



Dear Parents/Guardians:

Attached is an application for entrance to the Melrose Public Schools. Please complete the entire application. In addition, the following information is required prior to reviewing your application:

- _____ Copy of most recent report card
(Must accompany application)
- _____ Copy of academic records
(Must accompany application)
- _____ Copy of discipline records
(Must accompany application)
- _____ Copy of attendance records
(Must accompany application)
- _____ Copy of I.E.P.
(If applicable - must accompany application)

Note: Melrose Public Schools does not provide transportation for school choice students and that daily transportation of your child is your responsibility.

Applications and records must be mailed to Ms. Annette MacPherson, Parent Information Center/Registrar, 360 Lynn Fells Parkway, Melrose, MA 02176 or faxed to: (781) 979-2285. Upon receipt of all documentation your application will be reviewed and you will be notified of the Superintendent's decision.

Please note that if your child is accepted under the School Choice program, as stated in M.G.L. c. 71, s. 37L, "A student transferring into a local system must provide the new school system with a complete school record of the entering student. Said record shall include, but not be limited to any incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act."

If you have any questions, please do not hesitate to contact my office at 781-979-2294. Thank you for your interest in the Melrose Public Schools.

Sincerely,

Cyndy S. Taymore
Superintendent of Schools

MELROSE PUBLIC SCHOOLS REGISTRATION FORM

Office Use Only: Date Rec'd _____

Year of Graduation _____

STUDENT INFORMATION

SCHOOL CHOICE

Grade _____

STUDENT NAME _____
LAST NAME FIRST NAME MIDDLE NAME

GENDER: MALE _____ FEMALE _____ STUDENT BIRTH DATE _____
mm-dd-yyyy

PLACE OF BIRTH (CITY) _____ RACE CODE (**SEE ATTACHED**) _____

COUNTRY OF ORIGIN (where child was born) _____ NATIVE LANGUAGE _____

INDIVIDUAL EDUCATION PLAN (IEP) DOES THE STUDENT CURRENTLY RECEIVE SERVICES ON AN IEP? YES _____ NO _____

504 ACCOMODATION PLAN DOES THE STUDENT CURRENTLY RECEIVE SERVICES ON A 504? YES _____ NO _____

DOES THE CHILD'S FAMILY HAVE A MILITARY AFFILIATION? YES _____ NO _____

IF YES, PLEASE SELECT FROM THE FOLLOWING: VETERAN _____ ACTIVE DUTY _____ RESERVES _____

"CONNECT-ED INFORMATION" - WHAT IS CONNECT-ED? (SEE ATTACHED)

DO YOU WANT TO PARTICIPATE IN CONNECT-ED? YES _____ NO _____

If you answered "YES" above, please complete the following:

Primary Phone Number _____ Primary Email Address _____

Secondary Phone Number _____ Secondary Email Address _____

MEDIA RELEASE - PERMISSION (SEE ATTACHED)

Please select one: Unrestricted Use _____ Limited Use _____ Deny Use _____

STUDENT RESIDENCE INFORMATION

PARENT/GUARDIAN NAME _____
FULL NAME(S) OF PARENT / GUARDIAN FOR MAILING ADDRESS LABELS

STREET _____ HOME PHONE _____
XXX-XXX-XXXX

CITY _____ STATE _____ ZIP _____

(required)

GUARDIAN STATUS (SEE ATTACHED) YES _____ NO _____ STATE WARD STATUS (SEE ATTACHED) YES _____ NO _____

PTO DIRECTORY INFORMATION

MAY WE LIST YOUR CONTACT INFORMATION IN THE SCHOOL'S PTO PHONE DIRECTORY?

YES _____ NO _____

If you answered "YES" above directory information will be taken from Student Residence Information listed below.

