



**\*\*ONLINE REGISTRATION IS OPEN FROM JULY 31st TO AUGUST 4th\*\***

Dear Carterville Junior High School Parents and Guardians:

Online student registration for the 2023-2024 school year will be open for **returning** students in 7th and 8th grade on July 31st through August 4th (Monday through Friday). Online registration information and directions for CJHS are below. **All 7th and 8th grade students that are new to our school district will need to register in person in the CJHS office.** Additional information for this school year may be viewed in the "2023-2024 School Year" tab on the CJHS webpage on our [www.cartervillelions.org](http://www.cartervillelions.org) website. The Carterville Junior High office is open weekdays from 8:00 a.m.- 3:00 p.m. We are looking forward to a great school year!

\*\*\*\*\*

**ON-LINE REGISTRATION FOR 7TH AND 8TH GRADE STUDENTS ONLY**

The registration window will be open from Monday, July 31, through Friday, August 4.

**Note – make sure your screen is maximized (fully open to the size of your monitor) or you WILL miss information on the top, bottom, left and right sides of the screen. We strongly discourage using a tablet or phone to complete registration, as all options may not be visible or available on these devices. Please call the CJHS if you do not have a computer to complete online registration.**

\*Go to [www.cartervillelions.org](http://www.cartervillelions.org), click Explore tab at top, then click on Skyward Family Access link. This will take you to Skyward where you can enter your login and password.

**\*Forgot password?** Once on Skyward, you may request a new password by clicking on the Forgot your Login / Password? link under the "Sign In" icon. If still experiencing difficulties, call Abby Lane at (618)985-4500 or email her at [alane@cartervilleschools.org](mailto:alane@cartervilleschools.org).

\*Once logged in to Skyward, select child, click on the Online Registration link on left of screen, and then simply follow all of the steps listed throughout the registration (Steps 1-18). If you have more than one child enrolled in CUSD #5, use the drop down menu at the top of the home page to select each child and complete registration for each of your children in 1st -12th grades.

\*Registration and Meal Payment fees may be paid online during registration. The CJHS Registration fee is \$45. During online registration, all online payment convenience fees are waived. (If you choose not to pay fees at this time, you will need to bring fee payments to the CJHS Office prior to the first day of school.) **If applying for Free/Reduced Meals and Fees Waiver, do not pay registration fees during online registration.**

\*Once you have completed Online Registration, you may click on the Schedule icon on the left side of the screen to see your child's CJHS schedule.

\*If you have login/registration questions, or are a first time user, please email our attendance secretary, Abby Lane at [alane@cartervilleschools.org](mailto:alane@cartervilleschools.org) for assistance.

Direct link to Skyward: <https://skyward.iscorp.com/scripts/wsisa.dll/WService=wseducartervilleil/seplog01.w>



## CARTERSVILLE JUNIOR HIGH SCHOOL

### GENERAL INFORMATION

We are very excited to start another school year! We also know that there are many questions starting to arise as the first days of school draw near. This informational sheet will hopefully answer the most pressing questions you have right now regarding CJHS. If you have further questions, please contact us.

#### Online Registration

- If your student was already attending Cartersville schools last year, you will need to complete a short on-line registration process. This will be available July 31<sup>st</sup>, 2023. Our website has detailed information about this process. Our office will also be open to answer questions.

#### Walk-In Registration (New students)

- The only people that will need to fill out paperwork are new students. Everyone else will complete the process online. The new student packet is on our website (posted in late July) for you to download, print, complete and return to the office with residency information. If you do not have access to the internet or a printer, you can come to the office and get a copy of the registration packet.

#### New Student Registration Dates

- If you know of someone that has moved into your neighborhood with a student in 7<sup>th</sup> or 8<sup>th</sup> grade, please let them know we will register new students July 26<sup>th</sup> through August 4<sup>th</sup>.

#### When is the Office Open for Business?

- We will be open for business on Wednesday, July 26th. Office hours are from 8:00-3:00 every day until we start school. We are closed for lunch from 11:30-12:30.
- Once school starts, we will be open from 7:30 a.m. - 4:00 p.m. daily, unless noted.

### **Visitor Parking on a Normal Day and Event Parking**

- Visitors may use the lot in front of the school before the circle drive. This will be the most convenient location during the school day. There are two handicap spaces just off the circle drive by the gym.
- For large events like games, Open House, etc., the large lot north of the school will be best. A lit sidewalk will take you from the lot along the east of the school to the gym foyer for games. There is also a sidewalk from this lot to the front of the school.
- There are some spaces in a small, gravel lot by the gym foyer off of Laclede Street. There are handicap spaces there as well.

### **Dress Code**

- Please see our handbook (on website) for specifics about types of clothing not allowed at school.

### **CJHS Phone Number**

- The school phone number is 985-4500.

### **Schedule Changes**

- If a student wishes to make a schedule change, this must be done by the first week of school. Schedule changes are made if a student changes his or her mind about an elective. They are not made to switch lunches or to get into classes with friends. After this date, schedules will be locked in and no changes will occur until the first week of school in January.

