

Required Forms Packet
Brackett Secondary Schools

Brackett High School Brackett Junior High School

2016 – 2017



The Following Forms MUST be filled out and returned to BISD Secondary Office NO Later Than August 26, 2016

It is very important that all forms are filled out and get turned in. Thank you for your cooperation and help with this matter, it is greatly appreciated.

1. Acknowledgment of Student Handbook/Code of Conduct
2. Notice Regarding Directory Information and Parent's Response Regarding Release of Student Information
3. Parent's Response Regarding Release of Student Information to Military Recruiters and Institutions of Higher Education.
4. Student Agreement For Participation Brackett ISD Internet
5. Contact Information
6. Authorization to Secure Emergency Medical Treatment Of a Minor Student
7. Application for School Parking Lot Access
8. Use of Student Work in District Publications
9. School-Student Parent Compact Form
10. Application for Free and Reduced Lunch

All of These forms are included in this ***Required Forms Packet***.

ACKNOWLEDGMENT

Student Code of Conduct and Student Handbook

Dear Student and Parent:

As required by state law, the board of trustees has officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student.

We urge you to read this publication thoroughly and to discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student’s teacher or campus administrator.

The student and parent should each sign this page in the space provided below, and then return the page to the student’s school.

Thank you.

Kevin Newsom, Superintendent of Schools

We acknowledge that we have received a copy of the ***Brackett Secondary Student Handbook which includes the Student Code of Conduct*** for the 2016–2017 school year. We understand that students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code.

Print name of student: _____

Signature of student: _____

Print name of parent: _____

Signature of parent: _____

Date: _____

Notice Regarding Directory Information and Parent's Response Regarding Release of Student Information

The Family Educational Rights and Privacy Act, or FERPA, permits the district to disclose appropriately designated "directory information" from a child's education records without written consent. "Directory information" is information that is generally not considered harmful or an invasion of privacy if released.

Examples include a student's photograph for publication in the school yearbook; a student's name and grade level for purposes of communicating class and teacher assignment; the name, weight, and height of an athlete for publication in a school athletic program; a list of student birthdays for generating schoolwide or classroom recognition; a student's name and photograph posted on a district-approved and -managed social media platform; and the names and grade levels of students submitted by the district to a local newspaper or other community publication to recognize the A/B honor roll for a specific grading.

The directory information will be released to anyone who follows procedures for requesting it. However, a parent or eligible student may object to the release of a student's directory information.

This objection must be made in writing to the principal within **ten school days** of your child's first day of instruction for this school year.

For the following school-sponsored purposes—**all District publications and announcements**—The District has designated the following categories of information as directory information shall include:

1. student name;
2. address;
3. telephone listing;
4. electronic mail address;
5. photograph;
6. date and place of birth;
7. major field of study; .
8. degrees, honors, and awards received;
9. dates of attendance;
10. grade level;
11. most recent educational institution attended;
12. participation in officially recognized activities and sports;
13. weight and height of members of athletic teams.

If you object to the release of the student information included on the directory information response form, your decision will also apply to the use of that information for school-sponsored purposes, such as the honor roll, school newspaper, the yearbook, recognition activities, news releases, and athletic programs.

Parent: Please indicate one of the choices below:

I, parent of _____(student's name)

do give **do not give**

the district permission to use the information in the above list for the specified school-sponsored purposes.

Parent signature _____ Date _____

Parent's Response Regarding Release of Student Information to Military Recruiters and Institutions of Higher Education

Federal law requires that the district release to military recruiters and institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent. [See **Release of Student Information to Military Recruiters and Institutions of Higher Education** for more information.]

Parent: Please complete the following only if you **do not** want your child's information released to a military recruiter or an institution of higher education without your prior consent.

I, parent of _____ (*student's name*), request that the district **not** release my child's name, address, and telephone number to a military recruiter or institutions of higher education upon their request without my prior written consent.

