

INDIANOLA PUBLIC SCHOOLS
2023-2024 ENROLLMENT FORM

Date Enrolled: _____ Previous School: _____
Previous School Address: _____

Check box(es) for Special Services receiving or have received:

- | | |
|--|---|
| <input type="checkbox"/> Chapter 1 Reading Lab | <input type="checkbox"/> L.D. |
| <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Chapter 1 Math Lab |
| <input type="checkbox"/> M.R. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Multi |

Has your student ever qualified for gifted/talented classes? YES NO If yes, date: _____

Student's Full Legal Name: _____ Grade: _____

Male Female Student's name to be used in classroom: _____

Date of Birth: _____ City and State of Birth: _____

Social Security Number: _____ Birth Certificate: Yes No Immunizations: Yes No

Mailing Address: _____

Physical Address: _____

Directions to Home: _____

Bus Number: _____

Ethnicity (Check one): Hispanic or Latino Not Hispanic or Latino
Race (Check all that apply): Black or African American American Indian or Alaska Native
 Asian If Indian, Roll #: _____
 White Native Hawaiian or Other Pacific Islander

Lives with (name): _____ Relationship to Student: _____

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Lives with (name): _____ Relationship to Student: _____

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Who has legal custody? _____

If Foster Care, is this home Therapeutic? Yes No

The following persons have my permission to remove my child from school premises during school hours and are considered emergency contacts:

1. Name: _____ Relationship to student: _____

Home Phone: _____ Work Phone: _____

2. Name: _____ Relationship to student: _____

Home Phone: _____ Work Phone: _____

3. Name: _____ Relationship to student: _____

Home Phone: _____ Work Phone: _____

4. Name: _____ Relationship to student: _____

Home Phone: _____ Work Phone: _____

Medicaid Number (If applicable): _____

Physician's Name: _____ Dentist's Name: _____

Is your child allergic to anything? Yes No List Allergies: _____

Does your child have any medical history? Yes No List Medical History: _____

Is your child taking any medications currently? Yes No List of current medications: _____

AUTHORIZATION FOR MEDICAL CARE OF A MINOR

The undersigned parent, legal guardian, or person having legal custody of _____
(Name of student)

Do hereby authorize the listed alternate contact persons to consent to any emergency x-ray, medical, surgical or dental diagnosis or treatment as deemed necessary upon the advice of a physician, surgeon, or dentist licensed under the laws of the State of Oklahoma. In the event that neither parent nor the alternate persons can be reached, I authorize Indianola Public Schools to obtain emergency medical and/or dental assistance for my child. I also authorize Indianola Public Schools to administer prescription and non-prescription medications that I send to school for my child and, if needed, Hydrogen Peroxide, anti-itch lotion, and Band-Aids. Furthermore, if my child uses an inhaler, I will furnish one for the school and permit my child to self-administer this medication when needed.

 (Parent Signature)

 (Date)

AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

Authorization for administration of prescription and non-prescription medication at school to be administered by trained non-medical personnel: I authorize Indianola Public Schools to administer prescription and non-prescription medication. If my child uses an inhaler or EPI PEN, I will furnish one for the school and permit my child to self-administer this medication when needed. All prescription medicine must be in the original container with a prescription label.

Medication	Please circle one		Additional Instructions
Benadryl	YES	NO	(Only for emergency allergic reactions)
Tums	YES	NO	
Triple Antibiotic Ointment	YES	NO	
Caladryl Lotion	YES	NO	
Hydrocortisone Cream	YES	NO	
Cough Drops	YES	NO	
Tylenol	YES	NO	
Ibuprofen	YES	NO	

PLEASE READ: Parents will need to supply this form AND the medication to their child's school for authorized personnel to be able to give medicine.

 Parent Signature

 Date

INDIANOLA PUBLIC SCHOOL
RELEASE/PERMISSION AGREEMENTS 2023-2024

Please initial any of the release/permission agreements if you AGREE to the following:

_____ Field Trips: Throughout the school year, our students may be bused to areas inside and outside the district. You, through your child, will be notified of each trip. Your permission today will save much paperwork. We can assure you that each trip will include a carefully preplanned program and be well supervised. I give permission for my child to participate in the school's field trip programs for the year.

_____ School Screenings: Student is permitted to participate in school screenings. Throughout the year, school district employees, community agencies and volunteers will conduct school screenings. These may include vision, dental, hearing, speech/language, readiness, test for intellectual ability, for gifted eligibility and educational screening. Information shall be collected and maintained in a confidential manner in accordance with the Family Educational Rights and Privacy Act (FERPA).

