

VAN DYKE PUBLIC SCHOOLS – ENROLLMENT FORM

STUDENT INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

City: _____ Zip Code: _____

Sex: Male _____ Female _____

Date of Birth: MO _____ DAY _____ YEAR _____

City & State or Place of Birth: _____

Date of First DPT Booster: _____

Home Telephone Number: (____) _____

Beeper/Pager Number: (____) _____

Cell Phone Number: (____) _____

PARENT INFORMATION

Father: _____
First Name Last Name

Address: _____
Number Street

City: _____ Zip Code: _____

Mother: _____
First Name Last Name

Address: _____
Number Street

City: _____ Zip Code: _____

Step-Parent: _____
First Name Last Name

Address: _____
Number Street

City: _____ Zip Code: _____

With whom does student reside? ☐ Father ☐ Mother
☐ Stepmother ☐ Stepfather ☐ Guardian ☐ Other _____

Is the student or has the student been in Special Education classes? ☐ Yes ☐ No

Does your child plan on playing any sports? ☐ Yes ☐ No

What, if any, special help or care does your child require?
 Please explain. _____

I have received a copy of the
Van Dyke Code of Conduct Book.

Initials

Date

SCHOOL INFORMATION

Name of last school attended: _____

Address: _____
City State Zip Code

Name of last school district: _____

Did your child ever attend any other Van Dyke School?
☐ Yes ☐ No

If YES, what school and when?
 Name of School: _____
 School Year Attended: _____

-OTHER CHILDREN IN FAMILY-

Name of Child	Sex	Date of Birth

Please check mother's highest grade-level completed?

High School: 09 10 11 12
 College: 01 02 03 04

State Board of Education Approved Home Language Survey

The Van Dyke School District is collecting information regarding the language background of each of its students. This information will be used to determine the number of children who should be provided bilingual instruction according to Sections 380.1151-380.1158 of the School Code of 1976, Michigan's Bilingual Education Law.

1) Is your child's native language English? ☐ Yes ☐ No

What is the native language? _____

2) Is English used in your home most of the time? ☐ Yes ☐ No

What is the language used at home? _____

3) Is your child Multi-Racial? ☐ Yes ☐ No

If YES, mark with percentage, all categories that best describe your child's origin. If NO, mark only one category 100%.

American Indian or Alaskan Native _____
 Asian American _____
 Black or African American _____
 Hispanic or Latino _____
 Native Hawaiian or Other Pacific Islander _____
 White _____

Please identify your child's racial background, by percentages, in the spaces provided above.

REGISTERING AT: _____

CURRENT GRADE: _____

- OFFICE USE ONLY -

☐ IMMUN ☐ ORIG. B/C ☐ PROOF OF RES ☐ EMG CARD
☐ REQUEST FOR RECORDS

STUDENT # _____

PERSON TAKING REGISTRATION _____

____ PP ____ SS ____ NWEA

START DATE: _____

LMS ENROLLMENT FORM



Signature of Parent/Guardian



Van Dyke Public Schools

23500 MacArthur Blvd.
Warren, Michigan 48089-1741

Phone: (586) 758-8341
Fax: (586) 759-9408

REQUEST FOR RELEASE OF SCHOOL RECORDS / CONSENT TO SEND OR RECEIVE CONFIDENTIAL RECORDS

Name of Last School District:		
Name of Last School Attended:		
Street Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	

Name of Student	Date of Birth	Grade

The above student recently enrolled in the Van Dyke Public School District.