Parent signature _____ Date _____

STUDENT AGREEMENT FOR PARTICIPATION BRACKETT ISD INTERNET

Directions: After reading the sections "INTERNET ACCESS / CONDITIONS / SAFETY POLICY," fill out the appropriate portions of the following contract/agreement completely and legibly. The signature of a parent or guardian is also required. Please return the contract to the building principal.

CONTRACT PORTION OF DOCUMENT

I have read the Brackett ISD network Terms and Conditions. I understand and will abide by the stated Terms and Conditions for Brackett ISD network. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

STUDENT

Name: _____ Grade: _____

I have read the District's electronic communications system policy and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Student's signature: _____ Date: _____

I. SPONSORING PARENT OR GUARDIAN

I have read the District's electronic communications system policy and administrative guidelines. In consideration for the privilege of using the District's electronic communications system, and in consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the type of damage identified in the District's policy and administrative regulations.

_____ I give permission for my child to participate in the District's electronic communications system and certify that the information contained on this form is correct.

_____ I do not give permission for my child to participate in the District's electronic communications system.

Signature of parent or guardian/Date

Contact Information

Student Name: _____ Grade _____

Mailing Address _____

Physical Address _____

City _____

Mother's/Guardian Name _____

Phone # _____

Father's/Guardian Name _____

Phone # _____

Other Contacts: _____

Parent/Legal Guardian in military? Yes NO

Comments: _____

**AUTHORIZATION TO SECURE
EMERGENCY MEDICAL TREATMENT
OF MINOR STUDENT**

NAME OF STUDENT _____

DATE OF BIRTH _____ GRADE _____

MOTHER / GUARDIAN _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

ADDRESS _____

FATHER / GUARDIAN _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

ADDRESS _____

Name and phone number of friend(s) or relative(s) that may pick up, sign out, or give consent in your absence for your child.

FRIEND OF RELATIVE WHO CAN POSSIBLY LOCATE PARENT IN THE EVENT OF TEMPORARY ABSENCE.

NAME _____ PHONE _____

This is to certify that I authorize the Superintendent of Brackett Independent School District, Brackettville, TX, or a designated representative to secure any and all emergency medical care and treatment for acute illness suffered or injury sustained while at school or participating in school-related activities. Emergency treatment may be secured with an ambulance, at a licensed hospital, clinic or medical facility or by a licensed physician or dentist with the following exceptions:

- I do not have medical insurance.
- I do have medical insurance coverage with the following insurance company:

_____ Insurance Company

Policy/Certificate Number _____

I understand that cost of services provided by ambulance, private physician, clinic, hospital, or dentist remain the responsibility of the parent or guardian and will not be assumed by the Superintendent, the designee, or the Board of Trustees of the Brackett Independent School District and I will assume financial responsibility for any medical treatment of my child.

List any allergies your child has; (i.e. medications, foods, bee stings, etc.)

Medical History: Check all that apply to your child:

- ADD/ADHD Headaches Wears Glasses/contacts
 Asthma Heart Problems/Conditions
 Emotional Concerns Seizures
 Diabetes other _____

Please see the nurse if your child has any of the above or any other health conditions/concerns.

MEDICATION:

List all prescription, over-the-counter, and herbal medications your child takes regularly.

- 1) _____ 2) _____ 3) _____

Before medication of any kind can be administered at school a medication administration form must be completed by the parent/guardian and the physician (for prescription medications). It should be taken to the nurse along with the medication.

PARENT/GUARDIAN SIGNATURE/DATE

PARENT/GUARDIAN SIGNATURE/DATE

COPIES OF THIS AUTHORIZATION MAY BE PRESENTED TO AMBULANCE PERSONNEL, THE ADMISSION OFFICE OF A HOSPITAL OR CLINIC OR TO A PHYSICIAN OR DENTIST. OTHER DISTRIBUTION SHALL BE ONLY WITHIN THE LIMITATIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT.

APPLICATION FOR SCHOOL PARKING LOT ACCESS

Copy of Driver's License and Proof of Insurance must be on file in order to park on school property.

I, _____, hereby agree to the below stated terms and responsibilities in connection with obtaining authorization to use the school parking facilities.