_____ Photo/Media Release Permission: Under the supervision of the principal or district administrator for district activities, students and parents agree to the usage and/or publishing of photographs, video, or interviews on the district website, social or news media websites.

_____ School Messenger: Indianola Public School has a School Messenger. School Messenger is software that makes an automated phone call or sends out automated texts to advise parents of important information as well as attendance. By initialing, I give my permission to receive such calls and/or texts.

Please initial each statement if you have read and understand all students will be held accountable to the following policies:

_____ Textbook Responsibility: Parents will be responsible for any textbooks issued to students listed below for his/her use while he/she is enrolled in Indianola Public Schools.

_____ Expectations and Student Code of Conduct: Student and parent have read and understand the student will be held accountable for behavior and subject to disciplinary consequences outlined in the student handbook.

_____ Internet Usage: Students and parents understand and will abide by Indianola Public Schools terms and conditions for internet access. I further understand that any violation, my access privileges may be revoked, student disciplinary and/or appropriate legal action may be taken. Parents will accept responsibility for supervision when the student is not in a school setting.

_____ Indianola Public School's Acceptable Use Policy (AUP): Students and parents understand that violating the IPS acceptable use policy (AUP) may result in loss of internet/computer privileges and/or other district disciplinary measures. Student is given parent permission to access, produce, video conference, and communicate information on the district network resources for the current school year for class assignments under the supervision of the teacher.

(Student Signature)

(Student Print)

(Date)

(Parent/Guardian Signature)

(Parent/Guardian Print)

(Date)

INDIANOLA PUBLIC SCHOOLS
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Dear Parent/Guardian,

As part of the Family Educational Rights and Privacy Act (FERPA), you have the right to restrict what information the school releases to the public concerning your child. In order to provide information on honor rolls, coronations, athletic teams, etc. to the newspapers, we need your permission to release the following information which the government refers to as "directory information."

1. The student's name
2. The names of the student's parents
3. The student's date of birth
4. The student's class designation (i.e., first grade, tenth grade, etc.)
5. The student's extracurricular participation
6. The student's achievement awards or honors
7. The student's weight and height, if a member of an athletic team
8. The student's photograph
9. The school or school district the student attended before he or she enrolled in the Indianola School District
10. Transcripts, including rank in class, ACT scores, etc., to colleges, universities, and branches of the military

Please sign that you approve or disapprove so this information can be placed in your student's file.

Sincerely,

Anna Peery, Superintendent

Student's Name: _____

_____ YES, you have my permission to release the information listed in items 1-10 above.

Signature of Parent: _____

_____ NO, you do not have my permission to release the information listed in items 1-10 above.

Signature of Parent: _____

Please answer the following questions:

YES	NO	A. Student residing on Federal property and having a parent on active duty in the uniformed services of the United States.
YES	NO	B. Student residing on non-Federal property and having a parent on active duty in the uniformed services of the United States.
YES	NO	C. Military parents but student does not reside with them.
YES	NO	D. Student residing on non-Federal property with parent employed on Federal property situated in whole or in part in the county in which the school district is located.
YES	NO	E. Student residing on Federal property with parent employed on Federal property. The parent is NOT in the uniformed services of the United States.
YES	NO	F. Student residing in low rent housing (LRH) with a parent employed on LRH or some other Federal property, and who is NOT in the uniformed services of the United States.
YES	NO	G. Student residing in LRH and having a parent on active duty in the uniformed services of the United States.
YES	NO	H. Special Education (SPED) (handicapped) student residing in Federal property and having a parent on active duty in the uniformed services of the United States.
YES	NO	I. Student residing on Indian (IND) land.
YES	NO	J. SPED student residing on Indian land.
YES	NO	K. SPED student residing in LRH and having a parent on active duty in the uniformed services of the United States.
YES	NO	L. Student residing on Federal property, parent not employed on Federal property.
YES	NO	M. Student residing in LRH, parent not employed on Federal property.
YES	NO	N. Student residing on non-Federal property with a parent employed on LRH property situated in whole or part in the county in which the school district is located.
YES	NO	O. Student residing on non-Federal property with a parent employed on Federal property situated in whole or in part in the State in which the school district is located.
YES	NO	P. Student residing on non-Federal property with a parent employed on LRH property situated in whole or in part in the State in which the school district is located.
YES	NO	Q. SPED student residing on non-Federal property and having a parent on active duty in the uniformed services of the United States.