Please forward the complete records of the above named student to the school or department indicated below:

CHECK ALL THAT APPLY	Building	Phone Number	Fax Number	Attention
	Lincoln High School 22900 Federal Blvd. Warren, MI 48089	(586) 758-8306	(586) 758-8304	Counseling Office
<input checked="" type="checkbox"/>	Lincoln Middle School 22500 Federal Blvd. Warren, MI 48089	(586) 758-8325	(586) 427-3508	Counseling Office
	Carlson Elementary School 12355 Mruk Warren, MI 48089	(586) 758-8345	(586) 758-7397	Principal
	Lincoln Elementary School 22100 Federal Ave. Warren, MI 48089	(586) 758-8342	(586) 758-7381	Principal
	McKinley Elementary School 13173 Toepfer Warren, MI 48089	(586) 758-8365	(586) 427-3658	Principal
	Van Dyke Public Schools Special Services Department 23500 MacArthur Blvd. Warren, MI 48089	(586) 758-8338	(586) 759-6791	Director

CHECK ALL THAT APPLY	<p>Please include with these records all educational and confidential information including but not limited to: All academic records, achievement test results, all medical health records and doctor's reports, Special Education records, psychological and/or diagnostic test results, social worker / counselor reports, summary or attendance reports, and any other pertinent information.</p>
	I hereby give permission to have all of my child's confidential records sent to Van Dyke Public Schools.
	I hereby give consent for the release of all Special Education, and confidential records including medical, psychiatric, psychological, social and school information concerning my child. Please send all Special Education to the Special Services Department listed above.
	I confirm that this child has not been expelled from a former school or has not been allowed to withdraw from a former school pending any charges due to a "Weapons in Schools", "Physical or Verbal Assault", "Arson", or "Criminal Sexual Conduct" infraction.
Signature of Parent/Guardian: _____	
Date: _____	

LINCOLN MIDDLE SCHOOL

22500 Federal

Warren, MI 48089

"We Build Champions for Life!"

Mr. Victor Breithaupt
Principal
(586) 759-9428



Derek Lawson
Rachelle Bierod
Assistant Principal
(586) 758-8324

STUDENT EXPULSION P/RR 5114.00C

Subsection (2) of Section 1311. of The Revised School Code of the State of Michigan (1996) states:

If a pupil possesses in a weapon free school zone a weapon that constitutes a dangerous weapon, commits arson in a school building or on school grounds, or commits criminal sexual conduct in a school building or on school grounds, the school board, or the designee of the school board as described in subsection (1) on behalf of the school board, shall expel the pupil from the school district permanently, subject to possible reinstatement under subsection (5).

Subsection (3) states:

If an individual is expelled pursuant to subsection (2), the expelling school district shall enter on the individual's permanent record that he or she has been expelled pursuant to subsection (2). Except if a school district operates or participates cooperatively in an alternative education program appropriate for individuals expelled pursuant to subsection (2) and in its discretion admits the individual to that program, an individual expelled pursuant to subsection (2) is expelled from all public schools in this state and the officials of a school-district shall not allow the individual to enroll in the school district unless the individual has been reinstated under subsection (5).

After listing the name of each child you are enrolling in this school, please indicate if he/she has been expelled from any school district in the State of Michigan.

_____	Yes	No
_____	Yes	No
_____	Yes	No

PARENT SIGNATURE

DATE



STUDENT REGISTRATION - PLACEMENT AGREEMENT

PROVIDING FALSE INFORMATION WILL RESULT IN YOUR CHILD BEING DISENROLLED
AND THE POSSIBILITY OF LEGAL ACTION DUE TO RESIDENCY FRAUD.

Student Name: _____

I understand, due to the high standards of Van Dyke Public Schools, that my child will be registered and placed in classes, only if the following criteria are met. His/her registration and placement, is temporary and contingent upon verification of the following items:

- Academic achievement is determined by most recent report card
- That there are no previous actions taken toward expulsion
- Evidence that registrant a resident of Van Dyke Public School District
- Parent/Legal Guardian must provide a valid driver's license or State issued picture identification card
- Valid telephone number must be provided for emergency contact
- Proof of student's date of birth (Student's original Birth Certificate)
- Up-to-date Immunization Record (required)

PROOF OF RESIDENCY consists of:

- Purchase Agreement or closing papers or City of Warren Tax document
- Lease or Rental Agreement
- Current Driver's License or State I.D.
- Current Voter's registration
- Current Utility Bill(s)
- Notarized District Affidavit of Residency (if living with friend or relative)
- Court Order

Every parent/legal guardian registering a child must prove residency within our school district's boundaries.* It is the responsibility of the parent to provide proof of residency upon enrollment. You must provide three pieces of residency proof – of these one must be a purchase agreement, closing papers, City of Warren property tax documentation, lease or rental agreement. **The student must reside at this address.**

If a student is registering under the rules of Power of Attorney, all of the above stated requirements still govern registration. The student must reside at the home of the person assuming Power of Attorney. At any time, a home visit may occur. (Completed, notarized, district Power of Attorney is valid for 6 months from the date issued. Therefore, two are required per school year.)