I understand that the parking lot is public property which is under the control of the school district. I will prominently display the parking permit on the vehicle designated for access below. I agree that the authorized vehicle will not be used to transport or store contraband of any kind or use the lot in any way that will violate the Student Code of Conduct or criminal law.

I hereby understand and give Brackett ISD, my consent to search the authorized vehicle when it is parked on school property.

Authorized for school year: 2016-2017	Parking Permit Number:
Student Name: Driver's License :	Vehicle License:
Vehicle Description:	Insurance (Carrier Name, Expiration Date):

Student Signature and Date

Parent/Guardian Signature and Date

*****ALL students must park in designated student parking area(s).

Use of Student Work in District Publications

Occasionally, the Brackett Independent School District wishes to display or publish student artwork or special projects on the district's Web site and in district publications. The district agrees to only use these student projects in this manner.

Parent: Please circle one of the choices below:

I, parent of _____ (student's name),

do give **do not give**

the district permission to use my child's artwork or special project on the district's Web site and in district publications.

Parent signature: _____

Date: _____

BRACKETT ISD FOOTBALL HOME GAME POLICY

The following guidelines will be implemented at all Brackett ISD Home Games in order to keep all games safe for student and fans.

1. Elementary, Junior High, or High School students may not congregate under the bleachers during the game.
2. Administrators will meet with security members before games on policy rules and enforcement thereof.
3. Students from other schools will not be allowed to congregate under the stands.
4. Any students that are not Brackett ISD students that exhibit any negative behavior will be asked to leave.
5. Any students from Brackett ISD who exhibit negative behavior will be asked to contact parents and leave the stadium.
6. Fighting will not be tolerated. Fighting will result in an automatic suspension from all football games for the remainder of the season. These types of offenses will result in disciplinary action according to the Brackett ISD code of conduct and those actions will be handled according to policy.
7. Foul language or obscene gestures will not be tolerated.
8. Students may not congregate in front of the field house.
9. Once game time has started these rules will be strictly enforced. 10. (Principals) will be in charge of student sections and can control students going in and out as well as keeping the rails open and clear.
10. Any disciplinary issues will be handled by High School or Elementary Administrators with the same consequences as outlined in the code of conduct handbook.
11. No students will be allowed on the field except those approved as managers for the coaches, photographers for yearbook, school mascot and cheerleaders.
12. Students forgetting their pass will not be admitted for free.
13. Students who purposely cause damage to the facilities or other property during the game will be suspended from all Brackett ISD athletic activities for one year as well as paying any damage they purposely caused. This type of offenses will be handled as vandalism and all disciplinary measures according to the Brackett ISD code of conduct will be enforced.

2016-2017

Brackett Secondary

School-Student-Parent Compact

Each school served under Title 1 shall develop a school-student-parent compact. In a compact, families and school staff agree how to work together to achieve student success. The student handbook clarifies how student progress is monitored, encouraged, and communicated to the parents. It is the school’s responsibility to provide high quality curriculum and instruction in a supportive, effective environment. It is the student’s responsibility to participate/engage and focus on meaningful lessons, conduct themselves in a scholarly manner, complete and turn in homework, and participate in accelerated instruction if required before or after school hours. It is the parents’ responsibility to ensure that students are in school attendance at least 90% of the time, make sure homework gets done, communicate with the teachers, volunteer as needed, attend parent conferences when required, and participate in decisions about the education of their children.

Brackett Secondary (J.H. and H.S.), and the parents of the students participating in activities, services, and programs funded by Title 1 of the Elementary and Secondary Education Act, agree to share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State’s high standards.

Student Name

Student Signature

Parent Name

Parent Signature

Daron Worrell Secondary Principal

Christy Price Secondary Vice Principal

Directions for Applying For Free and Reduced-Price School Meals

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in *Brackett ISD*. Please use a **pen** (not a pencil) when completing the application. The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. **An incomplete application cannot be approved.** Please contact *Brianne Henry* : (830) 563-2491 brianne.henry@brackettisd.net with your questions.