### **School Nurse and Medication**

- If your child needs medication at school or any other needs/dietary restrictions, please contact Nurse Tabitha Coon at [tcoon@cartervilleschools.org](mailto:tcoon@cartervilleschools.org) or 618-985-4500.

### **Near Paperless**

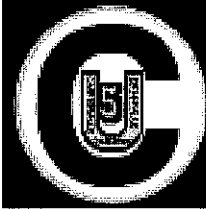
- Our school and district are trying to become as paperless as possible to save on expenses and help cut down on all those papers going home. Please make sure your information in Skyward is

## STUDENT EARLY RELEASE DAYS

In order for CJHS to conduct PLC meetings we are utilizing an early release day. A late arrival or early release model is very common among schools in which students switch classes during the day and have teachers who coach or sponsor activities after school. Our high school uses it as well. Students will be able to leave campus 1-hour early (2:05) if they are able. **Buses will not run until the normal time.** However, for those who are unable to accommodate the early release because of work, transportation, etc., we will still be able to safely monitor your student until normal dismissal time.

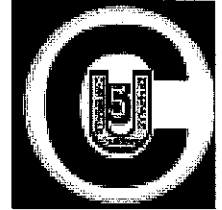
Again, if you are unable or uncomfortable with your student being dismissed early, he or she can stay at CJHS until the regular dismissal time. See the dates for the PLC early dismissal below:

August 23	December 6	March 20
September 6	January 10	April 3
September 20	January 24	April 17
October 18	February 7	May 1
November 1	February 21	May 15
November 15	March 6	



**Carterville CUSD No. 5**

**Carterville Junior High School**



816 S. Division St.  
Carterville, IL 62918  
Phone: (618) 985-4500  
Fax: (618) 985-3402

Shauna Barber, Principal

Katie Prather, Asst. Principal

Kim Swallers, Guidance Counselor

**Request for Student Records**

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

Name and address of previous school

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ has enrolled at Carterville Junior High  
School in the \_\_\_\_\_ grade. His/her birth date is \_\_\_\_\_.

Please forward the student's information that has been marked below:

\_\_\_\_\_ Transcripts of credits/grades

\_\_\_\_\_ Attendance Report

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ IEP or Special Ed. Info

\_\_\_\_\_ Grades in Progress

\_\_\_\_\_ Health Records and Immunization

\_\_\_\_\_ Discipline Report

\_\_\_\_\_ Illinois State ID Number

\_\_\_\_\_ Test Scores (Include ACT/PSAE scores)

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

\_\_\_\_\_ Illinois Transfer Form

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Send to: Abby Lane, Attendance Secretary

[alane@cartervilleschools.org](mailto:alane@cartervilleschools.org)

6/12/23

# CARTERVILLE JUNIOR HIGH SCHOOL

Registration Packet  
School Year 2023-24

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

Dear Parents:

This packet contains the registration materials for the 2023-24 school year. Submission of this packet will complete your child's enrollment process. At the beginning of the new school year, your child may bring home fee information, free/reduced meal application forms, an emergency card, and other miscellaneous information. If you have questions, please contact the school office by calling 985-4500. Each section of this form should be completed, signed and returned. Thank you for your cooperation with the 2023-24 registration process.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender: Male or Female Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have a PO Box: YES NO (please circle one) If Yes, please list \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ County of Birth: \_\_\_\_\_

Student Country of Birth: \_\_\_\_\_ Date entered the U.S.: \_\_\_\_\_

Child lives with: (circle one) Parents, Mother & Stepfather, Father & Stepmother, Mother, Father, Sister, Brother, Aunt, Uncle, Foster Parents, Grandparents, Guardian, Other

Race: (circle ALL that apply) American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White

Are guardians a member of Armed Forces: \_\_\_\_\_ If yes, which branch: \_\_\_\_\_

Do you expect to be deployed to active duty this year: \_\_\_\_\_

Guardian #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Guardian #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

My child has court document restrictions? Yes No (Please circle one)  
If yes, please understand that Carterville Junior High MUST have a copy in order to abide by all agreements within that document.

Do you have access to the internet? Yes No

The Student/Parent Handbook is located on our website. By signing here, I am stating that I have read and understand the Student/Parent Handbook. (Hard copy available upon request)

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

# CARTERVILLE JUNIOR HIGH SCHOOL

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

Registration Packet  
School Year 2023-24

## PARENTAL CONSENT FOR EMERGENCY TREATMENT IN CONNECTION WITH SCHOOL SPONSORED ACTIVITIES

I, \_\_\_\_\_, parent (or legal guardian) of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, am a resident of the Carterville Community Unit School District No. 5 and agree to allow my child to **participate in field trips**. I hereby authorize, and consent to School District No. 5, its employees and agents, and Dr. \_\_\_\_\_, my child's physician, or any physician in his or her group practice, my behalf and in my stead, to administer emergency medical treatment to my child while participating in the above named supervised school activity. This permission and consent extends to the right of School District No. 5, its employees and agents, to arrange for immediate medical treatment to my child while participating in the above named supervised school activity. This permission and consent extends to the right of School District No. 5, its employees and agents, to arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel, and for them to apply such emergency techniques which, in their judgment, they deem appropriate to treat any injury sustained by my child. In addition, I acknowledge and consent that the School District, its employees and agents shall not be liable for having made a decision to authorize the administration of emergency medical treatment to my child. As a parent (guardian), I assume full responsibility for any injuries or damages which may occur to my child while participating in a supervised school activity.