I, _____, certify that I have read, understand, and have
Name of Parent/Legal Guardian
provided the above information. It is true and complete. Parents/Guardians providing false information for registration may have their child(ren) subject to disenrollment from Van Dyke Public Schools.

Signature of Parent/Legal Guardian

Date

* Macomb County students residing outside of our district's boundaries must submit an application to attend Van Dyke Public Schools during the open enrollment times. These students must have applications processed and approved through the Van Dyke Public Schools Administrative Service Center (Office for Curriculum and Instruction) under our district's Schools of Choice Plan.



Van Dyke Public Schools
Warren, MI 48089

Dear Parent(s):

Our intent in providing this form is to be certain that your child's teacher(s) be aware of any problems your child may have. At this time, we are asking that you bring us up to date regarding any physical or emotional problems that your child may have. All information will be kept confidential.

Fill in your child's name, grade, room number, and write NONE across the form if your child has no problems.

Please feel free to contact your child's school office if you have any questions or need to update your information during the school year.

Thank you for your cooperation.

Student Health Information

Student Information	Last Name	First Name	Middle Name
	Date of Birth	Grade	
	Room Number	Building	

Description of Problem:

Restrictions for child, if any:

List any prescribed medications:

Name of Doctor and/or Psychologist:

Phone Number:

Additional Information (optional):

Signature of Parent / Legal Guardian

Phone Number

Date



Van Dyke Public Schools

Acceptable Use Policy for the Internet, Local Area Network, Computers, and Related Technology Equipment

The Internet is a complex association of governmental, business and educational agencies working together to share resources. The Internet provides access to electronic mail, college and university institutions, tours of museums, and the opportunity to exchange information with people throughout the world. However, along with the use of the Internet comes new responsibilities. Please read the Policy on the reverse side of this form carefully.

Access and use of the Internet is a conditional right for students and employees. The Van Dyke Public Schools has developed an Internet Acceptable Use Policy (reverse side of this form) to cover the use of this technological tool.

INDIVIDUAL ACCESS RELEASE FORM

(Student/Employee)

As a condition of my right to use the technology facilities of the Van Dyke Public Schools, I have read, understand and agree to follow the Acceptable Use Policy of the Van Dyke Schools. In addition, I will promote this agreement with students and/or staff to ensure the appropriate use of the Internet in the Van Dyke Public Schools.

Signature of Individual

School/Location

Printed Name of Individual

Date

PARENT OR GUARDIAN AGREEMENT

Student Name _____ Birth Date _____ Age _____
(If student is under 18 years of age, a parent or guardian must also read and sign this agreement.)

As the parent or guardian of this student, I have read the Van Dyke Public School District's Acceptable Use Policy. I understand that access to computers, Networks, etc. is designed for educational purposes. The Van Dyke Public School District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the Van Dyke Public School District to restrict access to all controversial materials on the Internet and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use of the computer is not in a school setting. I hereby give permission to issue access for my child and certify that the information contained on this form is correct.

Parent or Guardian's Name (Please Print): _____

Signature: _____ Date: _____

Parents/Students: Please return the white copy of this completed form to your classroom teacher or school office. Retain the pink copy for your records.

School: _____

Employees: Please return the white copy of this completed form to your school office or department director. Retain the pink copy for your records.

School/Department: _____

Internet Acceptable Use Policy on reverse side of this form.

Van Dyke Public School District's Acceptable Use Policy for the Internet, Local Area Network, Computers, and Related Technology Equipment.