Step 1: List All Household Members Who Are Infants, Children, And Students Up to and Including Grade 12.

- List each child’s name.

Print first name, middle initial, and last name for each child in the household in the spaces. If there are more children than lines, use the back of the application to record additional names.

Include all household members who are age 18 or under and are supported with the household’s income including children who are not enrolled in the district. Children do NOT have to be related to anyone in the household to be a part of the household.

- Mark the box following the child’s name to show if the child is a student in the *Brackett ISD*.
- Record the child’s grade if the child is in school.

- Check the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start or Even Start) program or if a child meets the criteria for homeless, migrant, or runaway.

Checking Foster indicates that a foster care agency or court has placed the child in your home. If the application is being submitted for foster children only, complete Step 1, skip Step 2, and complete Step 3.

Participation in a Categorical Program

If all children in the household are participants in one of the following programs—*Foster, Head Start, Homeless, Migrant, or Runaway*, skip Step 2 and complete Step 3.

SNAP, TANF, and FDPIR: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If a child or adult in the household participates in Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needed Families (TANF), record the Eligibility Determination Group (EDG) number in the space.

If a child or adult in the household is a participant in Food Distribution Program for Households on Indian Reservations (FDPIR), check the box to indicate participation. The Brackett ISD will contact you to obtain documentation of FDPIR participation.

If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Step 2 and complete Step 3.

Step 2: Report Income for All Household Members.

Part A. Total Household Members

- Record the total number of children and adults in the household in the appropriate box.

This number MUST be equal to the number of household members listed in Step 1 and Step 2. It is very important to list all household members as the size of the household determines the household eligibility.

Part B. Last Four Digits of Social Security Number (SSN) of an Adult Household Member

- Provide the last four digits of the Social Security number (SSN) of an adult in the household or check the box for no SSN.

A social security number is not required to apply for these programs.

Part C. Income for All Adult Household Members (Including Yourself, But Not Children)

- Record the first and last name of each adult in the household in the space provided.

If there are more adults in the household than available spaces, use the back of the application. Children’s income is reported in Part D.

Reduced-Price Meal Income Eligibility Guidelines					
Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$21,978	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
<i>For each additional family member add:</i>					
	+\$7,696	+\$642	+\$321	+\$296	+\$148

Include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the household and does not receive any income. Do not include adults that are not supported by the household's income and do not contribute income to the household.

- **Record** the amount of income the adult receives under the type of income: Working Earnings; Public Assistance/Child Support/Alimony; Pensions/Retirement/Social Security/ Supplemental Security Income (SSI); and All Other.

Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Ensure that the income reported has not been reduced by the amounts deducted for taxes, insurance premiums, or any other purpose. The Adult Income Information Box provides additional information on the types of income that need to be reported. Foster children may be included as a member of the household or may be included on a separate application.

Write a 0 in any field where there is no income to report. 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 the household income was reported incorrectly, the application will be verified for cause.

- **Circle** how often each type of income is received (frequency).
 W = Weekly
 E = Every 2 Weeks
 T = Twice per Month
 M = Monthly
 A = Annually

Part D. Combined Income for Children in the Household

- **Record** total income for all children by how often income is received (frequency).

Record adult income in Part C.

It is not necessary to record the income of children individually. Instead, combine and report children's total income by frequency. For example, combine all income received weekly and record the total amount in the space under weekly.

The Child Income Information Box (on the right) provides additional information on the types of income that needs to be reported for children in the household.