Student's Name: _____

PLEASE COMPLETE THE SECTION BELOW TO ASSIST WITH IMPACT AID FUNDING

Do you (check all that apply):

Yes No Live in an Indian home?

Yes No Work for Choctaw Nation? If yes, where? _____

Yes No Work at McAAP? If yes, list supervisor or dept: _____

Yes No Currently serving Active Duty Military? If yes, please attach a copy of DD4.

INDIANOLA PUBLIC SCHOOL
STUDENT ENROLLMENT QUESTIONNAIRE

Student's Name _____

Date _____

Date of Birth _____

Grade _____

School _____

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire.

Where are you and your family currently living? Please check on of the boxes below:

Section A

Rent/own my own home or apartment

STOP: If you checked the box that you rent/own your own home or apartment, skip to the bottom of the page, sign the form and then submit it to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.

Section B

Temporarily with another family member or friend until we can locate affordable housing.

In an emergency or transitional shelter

In a vehicle, park, campground, or on the streets

In a house, building, or trailer WITHOUT running water or electricity

In a hotel or motel

With an adult that is not a parent or legal guardian

Alone or in different locations, without an adult serving as a caregiver

Wherever I can find a place to stay at night

Other, please explain: _____

If you checked a box in section B, in the space below please list all children currently living with you who attend Indianola Public Schools.

First and Last Name of Student	Male or Female	Date of Birth	Grade	School Name

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? Yes No

The undersigned certifies that the information provided is correct and accurate:

(Print) Parent/Guardian or Adult Caring for the Student: _____

Relationship to the Student: _____ Signature: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

INDIANOLA PUBLIC SCHOOL
JOM NEEDS ASSESSMENT SURVEY
2023-2024

1. What do you feel are the main needs of Indian students in your public school system? *(Please indicate by placing a check mark.)*

- Tutoring: Elementary Secondary
- Indian Cultural Programs
- Counseling:
 - High School Jr. High Elementary
- Dropout Prevention Program
- Math Improvement
- School/Attendance Enhancement
- Classroom Aides
- Home/School Aides
- Personal Development
- Reading Improvement
- Educational Support
- Indian Studies Programs in the Schools
- More Parent Participation in the Schools
- Career or Job Orientation and Information
- Other suggestions: _____

2. Rank the three most important needs in order of priority.

- 1. _____
- 2. _____
- 3. _____

3. How do you think JOM funds could be used to meet the above needs?

4. Please check the category or categories that describe you.

- | | |
|---|--|
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Jr. High Student |
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> JOM Staff |
| <input type="checkbox"/> Principal | <input type="checkbox"/> High School Student |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Elementary Student |
| <input type="checkbox"/> Other | |

SHARING INFORMATION WITH MEDICAID/SOONERCARE

Dear Parent/Guardian:

If your children get free or reduced-price school meals, they MAY also be able to get free or low-cost health insurance through Medicaid or Sooner Care. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and Sooner Care that your children are eligible for free or reduced-price school meals unless you tell us not to. Medicaid and Sooner Care only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the application for Free and Reduced-Price School Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or Sooner Care, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

NO! I do NOT want information from my application for Free and Reduced-Price School Meals shared with Medicaid or Sooner Care.

If you checked No, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

(Printed Name of Parent/Guardian)

(Parent/Guardian Signature)

(Date)

(Mailing Address)

(City, State, Zip Code)

For more information, you may call your child's school.

Dear Parents/Guardians:

When you have read this handbook, please sign and have your daughter/son sign and return this page to his/her first period teacher.

I have read, understand, and agree to abide by the student handbook provided by the school for my information.

(Signature of Parent/Guardian)

(Date)

(Signature of Student)

(Date)

Internet Usage

I, _____, understand and will abide by the Indianola School District's terms and conditions for Internet access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken.

Users Signature: _____

Status: Student Staff Patron

If the applicant is less than 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 terms and conditions for Internet Access. I understand that the Indianola School District is providing this access for educational purposes only and hereby give my permission to grant access for my child and will accept responsibility for supervision when my child is not in a school setting.

Parent/Guardian (Please, print)

Parent Guardian Signature

Publication of Student Pictures

I give permission for my child's picture to be displayed on the school web-site.

I do NOT give permission for my child's picture to be displayed on the school web-site.