PARENT/GUARDIAN CONTACT INFORMATION

CONTACT 1 (PARENT/GUARDIAN)

NAME _____
STREET _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ WORK _____ CELL _____
EMAIL ADDRESS _____
EMPLOYER _____ RELATIONSHIP TO STUDENT _____

CONTACT 2 (PARENT/GUARDIAN)

NAME _____
STREET _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ WORK _____ CELL _____
EMAIL ADDRESS _____
EMPLOYER _____ RELATIONSHIP TO STUDENT _____

EMERGENCY CONTACT INFORMATION CONTACT MUST BE SOMEONE OTHER THAN A PARENT/GUARDIAN

NAME _____ PRIMARY PHONE _____
CELL PHONE _____ RELATIONSHIP TO STUDENT _____

CURRENT SCHOOL INFORMATION

Name of School _____

Address: _____

City, State, Zip: _____

Public or Private: _____ Entrance Grade: _____ Previous Grade: _____

Has student applicant ever been suspended or expelled from school? Yes _____ No _____

If yes, explain in detail: (use reverse side)

Is the student applying a sibling of a current Melrose student? Yes _____ No _____

If yes, please provide name of student: _____

On the back of this form, please write a brief statement as to why you are requesting school choice into the Melrose Public School System.

I hereby certify the above information to be true and correct. I further certify that I will furnish Melrose Public Schools with all student records necessary to complete the registration (i.e.: birth certificate, immunization record, academic records, most current report card, discipline records, MCAS, current IEP, 504 Plan). Acceptance is contingent upon receipt of all records.

Signature of Parent/Guardian: _____ Date: _____

	Not Hispanic Or Latino	Hispanic Or Latino
One race		
White	01	33
Black or African American	02	34
Asian	03	35
American Indian or Alaska Native	04	36
Native Hawaiian or Other Pacific Islander	05	37
Combination of Two Races		
White & Black or African American	06	38
White & Asian	07	39
White & American Indian or Alaska Native	08	40
White & Native Hawaiian or Other Pacific Islander	09	41
Black or African American & Asian	10	42
Black or African American & American Indian or Alaska Native	11	43
Black or African American & Native Hawaiian or Other Pacific Islander	12	44
Asian & American Indian or Alaska Native	13	45
Asian & Native Hawaiian or Other Pacific Islander	14	46
American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	15	47
Combination of Three Races		
White & Black or African American & Asian	16	48
White & Black or African American & American Indian or Alaska Native	17	49
White & Black or African American & Native Hawaiian or Other Pacific Islander	18	50
White & Asian & American Indian or Alaska Native	19	51
White & Asian & Native Hawaiian or Other Pacific Islander	20	52
White & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	21	53
Black or African American & Asian & Native Hawaiian or Other Pacific Islander	22	54
Black or African American & Asian & American Indian or Alaska Native	23	55
Black or African American & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	24	56
Asian & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	25	57
Combination of Four Races		
White & Black or African American & Asian & American Indian or Alaska Native	26	58
White & Black or African American & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	27	59
White & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	28	60
White & Black or African American & Asian & Native Hawaiian or Other Pacific Islander	29	61
Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	30	62
Combination of Five Races		
White & Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	31	63

**MELROSE PUBLIC SCHOOLS
REGISTRATION
EXPLANATION OF TERMS**

CONNECT-ED

Connect-ED® is a school-to-parent communication system that allows the district to send periodic and personalized messages by telephone/email. The Connect-ED service helps us provide a safer learning environment, enhance emergency preparedness and improve student attendance. The system also improves parental involvement through messages sent to families regarding school programs, testing schedules, major events and other initiatives underway at the Melrose Public Schools. We firmly believe that a more informed and involved parent leads to a higher achieving student.

This service is not mandatory for families. Please select YES if you want to participate and NO if you do not.

INSTRUCTIONS: If you choose to participate, we ask that you indicate two phone numbers where you can be notified. The primary phone number will be the number called for **outreach*** messages only. In the event of a **time sensitive situation****, both the primary and secondary numbers will be called. We request you also include a primary email address to receive these messages at.

Please be aware that the Connect-ED service cannot dial an extension, so be sure the numbers you include are direct lines. Also, it is our recommendation that school attendance messages be routed to a number other than the home telephone number.

If you choose not to participate, you will not receive any type of message from the school department. Please be assured that all personal information will be maintained in the strictest confidence.

**Outreach messages include, but are not limited to, information regarding: medical issues, report cards, schedule changes, picture day, upcoming exams, Open House, scholarships and other special events. Attendance calls report daily absences, including high school period attendance.*

***Time-sensitive calls include, but are not limited to, information regarding: school lockdowns, school cancellations and delays due to weather, intruders on campus, and evacuations.*

MEDIA RELEASE

Media Release: Your permission is requested to allow Melrose Public Schools to use the image/name of your child in materials, as outlined below, at school. The materials may be used by your child's teacher to celebrate learning; by the school or district to document an activity; by local newspapers or television station highlighting a school event; in the school newsletter and/or district website to promote the school and district. Your child may also have an opportunity to have work published on one of the district web pages.