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

## PARENTAL CONSENT FOR EMERGENCY TREATMENT WHILE AT SCHOOL

I, \_\_\_\_\_, parent (or legal guardian) of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, am a resident of the Carterville Community Unit School District No. 5 and my child is enrolled in Carterville Community School District #5. I hereby authorize and consent to School District #5, its employees and agents, and Dr. \_\_\_\_\_, my child's physician, or any physician in his or her group practice, in my behalf and in my stead, to administer emergency medical assistance to my child. This permission and consent extends to the right of School District No. 5, its employees and agents, to arrange for immediate medical treatment by a licensed or certified physician and /or other medical personnel, and for such physician or other medical personnel to apply such emergency techniques which in their judgment, they deem appropriate to treat any injury sustained by my child. I do hereby agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally from and against any and all claims, demands, damages, or causes of action, or injuries, resulting from or arising out of the provision of emergency medical treatment by school personnel or by a physician and/or other medical personnel.

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

**BUS TRANSPORTATION REQUEST**  
**Carterville Junior High School**  
**816 S. Division St.**  
**Carterville, IL 62918**  
**Ph: 618-985-4500    Fax: 618-985-3402**

Please complete the top portion of this form if you would like Carterville Unit #5 to provide bus transportation for your child. *Kindergarten students cannot be dropped off without a parent, guardian or responsible aged sibling (12 yrs. or older) present.* For any questions, please contact Bus Transportation Director, at: 618-985-5727.

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

Address \_\_\_\_\_  
\_\_\_\_\_

Drop-Off Address (if different from above):

\_\_\_\_\_  
\_\_\_\_\_

Medical information that is important for the Bus Driver/Monitor to know about your child:  
(Examples: peanut allergy, seizures, etc.)

\_\_\_\_\_  
\_\_\_\_\_

☐ Check this box if your child has Asthma and has an inhaler that is self-carried.

Sibling Name(s) \_\_\_\_\_ School(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**OFFICE USE ONLY: (This section will be filled out by Bus Transportation and returned to you.)**

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

AM Bus Number \_\_\_\_\_

PM Bus Number \_\_\_\_\_

Pick-Up Time \_\_\_\_\_

Drop-Off Time \_\_\_\_\_

Location \_\_\_\_\_

Location \_\_\_\_\_

*\*The times listed above are approximate times. STUDENTS SHOULD ARRIVE AT DESIGNATED BUS PICK-UP AREA AT LEAST 5 MINUTES PRIOR TO SCHEDULED TIME.*



**CARTERVILLE COMMUNITY UNIT  
SCHOOL DISTRICT NO. 5**

**200 West Plaza Drive  
Carterville, IL 62918**

**TEXTBOOK FEE INFORMATION**

**Textbook Fees for 2023-24 for Carterville Junior High School**

**\$45.00**

**Textbook Fee Refunds for 2023-2024**

<b>Refund during August .....</b>	<b>\$45.00</b>
<b>Refund during September .....</b>	<b>\$22.50</b>
<b>Refund during October .....</b>	<b>\$11.25</b>

**NO REFUNDS AFTER OCTOBER 30<sup>TH</sup>**

**Payments will be accepted at time of registration.  
After registration, payments can be made in the school office.  
Checks can be made payable to CJHS.**

**Parents are required to fill out an application in order to receive a refund.  
They can be requested at the school office.**

## **NEW STUDENT HEALTH REQUIREMENTS CJHS**

### ☐ **ILLINOIS SCHOOL PHYSICAL**

- Required for any student enrolling in an Illinois public school for the first time, regardless of student's grade

### **REQUIRED SHOTS**

- ☐ **HEPATITIS B** (Three doses administered at recommended intervals)
- ☐ **DTP/ DTap, or Td** (Three or more doses of with the last dose qualifying as a booster and received on or after the 4<sup>th</sup> birthday)
- ☐ **MMR** (Two doses, the first dose must be after the 1<sup>st</sup> birthday and the second dose no less than 28 days later)
- ☐ **POLIO** (Three or more doses of with the last dose qualifying as a booster and received on or after the 4<sup>th</sup> birthday)
- ☐ **VARICELLA** (Two doses, the first dose must be after the 1<sup>st</sup> birthday and the second dose no less than 28 days later **OR** present *proof* of history of chicken pox disease) ☐ **Tdap** (One dose required)
- ☐ **Meningococcal** (ACWY) (One dose required)

### ☐ **HEALTH INFORMATION FORM**

If your child has a medical condition that may need emergency action or accommodations at school, please contact the school nurse.

### ☐ **EYE EXAM OR WAIVER**

- ***A completed eye exam or waiver is required for any student enrolling in an Illinois public school for the first time, regardless of student's grade.*** The eye exam form must be completed by a LICENSED OPTOMETRIST OR PHYSICIAN who provides COMPLETE eye examinations.