Internet and Local Area Network (LAN) Activities:

1. All use of networks must be in support of education and research and consistent with the purposes of the Van Dyke Public School District (VDPS).
 2. Any use of the network for commercial or for-profit purposes is prohibited.
 3. Use of the network for personal and private business is prohibited.
 4. Any use of the network for product advertisement or political lobbying is prohibited.
 5. Network accounts are to be used only by the authorized owner of the account for the authorized purpose.
 6. Users shall not seek information on, obtain copies, or modify files, other data, or passwords belonging to other users, or misrepresent other users on the network.
 7. All communications and information accessible via the networks should be assumed to be private property.
 8. No use of the network shall serve to disrupt the use of the network by others; hardware or software shall not be destroyed, modified, or abused in any way.
 9. Malicious use of the network to develop programs that harass other users, infiltrate a computer or computing system and/or damage the software components of computer or computing system is prohibited.
 10. Hate mail, harassment, discriminatory remarks, and other antisocial behaviors are prohibited on the network.
 11. The illegal installation of copyrighted software as well as, unauthorized software, for use on district computers is prohibited.
 12. Use of the network to access or process pornographic materials, inappropriate text, files known to have viruses, or files dangerous to the integrity of the local area network is prohibited.
 13. Any violations of the use of the Internet should be reported to the principal, teacher, or technology facilitator assigned to the user.
 14. Users will accept the responsibility of keeping copyrighted software of any kind from entering the local area network via the Internet.
- The Van Dyke Public Schools, through a designated representative(s), reserves the right to access, read and delete any information stored on the network. This would include student work, e-mail or other files on the network.
 - This document is in effect until rescinded in writing by the parent/guardian and/or student or the Van Dyke Schools or expires under normal school guidelines. A new form will not be signed each year.

Disciplinary Action for Violation of Acceptable Use Policy:

The violations listed are not all-inclusive, but only representative and illustrative. A user who commits an act of misconduct which is not listed will also be subject to disciplinary action as covered by Section III of the Student Code of Conduct. In addition, if a student is receiving Special Education services, the applicable State Board guidelines will be followed.

Dear Parent/Guardian,

Van Dyke Public Schools is proud of the outstanding programs and services that are provided to students and families. In our on-going effort to strengthen parent and family involvement, the district is providing a service that will allow parents of Lincoln Middle School and Lincoln High School to view up-to-date grades and attendance information about their student(s). The "Parent Portal" is an application available through Power School.

To be able to get this information, you will need access to the internet. By going to the Van Dyke Public Schools homepage (www.vdps.net) parents / guardians can click on the Power Schools Parent Icon and log-in to view student information. Parents / Guardians will be provided with a log-in and password by agreeing to the following:

Parents / Guardians will not share log-in and password information with their child(ren).

Parents / Guardians will keep information obtained through the Parent Portal confidential.

Parents/Guardians will not use the parent portal or Van Dyke Public Schools website for any purpose other than to access information about their child(ren).

Parents and guardians who do not have internet access may use computer terminals available at the Van Dyke Public Schools Administration Center which is located at 23500 MacArthur, Warren, MI 48089.

Parents / Guardians wanting access to the Power Schools Parent Portal are required to complete the following information and return it to the school office. Parents will need to provide their ID in order to receive their log-in and password.

Parents who have questions should contact the Office of Curriculum and instruction by calling 586-758-8341.

By signing the Parent Portal agreement, I will:

Not share log-in and password information with my children or others.

Keep all information obtained through the Parent Portal confidential.

Only use the Van Dyke Public Schools for the express purpose of obtaining educational information.

Name of Parent _____ Name of Student _____

Student Grade Level ____ Parent E-Mail _____ Date _____

For Office Use Only:

Student Name _____ Parent Name _____

Date Received: _____ Log-In: _____ Password: _____

Student Verification Form

Lincoln Middle School

Please return with any changes

Student Information

Name	Grade	Date of Birth
Home Street Address	Home City & Zip	Home Phone
Mailing Street Address	Mailing City & Zip	Alternate Phone
Gender		

Health

Medical Alerts, Allergies or Problems

Physical Limitations				
Physician's Name			Physician's Phone	
Asthma	Diabetes	Vision Problem	Hearing Problem	Heart Condition

Contact 1

Name of Parent	Relationship	Contact Priority
Street Address	City & Zip	Home Phone
Cell Phone	Cell Phone 2	Lives with Student?
Employer	Work Phone	Work Extension
Email Address	Receives Letter Mailing?	