INSTRUCTIONS: Please indicate the level of participation you feel comfortable with in regards to using your child's image/name as explained above. You have the option to deny permission to use your child's image/name entirely; to grant permission to use your child's image only with limited use; to grant permission to use your child's image/first name only with partial use or grant permission to use your child's image/full name with unrestricted use.

- **Deny permission:** you agree NOT to have your child's image/name used at all.
- **Limited Usage:** you agree to have your child's image (only) used within Melrose Public Schools and in the larger community.

- **Unrestricted Usage:** you agree to have your child's image/full name used in print, video and digital media and agree that these images may be used by Melrose Public Schools and in the larger community.

DISCLAIMER: "Parental or guardian consent is required before the Melrose Public Schools ("MPS") may publish images or personal information of a child enrolled in MPS on any MPS media source, which may also include any local Melrose newspapers and/or media sources, whether in physical or electronic form. However, MPS shall not be held responsible in the event said images or other personal information are subsequently published by entities or third parties which have not lawfully obtained permission to publish or otherwise disseminate said images or other personal information."

GUARDIAN STATUS

Answer "YES" if: You are not the birth parent of the child you are registering but have legal responsibility for the minor, for example: Guardianship is the legal responsibility one person has over another person or over another person's affairs. The most common use of the term is with regard to an adult-minor relationship. This typically involves the appointment of a guardian by the courts when the child's parent or parents become unable to provide care due to death or other incapacitating circumstances.

Or Answer "NO".

STATE WARD STATUS

Answer "YES" if: The child you are registering is a child whose guardianship is determined by a judge who appoints a government agency to oversee the ward of the state's affairs. A child is only a ward of the state until his 18th birthday, when he becomes a legal adult. This does not apply, however, to those who are mentally incapable of taking care of themselves, as they may spend their whole lives in state-run facilities.

Or Answer "NO".

MELROSE PUBLIC SCHOOLS
-CONFIDENTIAL STUDENT HEALTH AND EMERGENCY INFORMATION

Student's Name: _____ Grade: _____ Teacher _____
Last/First/Middle

Address: _____

Date of Birth: _____ Sex: Male/Female Primary Language: _____

Resides With: _____ Home Telephone: _____

Parent/Guardian #1 Name: _____ Phone: Home: _____ Cell _____

Parent/Guardian #1 Phone Work: _____ Email: _____

Parent/Guardian #2 Name: _____ Phone: Home: _____ Cell _____

Parent/Guardian #2 Phone Work: _____ Email: _____

Name and grade of siblings in Melrose Schools: _____

Does your child attend a before or after school program or have a sitter? (Y / N) If yes, please provide the contact name and telephone number: _____

In case of an emergency or illness and we are unable to reach the contacts above, please provide two (2) alternative contacts who will assume responsibility and transportation:

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Note: In case of an emergency and 911 is called, your child will be transported by ambulance to an emergency care facility, if necessary. Please indicate your hospital preference:

Does your child have health insurance? Yes / No (circle one) Private or Public (circle one)

Health Insurance Company _____ ID # _____

Physician's Name: _____ Telephone Number: _____

Dentist's Name: _____ Telephone Number: _____

How often does your child visit the dentist? ___ once a year ___ twice a year ___ has never been to a dentist

List all medications that your child takes: _____

I give the school nurse permission to administer the following when appropriate (circle the medications that you agree with):
Acetaminophen (Tylenol) / Diphenhydramine Hydrochloride (Benadryl) (insect bites/stings) / Ibuprofen (grade 6-12 only) /
Cough Drops (grades 5 & over) / Antacid-grades 6-12

Please circle all the following that apply to your child:

Heart Condition	Diabetes	Asthma	Seizure Disorder	ADHD/ADD
Migraines	Depression	Freq. Ear Infections	Kidney Disease	Rheumatic Fever

Speech Problems (specify) _____

Hearing Problems (specify) _____

Vision Problems (specify) _____

Allergies (specify – food, environment, medication, insect) _____

Other (specify) _____

History of Concussion – Yes/No How many? _____

I give permission to the school nurse to share this information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Signature of Parent/Guardian: _____ Date: _____