***State and local school board regulations require transfer or new students to be in compliance by having on file an Illinois school physical and required shots within 30 days of entering a school district.***

Please contact the CJHS Nurse Tabitha Coon at 985-4500 ext 3101 or [tcoon@cartervilleschools.org](mailto:tcoon@cartervilleschools.org) if you have any questions regarding this memo.

**HEALTH INFORMATION FORM**

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

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

**Check the box(s) if your child has a history or any medical problems or illnesses:**

- ☐ **No history of medical problems/illnesses**
- ☐ **Asthma....Inhaler**    ☐ None    ☐ Self Carry    ☐ Kept at school, Triggers? \_\_\_\_\_
- ☐ **Seizures...**    How long since last seizure? \_\_\_\_\_
- ☐ **Heart Conditions...** Describe: \_\_\_\_\_
- ☐ **Diabetes...** Takes insulin?    ☐ Yes    ☐ No
- ☐ **Stomach problems**
- ☐ **Migraine Headaches**
- ☐ **Congenital Illness...** Describe: \_\_\_\_\_
- ☐ **Hearing Problems...** Hearing aid?    ☐ Yes    ☐ No
- ☐ **Any Physical Restrictions...** Describe: \_\_\_\_\_
- ☐ **Allergies (Please describe reaction)**
- ☐ **Food:** \_\_\_\_\_ Difficulty breathing? ☐ Yes    ☐ No
- ☐ **Insect Stings:** \_\_\_\_\_ Difficulty breathing? ☐ Yes    ☐ No
- ☐ **Animals:** \_\_\_\_\_ Difficulty breathing? ☐ Yes    ☐ No
- ☐ **Medication:** \_\_\_\_\_ Difficulty breathing? ☐ Yes    ☐ No
- ☐ **Other:** \_\_\_\_\_ Difficulty breathing? ☐ Yes    ☐ No
- Comments:** \_\_\_\_\_

**Other medical concerns:** \_\_\_\_\_

**Medication:** (please list below)                      **None**

Name of Medication	Reason for taking	Home	School	Emergency Only
1.	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If your child has a serious illness that requires emergency medication, it is important to keep the medication at school. The School Medication Authorization Form must be completed by the parent/guardian as well as the Doctor. These are available in the office.**

**I consent that the information on this form may be shared with appropriate personnel for health and educational purposes.**

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Excessive Absences Leading to Truancy

The State of Illinois attendance guidelines define chronically absent as 5% unexcused absences from the total number of student attendance days (equivalent to 8.5 school days for the school year). Federal guidelines under ESSA (Every Student Succeeds Act) define truant as absent for 10% of the total number of student attendance days (equivalent to 17 school days). Federal guidelines do not distinguish between excused or unexcused absences.

Our district will use the following schedule as we work with parents to minimize unnecessary absences and avoid the truancy process:

4 or more absences - letter sent home

8 or more absences - letter sent home, phone call to parent, doctor note required for future absences

12 or more absences - student referral to Truancy officer

\*At anytime during the school year, Truancy referrals will be made for students reaching 5% of unexcused absences or 10% of all absences based on total number of student attendance days for the school year.

\*When students move into our district during the school year, attendance from their previous school will be considered when making truancy referrals.

### Pre-Arranged Absences:

Our district strongly encourages family trips and vacations to be planned during school breaks and holidays to avoid loss of instructional time. Students who attend a family trip or vacation during the school year shall obtain a Pre-Arranged Absence form from the school office. This form should be submitted to the principal five days prior to the absence. Arrangements for completing missed assignments/tests must be established with the classroom teacher(s) prior to the absence. Although pre-arranged, these absences are still calculated in the truancy process.

Parent signature \_\_\_\_\_

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

Dear Parents/Guardians:

At our schools, bullying of any kind, by any person, is unacceptable. All students should be free from worries about being bullied. Students who bully others must be taught other, appropriate ways of interacting with peers. The purpose of this letter is to provide you with information concerning the School District's anti-bullying program and to encourage you to help us identify students who are being bullied.

The School Board policy on bullying begins with this goals statement: Bullying, intimidation, and harassment diminish a student's ability to learn and a school's ability to educate. Preventing students from engaging in these disruptive behaviors is an important District goal.

Bullying means any severe or pervasive physical or verbal act or conduct, including communications made in writing or electronically, directed toward a student that has or can be reasonably predicted to have the effect of one or more of the following:

1. Placing the student in reasonable fear of harm to the student's person or property.
2. Causing a substantially detrimental effect on the student's physical or mental health.
3. Substantially interfering with the student's academic performance.
4. Substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided by a school.

Bullying, intimidation, and/or harassment may take various forms, including without limitation: threats, stalking, physical violence, sexual harassment, theft, public humiliation, destruction of property, or retaliation for asserting or alleging an act of bullying.

I have asked our school staff members to respond immediately and with compassion to a student who reports bullying or school violence. After evaluating the situation to determine if an immediate referral to a principal's office is needed, a staff member will give the student our form for reporting bullying. Your child's principal will inform you whenever your child is involved in a bullying report.