Adult Income Information Box	
Earnings from Work	
<i>General Types of Income</i>	
<ul style="list-style-type: none"> ▪ Salary, wages, cash bonuses ▪ Strike benefits 	
<i>U.S. Military</i>	
<ul style="list-style-type: none"> ▪ Allowances for off-base housing, food, and clothing ▪ Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) 	
<i>Self-Employed Worker</i>	
<ul style="list-style-type: none"> ▪ Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of your business from its gross receipts or revenue. 	
Public Assistance/ Child Support/Alimony	
<i>(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)</i>	
<ul style="list-style-type: none"> ▪ Alimony payments ▪ Cash assistance from State or local government ▪ Child support payments 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 <i>other</i> income in the next part. ▪ Unemployment benefits ▪ Worker's compensation 	
Pensions/Retirement/ Supplemental Security Income (SSI)	
<ul style="list-style-type: none"> ▪ Annuities ▪ Income from trusts or estates ▪ Private Pensions or disability ▪ Social Security (including railroad retirement and black lung benefits) ▪ Supplemental Security Income (SSI) ▪ Veteran's benefits 	
All Other Income	
<ul style="list-style-type: none"> ▪ Earned interest ▪ Investment income ▪ Regular cash payments from outside household ▪ Rental income 	

Step 3: Provide Contact Information and Adult Signature.

- **Read** the certification statement.
- **Write** your current address and contact information in the space provided. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.
- **Print** the name of the adult signing the form, **sign** the form, and **record** today's date in the appropriate spaces.

All applications must be signed by an adult household member. By signing the application, the household member is promising that all information has been truthfully and completely reported. Before completing this section, please read the privacy and civil rights statements on the back of the application.

Child Income Information Box	
Earnings from work	
<i>For Example: A child has a job where she or he earns a salary or wages.</i>	
Social Security, Disability Payments	
<i>For Example: A child is blind or disabled and receives Social Security benefits.</i>	
Social Security, Survivor's Benefits	
<i>For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.</i>	
Income from any other source	
<i>For Example: A child receives income from a private pension fund, annuity, or trust.</i>	

BRACKETT INDEPENDENT SCHOOL DISTRICT , 2016-2017 Multi-Child Application for Free and Reduced-Price School Meals

This Box for School Use Only.
Date Withdrawn:

Complete one application per household. Please use a pen (not a pencil). **Apply online at brackettisd.net**

Step 1
Definition of **Household Member:**
Anyone who is living with you and shares income and expenses, even if not related.
Children in **Foster care**; children who meet the definition of **Homeless, Migrant, or Runaway** or who participate in **Head Start** are eligible for free meals.
Please read the directions for more information.

List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.

List each child's name.

First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
			Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
1.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participation in a Categorical Program

- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3.
- SNAP, TANF, or FDPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR? If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space _____, skip Step 2, and complete Step 3. If Yes to FDPIR, check this box , skip Step 2, and complete Step 3.

Step 2
Please read the directions for more information.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

A. Total Household Members (Children & Adults) _____ B. Last Four Digits of Social Security Number (SSN) of an Adult Household Member: XXX-XX-_____
 Check if no SSN

C. Income for Adult Household Members (Including Yourself, But Not Children)
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 (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. 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.

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

D. Combined Income for Children in the Household

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
Record combined total income by frequency for all children listed in Step 1.	\$	\$	\$	\$	\$

Step 3
Please read the directions for more information.

Provide Contact Information and Adult Signature.
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/Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____

Printed Name of Adult Completing the Form _____ Signature of Adult Completing the Form _____ Today's Date _____

Additional Household Member Space—2016-2017 Multi-Child Application for Free and Reduced-Price School Meals

Step 1, Additional List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12.											
List each child's name.			Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
First Name	MI	Last Name	Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
7.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Step 2, Additional Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).									
Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency	
								(Enter Amount)	(Circle One)
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	W-E-T-M-A
7.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	W-E-T-M-A
8.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	W-E-T-M-A
9.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	W-E-T-M-A
10.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	W-E-T-M-A

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, 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](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.

Do Not Fill Out This Part. This Is For School Use Only.										
Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12							Date Received:			
							Categorical Determination	Eligibility:		
Household Size: _____	Total Income: _____	Weekly <input type="checkbox"/>	Every 2 Weeks <input type="checkbox"/>	Twice a Month <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annually <input type="checkbox"/>	<input type="checkbox"/>	Free <input type="checkbox"/>	Reduced <input type="checkbox"/>	Denied <input type="checkbox"/>
Reviewing/Determining Official's Signature/Date				Confirming Official's Signature/Date						