MELROSE PUBLIC SCHOOLS

Dear Parent/Guardian:

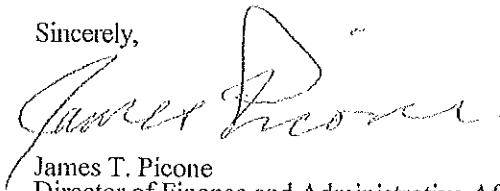
Children need healthy meals to learn. Melrose Public Schools offers healthy meals every school day. Breakfast costs \$1.35; lunch costs \$2.60 for elementary students and \$2.85 for secondary students. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Your oldest child's school principal ASAP.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from MA SNAP, the Food Distribution Program on Indian Reservations or MA TAFDC, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals or to see if they qualify, please call or e-mail Patti White-Lambright, 360 Lynn Fells Parkway, Melrose MA, 02176. Phone: 781-979-2160 Email: pwhite-lambright@melroseschools.com
5. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the school at 781.462.3219 if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Jay Picone, 360 Lynn Fells Parkway, Melrose MA, 02176. Phone: 791-979-2290 Email: jpicone@melroseschools.com
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call the SNAP Hotline 1-866-950-3663

If you have other questions or need help, call 781.462.3219
Si necesita ayuda, por favor llame al telefono: 781.462.3219
Si vous voudriez d'aide, contactez nous au numero: 781.462.3219

Sincerely,



James T. Picone
Director of Finance and Administrative Affairs
Melrose Public Schools



MASSACHUSETTS FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

SCHOOL YEAR 2014-2015

If you have received a NOTICE OF DIRECT CERTIFICATION from the school district for free meals, do not complete this application. But do let the school know if any children in the household are not listed on the Notice of Direct Certification letter you received.

PART 1. ALL HOUSEHOLD MEMBERS List all household members including children seeking school meals, siblings and both parents of children living in home. Also, include other relatives and friends living in home if you live as a single economic unit. (See instructions- Q.13)

NAME OF ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last)	NAME OF SCHOOL CHILD ATTENDS	CHECK IF A FOSTER CHILD (LEGAL RESPONSIBILITY OF WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5.	CHECK IF NO INCOME
		<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"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS- MA SNAP OR MA TAFDC

IF **ANY** MEMBER OF YOUR HOUSEHOLD RECEIVES MA SNAP or MA TAFDC benefits, PROVIDE THE AGENCY IDENTIFICATION NUMBER* LOCATED ON THE DEPARTMENT OF TRANSITIONAL ASSISTANCE (DTA) BENEFIT LETTER. SKIP TO PART 5 AND SIGN THIS FORM IF YOU HAVE PROVIDED AN AGENCY ID NUMBER.

AGENCY ID: _____ * Do not provide EBT card number.

PART 3. HOMELESS, MIGRANT, RUNAWAY

IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, A RUNAWAY, OR MIGRANT, CHECK THE APPROPRIATE BOX AND CALL Ms. Patti White-Lambright at 781-979-2160

HOMELESS RUNAWAY MIGRANT

PART 4. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE. DO NOT INCLUDE MONEY RECEIVED FROM MA SNAP OR MA TAFDC.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (you must indicate how much and how often)
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0
	\$	<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"/>	\$
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	\$	<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"/>	\$

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

A parent or caretaker adult must sign the application (see Use of Information Statement on the back of this page). I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information that I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last 4 digits of his or her Social Security Number or mark the "Check here if you do not have a Social Security Number" box. See Use of Information Statement on the back of this page.

Sign here: _____ Print Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Cell Phone Number: _____
 Last four digits of Social Security Number * * * - * * * - _____ Check here if you do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

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

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____
 Dual Eligibility: Foster child(ren) – Free _____ Non-foster child(ren) – Free _____ Reduced _____ Denied _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

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

Household size	Yearly	Monthly	Weekly
1	\$21,590	\$1800	\$416
2	\$29,101	\$2,426	\$560
3	\$36,612	\$3,051	\$705
4	\$44,123	\$3,677	\$849
5	\$51,634	\$4,303	\$993
6	\$59,145	\$4,929	\$1,138
7	\$66,656	\$5,555	\$1,282
8	\$74,167	\$6,181	\$1,427
Each additional person:	+7,511	+626	+145

Use of Information Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)"

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intakc@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity employer.