I have also asked our staff members to share their feedback and concerns specifically regarding locations that may be bullying hot spots needing additional supervision or monitoring or if there are any known bullies or targets of bullying in our building. I want to ask you to do the same thing. Please inform your child's principal if you know of any bullying hot spots in or around our schools, or if you are aware of a known bully or target of bullying.

Finally, I requested our staff members to intervene immediately to stop a bullying incident. They will immediately contact administration and or law enforcement if the incident involves a weapon or other illegal activity.

Below are some of the signs that a young person is being bullied:

- \* Does not want to go to school and refuses to explain the reason
- \* Talks about not having any friends
- \* Has unexplained bruises, cuts, scratches, or abrasions
- \* Has unexplained damage to clothing, possessions, books, etc.
- \* Frequently loses money or possessions
- \* Loses interest in school and/or has declining grades
- \* Becomes withdrawn and/or has stress or depression symptoms

These signs do not necessarily mean your child is being bullied, but if present, ask your child whether he or she is being bullied. Please let me or your child's principal know if you have any questions or concerns.

Keith Liddell  
Superintendent

## Home Language Survey

The state requires the school district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

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

1. Is a language other than English spoken at home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what language? \_\_\_\_\_

If yes, what is the primary language spoken at home? \_\_\_\_\_

If yes, what is the native language of the family? \_\_\_\_\_

2. Does your child speak a language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your child's first language/primary language? \_\_\_\_\_

3. Was your child born outside of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what country? \_\_\_\_\_

If yes, what date did your child first enroll in a school in the United States? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

If the answer to question 1 or 2 is yes, the law requires the school to assess your child's English language proficiency.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



CARTERVILLE  
UNIT NO. 5  
SCHOOL DISTRICT

**PROOF OF RESIDENCY**

Current students re-establishing residency may submit hard copies of documentation or email a scanned or photographed copy of the documentation to the school office.

**THREE** documents are required to verify residency. You must submit proof of residency within Carterville Unit #5 boundaries by providing **ONE document from Category I** and **TWO documents from Category II**.

*All documents must be current (within past two months) and include parent/guardian name and address.*

**STEP 1 – Category I: (ONE document required)**

**HOMEOWNERS:**

- Most recent Property Tax Bill
- Mortgage Statement (homeowner)
- Real Estate Closing Document (for closing within last 60 days)

**RENTERS:**

- Signed and dated Lease with landlord's phone # listed
- **If a lease is not available**, a "Letter of Residence from Landlord in Lieu of Lease" form is required. (Ask School Office for Form and Instructions)
- **If the student resides with relatives or other individuals who live within Carterville Unit #5 Boundaries**, an "Evidence of Non-Parent's Custody, Control, and Responsibility of a Student" form is required. (Ask School Office for Form and Instructions)
- **If the family is living with a District Resident**, a "Letter of Residence to Be Used When the Person Seeking to Enroll a Student Is Living with a District Resident" form is required. (Ask School Office for Form and Instructions.) When using this form, you must use \* document as one of your Step 2 requirements.

**AND**

**STEP 2 – Category II: (TWO documents required)**

- Gas Utility Bill
- Electric Utility Bill
- Cable Utility Bill
- City/Village Water Bill
- Homeowner or Renters Insurance Policy/Premium Statement
- Current Public Aid Card
- Driver's License/State ID\*
- Voter Registration
- Vehicle Registration
- Bank Statement
- Credit Card Statement
- Receipt for moving van rental

**LEGAL WARNING**

- If a student is determined to be a non-resident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.
- A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).
- A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in the District without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).

### McKinney-Vento Questionnaire

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence." This includes children who "are temporarily sharing the housing of other persons due to the loss of housing or economic hardship." This act ensures the educational rights and protections of homeless children and youth so that they may enroll in school, attend regularly, and be successful.

Please complete the following questionnaire to determine your students' eligibility.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Level \_\_\_\_\_

☐ Does not apply; student is not homeless

**Please check *one* of the following statements if your family is experiencing temporary homelessness:**

☐ Living in a shelter, including transitional housing shelters, awaiting foster care, etc. - Please provide name of shelter: \_\_\_\_\_

☐ Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation. Please provide information regarding area in which student is living: \_\_\_\_\_

☐ Living in hotels/motels for lack of other suitable housing - Please list name and address of hotel/motel: \_\_\_\_\_

☐ Doubled-up; **Temporarily** living with family or friends due to lack of adequate housing or financial conditions; Please provide address of where student is living: \_\_\_\_\_

**Please answer the following if you checked one of the four boxes above:**

How long do you expect to be at this address? \_\_\_\_\_

Are you seeking permanent housing? \_\_\_\_\_

Date student moved to this address: \_\_\_\_\_

Is a parent living in the home with the student? \_\_\_\_\_

If no, with whom is the student living? \_\_\_\_\_ Relationship: \_\_\_\_\_

We have read the information provided and indicated our living arrangements with regard to the McKinney-Vento Act:

\_\_\_\_\_  
*Signature of Parent/Guardian/Unaccompanied Youth*

\_\_\_\_\_  
*Date*



## Carterville Unit 5 Chromebook Agreement

By signing the below, the student and his/her parent/guardian agree to accept and abide by the following:

- This Chromebook Agreement in its entirety
- Authorization for Electronic Network Access
- The Website and Social Media Guidelines (below)
- Carterville Unit 5 owns the Chromebook, software, and issued peripherals.
- If the student ceases to be enrolled in Carterville Unit 5, the student/parents will return the Chromebook in good working order or pay the full \$300.00 replacement cost of the device. In addition, the student must also return both the Chromebook charger and any other purchased peripherals. Students may be charged for any piece that is not returned. Also, a report of stolen property with the local law enforcement agency will be filed by the school or school designee.
- In no event shall Carterville Unit 5 be held liable to any claim of damage, negligence, or breach of duty.