Student Verification Form
Lincoln Middle School

Page 2

Contact 2

Name	Relationship	Contact Priority
Street Address	City & Zip	Home Phone
Cell Phone	Cell Phone 2	Lives with Student?
Employer	Work Phone	Work Extension
Email Address	Receives Letter Mailing?	

Contact 3

Name	Relationship	Contact Priority
Street Address	City & Zip	Home Phone
Cell Phone	Cell Phone 2	Lives with Student?
Employer	Work Phone	Work Extension
Email Address	Receives Letter Mailing?	

Contact 4

Name	Relationship	Contact Priority
Street Address	City & Zip	Home Phone
Cell Phone	Cell Phone 2	Lives with Student?
Employer	Work Phone	Work Extension
Email Address	Receives Letter Mailing?	

I certify that the information on this form is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

PARENT & STUDENT CONCUSSION INFORMATION SHEET

ACKNOWLEDGMENT OF RECEIPT

By my name and signature below, I acknowledge that I have received and reviewed the Concussion Information Sheet for parents and students provided by Van Dyke Public Schools.

Student Name

Parent Name

Student Signature

Parent Signature

Date

Return this signed form to your child's school.

Dear Parent or Guardian:

We are pleased to inform you that Van Dyke Public Schools will be participating in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for the School Year 2019-2020.

The GREAT NEWS is that ALL students enrolled at our school can receive a healthy breakfast and lunch at NO CHARGE to your household each day.

In place of the Free and Reduced-Price Meal Application we still need your household to **fill out and sign the Household Information Report**. This report is critical in determining the amount of money that our school receives from a variety of State and Federal supplemental programs like Title I A, At-risk (31a), Title II A, E- Rate, etc.

These supplemental programs have the potential to offer supports and services for our students including, but not limited to:

- Instructional supports (staff, supplies & materials, etc.)
- Non-instructional services (counseling, social work, health services, etc.)
- Professional Learning for staff
- Parent and Community engagement supplies and activities
- Technology

We are asking that you please complete and submit it as soon as possible to ensure that additional funding for our school is available to meet the needs of our students. All information on the report submitted is confidential. Without your assistance in completing and returning the attached report, our school cannot maximize the use of available State and Federal funds.

If we can be of any further assistance, please contact us at 586-758-8335.

Sincerely,

Doreen Grout
Food Service Director

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: Enter the total number of individuals living in your household, including all children in the box provided.

Part B: List the case number for any household member (including adults) receiving FAP, FIP, or FDPIR benefits

Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part D: Skip this part

Part E: Sign the form. Print your name and Date.

IF YOUR HOUSEHOLD DOES NOT RECEIVE BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: List the total number of individuals living in your household, including all children.

Part B: Skip this part.

Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part D: Enter all gross income for each type of income that applies. If you have no income for any 1 or more of the categories, Circle NONE if no income. Add lines 1-6 and enter the Total Monthly Household Income.

Part E: Sign the form. Print your name and Date.

Household Information Report

To determine eligibility for various additional state and federal program benefits that your school may qualify for, please complete, sign and return this report to _____.

(School Name)

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children → _____

PART B. CURRENT BENEFITS - Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDIPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

PART C. STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

If you need additional lines, attach a second sheet to this report or attach a copy of this report clearly marked as a **Page 2**.

PART D. TOTAL MONTHLY HOUSEHOLD INCOME - Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if None
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

PART E. SIGNATURE - I certify (promise) that all information on this report is true and that all income is reported. I understand that the school will get federal/state funds based on the information I give. I understand that school officials may verify (check) the information.

(Signature)

(Printed Name)

(Date)

(Address) (City) (Zip)

(Home Phone) (Work Phone) (Email Address)