Parent/Guardian (Please, print)

Parent/Guardian Signature

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. (Name of School/School District) 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. This packet includes an application for free or reduced-price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from (Supplemental Nutrition Assistance Program [SNAP]), (Food Distribution Program on Indian Reservations [FDPIR]), or (Temporary Assistance for Needy Families [TANF]) are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits on the federal Income-Eligibility Guidelines (IEGs). Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2024					
Household Size	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 member, added:	9,509	793	397	366	183

2. 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 have not been told your children will get free meals, please call or e-mail (school, homeless liaison, or migrant coordinator).
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. 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: (Name, Address, Phone Number).
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact (Name, Address, Phone Number, E-Mail) immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit (Web site) to begin or to learn more about the online application process. Contact (Name, Address, Phone Number, E-Mail) if you have any questions about the online application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through (*date*). You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC *MAY* be eligible for free or reduced-price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DO NOT 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: (**Name, Address, Phone Number, E-Mail**).
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A UNITED STATES (U.S.) CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. 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.
13. 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.
14. 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.
15. WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact (**Name, Address, Phone Number, E-Mail**) to receive a second application.
16. 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 1-877-760-0114 or scan the QR code:



bit.ly/Food4MyFamily 

If you have other questions or need help, call (**Phone Number**).

Sincerely,

(Signature)

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit **ONE** application per household, even if your children attend more than one school in **(School District)**. The application must be filled out completely to certify your children for free or reduced-price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **(School/School District Contact Here—Phone and E-Mail Preferred)**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION, AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do **NOT** have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include **ALL** members in your household who are:

- Children aged 18 or under **AND** are supported with the household's income.
- In your care under a foster arrangement or qualify as homeless, migrant, or runaway youth.
- Students attending **(School/School System Here)**, *regardless of age*.

- A. **List each child's name.** For each child, print his/her first name, middle initial, and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B. **Is the child a student at (Name of School/School System Here)?** Mark *Yes* or *No* under the column titled *Student* to tell us which children attend **(Name of School/School District Here)**.
- C. **Do you have any foster children?** If any children listed are foster children, mark the *Foster Child* box next to the child's name. If you are **ONLY** applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions. If you are applying for both foster and nonfoster children, go to STEP 3. **Foster children who live with you may count as members of your household and should be listed on your application.**
- D. **Are any children homeless, migrant, or runaway?** If you believe any child listed in this section may meet this description, please mark the *Homeless, Migrant, Runaway* box next to the child's name and **complete all steps of the application.**

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)? If *Yes*, record the proper case number (only one per household) in the box. Skip to STEP 4.

If anyone in your household participates in the assistance programs, your children are **ELIGIBLE** for free school meals.

If NO ONE in your household participates in any of the above programs:

- Leave **STEP 2** blank and go to **STEP 3**

If ANYONE in your household participates in any of the above programs:

- Write a case number for SNAP, TANF, OR FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your caseworker.
- Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled *Sources of Income for Adults* and *Sources of Income for Children* printed on the back side of the application form to determine if your household has income to report.
 - Report all amounts in **GROSS INCOME ONLY**. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes.
 - Many people think of income as the amount they *take home* and not the total **gross** amount. Make sure that the income you report on this application has **NOT** been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
 - Write a 0 in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
 - Mark how often each type of income is received using the check boxes to the right of each field.
- A. **Report all income earned or received by children.** Report the combined gross income for ALL children listed in **STEP 1** in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

What is Child Income?

Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

Sources of Income for Children

Sources of Child Income	Example(s)
• Earnings from work	• A child has a regular full- or part-time job where he/she earns a salary or wages
• Social Security <ul style="list-style-type: none"> — Disability payments — Survivor’s benefits 	<ul style="list-style-type: none"> • A child is blind or disabled and receives social security benefits • A parent is disabled, retired, or deceased, and his/her child receives social security benefits
• Income from persons OUTSIDE the household	• A friend or extended family member REGULARLY gives a child spending money
• Income from any other source	• A child receives income from a private pension fund, annuity, or trust

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include **ALL ADULT** members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do **NOT** include people who:

- Live with you but are not supported by your household’s income **AND** do not contribute income to your household.
- Infants and children and students already listed in STEP 1.