### Part One: Student Information

Please complete the boxes below to identify the student and his/her assigned device.

<b>Student Name (PRINT):</b>	<b>School:</b>
<b>Student Signature:</b>	<b>Grade:</b>
<b>Parent/Guardian Name (PRINT):</b>	<b>Serial Number:</b>
<b>Parent/Guardian Signature:</b>	<b>District ID Number:</b>

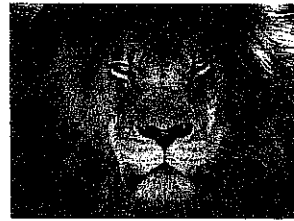
### Part Two:

Student Initials	Website & Social Media Guidelines	Parent Initials
	Be aware of what you post online. Website and social media venues are very public. What you contribute leaves a digital footprint for all to see. Do not post anything you wouldn't want friends, enemies, parents, teachers, future colleges, or employers to see.	
	Follow the school's code of conduct when writing online. It is acceptable to disagree with other people's opinions; however, do it in a respectful way. Make sure that criticism is constructive and not hurtful. What is inappropriate in the classroom is inappropriate online.	
	Be safe online. Never give out personal information, including but not limited to last names, phone numbers, addresses, exact birth dates, and pictures. Do not share your password with anyone besides your teachers and parents.	
	Linking to other websites to support your thoughts and ideas is recommended. However, be sure to read and review the entire website prior to linking to ensure that all information is appropriate for a school setting.	
	Do your own work! Do not use other people's intellectual property without their permission. Be aware that it is a violation of copyright law to copy and paste others' thoughts. It is good practice to hyperlink to your sources.	
	Be aware that pictures may also be protected under copyright laws. Verify that you have permission to use the image or that it is under Creative Commons attribution.	
	How you represent yourself online is an extension of yourself. Do not misrepresent yourself by using someone else's identity.	
	Online work should be well written. Follow writing conventions, including proper grammar, capitalization, and punctuation. If you edit someone else's work, be sure it is in the spirit of improving the writing.	
	If you run across inappropriate material that makes you feel uncomfortable or is not respectful, tell your teacher right away. Everyone should work together to make our digital environment safe.	





**CARTERVILLE JUNIOR HIGH SCHOOL**  
**7th Grade Forecasting**  
**2023-2024 School Year**



**INSTRUCTIONS: PLEASE PRINT**

All students need to choose 1 ½ electives for 7th grade. Below you will find a list of electives offered at CJHS. Every effort will be made to ensure that all students get the classes that they choose.

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Each student will be assigned four core classes which include Science, Social Studies, Language Arts, and Math. In addition, all students will take PE/Health. All 7th graders are required to take Digital Literacy for a nine week period (½ a semester). Unless your student is in **BAND AND LAB CHOIR**, the other half of that semester (9 weeks) will be a study hall. **IF DESIRED, YOUR STUDENT CAN BE IN BOTH BAND AND LAB CHOIR. IF THAT IS THE CHOICE, PLEASE CIRCLE BAND AND LAB CHOIR AND NOTHING ELSE.**

**CIRCLE ONE (FULL YEAR)**

\*BAND\*

\* LAB CHOIR\*

\*STUDY HALL\*

\*ART I\*

**AND**

**CIRCLE ONE (SEMESTER)**

\*COMPUTER APP\*

\*MAKING YOUR DESIGNS A REALITY\*

\*ART I\*

\*HUMANITIES\*

\*CREATIVE WRITING\*

\*RIPPED FROM THE HEADLINES\*

\*STUDY HALL\*

\*MUSIC APPRECIATION\*

\*SPEECH COMMUNICATIONS\*

**OR**

**CIRCLE THREE (SEMESTERS)**

\*COMPUTER APP\*

\*MAKING YOUR DESIGNS A REALITY\*

\*ART I\*

\*HUMANITIES\*

\*CREATIVE WRITING\*

\*RIPPED FROM THE HEADLINES\*

\*STUDY HALL\*

\*MUSIC APPRECIATION\*

\*SPEECH COMMUNICATIONS\*

This form should be **SIGNED BY THE STUDENT AND THE PARENT** and returned to your teacher by **FRIDAY, APRIL 28, 2023.**

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

My child plans to participate in (please check all that apply):

☐

baseball/softball

☐

cross country

☐

track

(These sports are sometimes dismissed before the end of the school day)



# CARTERVILLE JUNIOR HIGH SCHOOL

8th Grade Forecasting

2023-2024 School Year



## INSTRUCTIONS: PLEASE PRINT

All students need to choose 2 electives for 8th grade. Below you will find a list of electives offered at CJHS. Every effort will be made to ensure that all students get the classes that they choose.

