensed practical nurse under the direction of a school nurse, physician, or parent.

I assess this student to be self-directed Yes No

Student may self-carry and self-administer medication Yes No

NOTE: The school nurse will also assess self-direction for the school setting. Parent should send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given at home.

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____

- All medications for K-5 are held in the nurse's office, during the field trip, the teacher carries the medication.
- Medication must be in the original pharmacy labeled container with specific orders and the name of the medication.
- Medication and refills must be brought to school by parent, guardian or responsible adult.

B: To be completed by Parent/Guardian:

Your signature below indicates your approval for your child to be self-directing and able to follow the medication order(s) listed above while in school and/or on school trips.

Parent Signature: _____ Date: _____

School Nurse: _____ Date: _____

Tri-Valley Central School District

34 Moore Hill Road • Grahamsville, New York 12740

Phone (845) 985-2296

Michael Williams, Superintendent

This letter only applies to students in grades 9-12.

Dear Parent/Guardian,

In 2001, the "No Child Left Behind Act" was passed by Congress. The "No Child Left Behind Act", in part, deals with promoting military service. This act requires that schools release, to military recruiters, a directory of students with names, addresses and phone numbers. The law also provides the parent/guardian the right to request that their child's name, address and phone number **not** be released. The "No Child Left Behind Act" mandates schools to inform parents and students of this right.

This is the reason I am writing this letter. Unless the form attached below is returned to Tri-Valley Secondary School as soon as possible, your child's name, address and phone number **will** be released to any military recruiter requesting such a list.

If you have any questions concerning this matter, feel free to contact me.

Sincerely yours,

David Pulley, Principal

I hereby inform Tri-Valley Secondary School that I do **not** want my child's name, address and phone number released to any military recruiters. To ensure your request this form **must** be returned as soon as possible.

Student(s) Name _____
(please print)

Parent/Guardian Name _____
(please print)

Parent Signature _____ Date _____

Tri-Valley Central School District

34 Moore Hill Road, Grahamsville, NY 12740 | Phone: (845) 985-0310 | <https://www.trivalleycsd.org>

Please complete and return to your child's teacher.

This unscheduled emergency plan must be in place. The school will not be able to make phone calls. Our lines must remain open for emergency situations. Do not call the school.

In the event of an unscheduled early dismissal, my child:

Name: _____ Grade/teacher: _____

Should: _____

Bus Number: _____

Destination: _____

This plan has been shared with (name): _____

Telephone: _____

Parent/guardians: Current phone numbers and times you are at these numbers:

Home: _____

Work: _____

Cell: _____

Parent/Guardian Signature: _____

Print Name: _____

Authorized People

The following people are authorized to take my children from the bus throughout the year:

Children's names: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Date: _____

Parent/Guardian signature: _____

Parents contact number: _____

2020-2021 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **845-985-2226 ext. 5527** if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **Tri-Valley CSD**
34 Moor Hill Road
Grahamsville NY 12740

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other 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 household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX-__ __ __ __

I do not have a SS#

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: 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 Island White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____

Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to _____.

If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: _____. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, 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 primary wage earner or other adult household member who signs the application. 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.

DISCRIMINATION COMPLAINTS

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: 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.

This institution is an equal opportunity provider.