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income ONLY**. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they *take home* and not the total **gross** amount. Make sure that the income you report on this application has **NOT** been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

FOR EACH ADULT HOUSEHOLD MEMBER: continued

- Write a **0** in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write **0** or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

- B. **List adult household members' names.** Print the name of each household member in the boxes marked *Names of Adult Household Members (First and Last)*. **Do not list any household members you listed in STEP 1.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, Part A.
- C. **Report earnings from work.** Refer to the chart titled *Sources of Income for Adults* in these instructions, and report all income from work in the *Earnings From Work* field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenues.
- D. **Report income from public assistance/child support/alimony.** Refer to the chart titled *Sources of Income for Adults* in these instructions, and report all income that applies in the *Public Assistance/Child Support/Alimony* field on the application. Do not report the value of any cash value public assistance benefits **NOT** listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal regular payments should be reported as *Other* income in the next part.
- E. **Report income from pensions/retirement/all other income.** Refer to the chart titled *Sources of Income for Adults* in these instructions, and report all income that applies in the *Pensions/Retirement/All Other Income* field on the application.
- F. **Report total household size.** Enter the total number of household members in the field *Total Household Members (Children and Adults)*. This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free or reduced-price meals.
- G. **Provide the last four digits of your social security number.** The household's primary wage earner or another adult household member must enter the last four digits of his/her social security number in the space provided. **You are eligible to apply for benefits even if you do not have a social security number.** If no adult household member has a social security number, leave this space blank and mark the box to the right labeled *Check if no SSN*.

Sources of Income for Adults

Earnings From Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • NET income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from state or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • REGULAR cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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

- A. ***Provide your contact information.*** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.** Sharing a phone number, e-mail address, or both is optional, but helps us reach you quickly if we need to contact you.
- B. ***Print and sign your name.*** Print your name in the box *Printed Name of Adult Completing the Form*. Sign your name in the box *Signature of Adult Completing the Form*.
- C. ***Today's date.*** In the space provided, write today's date.
- D. ***Share children's racial and ethnic identities (optional).*** On the back of the application, we ask you to share information about your children's race and ethnicity. **This field is optional and does not affect your children's eligibility for free or reduced-price school meals.**

2023-2024 Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil).
Apply online at _____

STEP 1 List ALL household members who are infants, children, and students, up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member—Anyone who is living with you and shares income and expenses, even if not related.	Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
Children in foster care and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. Read <i>How to Apply for Free and Reduced-Price School Meals</i> for more information.							Yes <input type="checkbox"/> No <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"/>	<input type="checkbox"/>

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?
If No, go to STEP 3. If Yes, write a case number here, then go to STEP 4. (Do not complete STEP 3.)

Case Number: _____
Write only one case number in this space.

STEP 3 Report income for ALL household members (Skip this step if you answered YES to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in the household listed in STEP 1 here.

Child Income	\$
How Often	Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>

B. All Adult Household Members (Including Yourself)
List all household members not listed in STEP 1 (including yourself), even if they do not receive income. For each household member listed, if he/she does receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write 0. If you enter 0 or leave any fields blank, you are certifying (promising) that there is no income to report.

Names of Adult Household Members (First and Last)	Earnings From Work		How Often		Public Assistance/ Child Support/ Alimony	How Often		Pensions/Retirement/All Other Income	How Often	
	Weekly	Monthly	Bi-weekly	2x Monthly		Weekly	Bi-weekly		2x Monthly	Monthly
\$	<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"/>	\$	<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"/>	\$	<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"/>

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member Check if No SSN

STEP 4: Contact information and adult signature
Mail Completed Form to: **Insert Your School District Mailing Address Here**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable state and federal laws.

Street Address (if available) _____ Apt. # _____ City _____ State _____ Zip Code _____
Daytime Phone and E-Mail (Optional) _____

INSTRUCTIONS Sources of Income

Sources of Child Income	
Sources of Child Income	Example(s)
• Earnings from work	• A child has a regular full- or part-time job where he/she earns a salary or wages
• Social Security —Disability payments —Survivor's benefits	• A child is blind or disabled and receives social security benefits • A parent is disabled, retired, or deceased, and his/her child receives social security benefits
• Income from persons <i>OUTSIDE</i> the household	• A friend or extended family member REGULARLY gives a child spending money
• Income from any other source	• A child receives income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings From Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses NET income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from state or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income REGULAR cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identifiers

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (Check One): Hispanic or Latino Not Hispanic or Latino

Race (Check One or More): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider.