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Each student will be assigned four core classes which include Science, Social Studies, Language Arts, and Math. In addition, all students will take PE/Health.

### CIRCLE ONE (FULL YEAR)

\*BAND\*

\* LAB CHOIR\*

\*STUDY HALL\*

\*ART II\*

\*ART I\*

(if Art was taken last year)

## AND

### CIRCLE TWO (SEMESTER)

\*COMPUTER APP\*

\*MAKING YOUR DESIGNS A REALITY\*

\*HUMANITIES\*

\*CREATIVE WRITING\*

\*RIPPED FROM THE HEADLINES\*

\*STUDY HALL\*

\*MUSIC APPRECIATION\*

\*SPEECH COMMUNICATIONS\*

\*ART I\* (if not taken as a 7th grader)

\*ART II\*(if taken as a 7th grader)

## OR

### CIRCLE TWO (FULL YEAR)

\*BAND\*

\* LAB CHOIR\*

\*STUDY HALL\*

\*ART II\*

\*ART I\*

(if Art was taken last year)

(If Art was not taken last year)

## OR

### CIRCLE FOUR (SEMESTER EACH)

\*COMPUTER APP\*

\*MAKING YOUR DESIGNS A REALITY\*

\*HUMANITIES\*

\*CREATIVE WRITING\*

\*RIPPED FROM THE HEADLINES\*

\*STUDY HALL\*

\*MUSIC APPRECIATION\*

\*SPEECH COMMUNICATIONS\*

\*ART I\* (if not taken as a 7th grader)

\*ART II\*(if taken as a 7th grader)

This form should be SIGNED BY THE STUDENT AND THE PARENT and returned to your PRIDE teacher by MONDAY, APRIL 24.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

My child plans to participate in (please circle all that apply):

☐

baseball/softball

☐

cross country

☐

track



## 7th Grade

### 2023 - 2024 Supply List

#### Required:

- 1 1-inch binder (Heavy Duty-clear view recommended)
- 1 1-subject spiral notebook (for Math)
- 1 composition notebook
- 1 pencil bag with holes for binder (or can be carried separately)
- Erasers—block and pencil top
- 6 pocket folders--- all hole-punched (Label them: Homework, ELA, Science, Social Studies, Math - then put them in your binder)
- 2 pocket folders for Math to leave in the classroom (1 blue folder and 1 orange folder)
- 1 pack of dry erase markers (for student use)
- 2 packages of loose-leaf paper (always keep several sheets in your binder)
- 1 pack highlighters
- 1 pack - blue or black ink pens
- Pencils (at least 50)
- 1 basic calculator, (NOT SCIENTIFIC)
- 2 packages 3 X 5 note cards
- 4 packs (pads) of post-it notes
- 1 package colored pencils
- Ear Buds/Head Phones - **Must always be brought to class**
  - It is **STRONGLY** recommended you purchase ear buds with a cord for school. These are not as easily lost, no one looks to steal them, and state testing and other platforms require ear buds that plug in. Thank you.
- Kleenex, Clorox Wipes, and Hand Sanitizer - bring to student's PRIDE teacher
- PE - \$5 is already added to your fees for a PE shirt that will be issued once school begins. You need to buy navy or darker blue shorts. These PE shorts should meet the handbook regulations regarding shorts.
  - Proper footwear (lace-up or secures to foot)
- Optional: Wireless mouse for Chromebook

#### Please Note:

- If you choose to hang personalized items inside your locker, you **must use magnets NO adhesives, glue, stickers, or tape!**
- Additional items may be recommended by teachers at various times throughout the year.
- Lockers will be used this year. Backpacks **WILL NOT** be allowed to be carried to class.

# CARTERVILLE JR. HIGH SCHOOL

## 2023-2024 Supply List

### 8<sup>TH</sup> Grade

<b>8th Grade Math/Algebra Materials:</b> <ul style="list-style-type: none"> <li>• 1 scientific calculator, TI-30XIIS</li> <li>• 1 single college-rule notebook</li> <li>• 1 package (4 count) of chisel dry erase markers</li> <li>• 1 pocket folder, hole punched</li> </ul>	<b>Language Arts Materials:</b> <ul style="list-style-type: none"> <li>• 1 ½ - 2" binder, clear view recommended (specifically for Memory Book 4th Qtr.)</li> <li>• 1 package of 50 page protectors (specifically for Memory Book 4th Qtr.)</li> <li>• 1 pocket folder, hole-punched</li> </ul>
<b>Science Materials:</b> <ul style="list-style-type: none"> <li>• 1 pocket folder, hole-punched</li> </ul>	<b>Social Studies Materials:</b> <ul style="list-style-type: none"> <li>• 1 pocket folder, hole punched</li> </ul>
<b>PE Materials:</b> <ul style="list-style-type: none"> <li>• PE - \$5 is already added to your fees for a PE shirt that will be issued once school begins. You need to buy navy or darker blue shorts. These PE shorts should meet the handbook regulations regarding shorts.</li> <li>• Proper footwear (lace-up or secures to foot)</li> </ul>	<b>Other Required Materials:</b> <ul style="list-style-type: none"> <li>• 2" binder</li> <li>• Ear buds/headphones (<b>no wireless</b>)</li> <li>• 1 pencil bag with holes for binder</li> <li>• Package of highlighters</li> <li>• 1 packages of loose-leaf paper to use for any class</li> <li>• Blue or black ink pens</li> <li>• 36 Pencils (pens not allowed for math)</li> <li>• Kleenex to PRIDE class</li> <li>• 1 container of disinfectant wipes to PRIDE class</li> <li>• 1 bottle of hand sanitizer to PRIDE class</li> </ul>
<b>Water Bottle</b> <ul style="list-style-type: none"> <li>• A refillable water bottle is recommended</li> </ul>	<b>Lab Choir Members ONLY Materials:</b> <ul style="list-style-type: none"> <li>• 1" black binder, with pockets</li> </ul>

#### Please note the following:

- It is **STRONGLY** recommended you purchase ear buds with a cord for school. They are not as easily lost, no one looks to steal them, and state testing and other platforms require ear buds that plug in.
- Lockers will be used this year.
- Backpacks **WILL NOT** be allowed to be carried to class.
- You may have a locker shelf.
- If you choose to hang personalized items inside your locker, you **must use magnets –NO adhesives, glue, stickers, or tape!**
- Additional items may be recommended by teachers at various times throughout the year.



# Carterville Junior High School

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816 S. Division Carterville, IL 62918  
Phone (618) 985-4500 Fax (618) 985-3402  
[www.cartervilleschools.org](http://www.cartervilleschools.org)

**TO BE CONSIDERED FOR OUR FREE AND  
REDUCED LUNCH PROGRAM, PLEASE  
COMPLETE THE FOLLOWING FORMS AND  
RETURN TO THE CJHS OFFICE.**

Shauna Barber, Principal  
Katie Prather, Assistant Principal  
Kim Swallers, School Counselor

Cassie Puckett, Financial Secretary  
Abby Lane, Attendance Secretary  
Tabitha Coon, School Nurse

Dear Parent/Guardian:

Children need healthy meals to learn. \_\_\_\_\_ offers healthy meals every school day. Breakfast costs \$ \_\_\_\_\_; lunch costs \$ \_\_\_\_\_. Your children may qualify for free meals or for reduced price meals. Reduced price is \$ \_\_\_\_\_ for breakfast and \$ \_\_\_\_\_ for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to \_\_\_\_\_.

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

**Income Eligibility Guidelines**  
**Effective from July 1, 2023 to June 30, 2024**

Household Size	Reduced-Price Meals (185% Federal Poverty Guidelines)				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional family member, add	9,509	793	397	366	183

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 Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for 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. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
3. 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 above.
4. A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECEIVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
5. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your school.
6. 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.
7. 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 the enclosed application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to the person listed above.
11. 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.
12. 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.
13. 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.
14. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely,



**SCHOOL USE ONLY**

☐ Check if Error Prone Application

1. All Household Members (Attach another sheet of paper if necessary.)

[illegible]

\* A foster child is the legal responsibility of a welfare agency or court.

**2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)**

☐ Homeless    ☐ Migrant    ☐ Runaway    ☐ Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director

Date \_\_\_\_\_

**3. Total Household Gross Income (before deductions)** You must tell us how much and how often.

<b>A. NAMES</b> (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)		<b>GROSS INCOME AND HOW OFTEN IT WAS RECEIVED</b> (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
		<b>B. Earnings From Work</b> (Before Deductions)		<b>C. Welfare, Child Support, Alimony</b>		<b>D. Pensions, Retirement, Social Security</b>		<b>E. Worker's Comp., Unemployment, SSI, etc. (All other income)</b>	
		Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$		
ii.	\$		\$		\$		\$		
iii.	\$		\$		\$		\$		
iv.	\$		\$		\$		\$		
v.	\$		\$		\$		\$		

**4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the *I do not have a social security number* box.

  X  X  X  -  X  X  -    
Social Security Number

☐ I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date \_\_\_\_\_

Printed Name of Adult Household Member

Signature of Adult Household Member

### 5. Contact Information (Optional)

Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, Zip Code)

## 6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:

☐ Hispanic/Latino

☐ Not Hispanic/Latino

Mark one or more racial identities:

☐ Asian ☐ Black or African American

☐ White ☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

**— THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY —**

### INITIAL DETERMINATION

TOTAL INCOME \$ \_\_\_\_\_ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year NUMBER IN HOUSEHOLD: \_\_\_\_\_ CHANGE IN STATUS: \_\_\_\_\_ Date \_\_\_\_\_

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.

Annual Income Conversion    Weekly X 52    Every 2 Weeks X 26    Twice a Month X 24    Once a Month X 12

☐ Free based on:

☐ homeless  
☐ migrant  
☐ runaway  
☐ Head Start

☐ Reduced based on:

☐ household's income

☐ SNAP or TANF  
☐ foster child  
☐ household's income

☐ Denied—Reason:

☐ income too high  
☐ incomplete application  
☐ Non-qualifying SNAP/TANF

Date Withdrawn:

Signature of Determining Official

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