Do not fill out 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	How Often?	Household Size	Categorical Eligibility	Eligibility:
Determining Official's Signature	Annually Bi-Weekly 2 x Month Monthly	Confirming Official's Signature	Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>	Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>
Date	Date	Date	Verifying Official's Signature	Date

SHARING INFORMATION WITH MEDICAID/SOONERCARE

Dear Parent/Guardian:

If your children get free or reduced-price school meals, they *MAY* also be able to get free or low-cost health insurance through Medicaid or Sooner Care. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and Sooner Care that your children are eligible for free or reduced-price school meals unless you tell us not to.* Medicaid and Sooner Care only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price School Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or Sooner Care, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

No! I DO NOT want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or Sooner Care.

If you checked *No*, fill out the form below to ensure that your information is **NOT** shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call your child's school.

Please do not send large backpacks, backpacks with wheels, large gym bags, or trapper keepers. Put your child's name on all supplies. Some supplies may need to be replenished 2nd semester.

PRE-SCHOOL FOR 3&4 YEAR OLDS:

- 3-24 count crayons
- 1 pack of pre-sharpened pencils
- 3 glue sticks
- 1 PLAIN pencil box
- 3 PLAIN pocket folders
- *1 regular sized backpack
- 1 box of gallon size baggies
- 1 box of quart size baggies
- 1 box of tissue
- 1 pack of wipes (diaper wipes)
- 1 pack of Clorox wipes
- 1 bottle of hand sanitizer
- 1 reusable water bottle
- 1 package of 3-5 oz Dixie cups
- 1 child size scissors

4th GRADE

- 2 pkg Ticonderoga #2 pencils
- 3 pocket folders
- 2 dry erase markers
- 1 marker board eraser
- Cap erasers
- Colored pencils
- Scissors
- Crayons
- Glue sticks
- Ruler with centimeters and inches
- Crayon box
- 2 boxes of Kleenex
- Backpack
- 1 wide ruled notebook
- PE shoes (new or used, must be clean)
- DO NOT send trapper keepers, pencil sharpeners or mechanical pencils

5th GRADE

- 24 count Ticonderoga #2 pencils
- Red pen
- Scissors
- Colored pencils
- 3 pocket folders
- Wide-ruled notebook paper
- 1 black dry erase marker and eraser
- 1 box Kleenex
- 1 box crayons
- 1 container Clorox disinfecting wipes

KINDERGARTEN

- 1 backpack large enough to place full size papers
- 2 boxes (Crayola Brand) crayons 24 count
- 1 (Crayola Brand) 24 count color pencils
- Scissors
- 2 large glue sticks
- 1 school box
- 2 boxes Kleenex
- Boys- 1 box Quart size baggies
- Girls-1 box Gallon size baggies
- 1 large roll disinfectant wipes

1st GRADE

- 2 boxes of crayons
- 1 crayon box
- 2 pocket folders
- 2 pkg #2 pencils (Ticonderoga preferred)
- 2-3 pkg big pink erasers
- 2-3 glue sticks
- 1-2 tubes of Clorox/Lysol disinfecting wipes
- 2 boxes Kleenex
- 1 pkg of ziplock bags gallon or quart size
- 1 regular sized backpack
- 1 pair of scissors
- 1 ruler
- 1 bottle of hand sanitizer
- 1 dry eraser
- 2 dry erase markers
- 1 pkg loose-leaf paper
- Blue or Red ink pens (optional)

6th GRADE

- 48 count #2 pencils
- 24 pack colored pencils
- 1-24 count pack of crayons
- Scissors
- 1 large glue stick
- 1 pocket folder
- 3 packs of wide ruled notebook paper
- 3 dry erase markers
- 1 pack of red grading pens
- Pencil top erasers
- 1 pack of paper mate pink pearl erasers
- Clear ruler with both cm and inches
- Compass
- 1 zippered mesh pencil pouch
- 1 subject notebook wide ruled
- 1 marker board eraser
- 1 box of Kleenex
- 1 large hand sanitizer
- 1 package Clorox or Lysol disinfecting wipes
- 1 box of gallon size Ziplock bags

JUNIOR HIGH/HIGH SCHOOL STUDENTS

- Spiral notebooks
- Pens
- Pencils
- 3 ring binder
- Loose leaf paper

2nd GRADE

- 2 packs of #2 pencils (Ticonderoga preferred)
- 2 packs of big pink erasers
- Blue ink pens (optional)
- 2 boxes of crayons
- 2 glue sticks
- 1 pack of dry erase markers
- 1 dry eraser
- 2 pocket folders
- 1 pack of loose-leaf paper
- 1 pair of scissors
- 1 ruler
- 1 supply box (crayon box)
- Lysol or Clorox wipes
- 1 bottle of hand sanitizer
- 2 boxes of Kleenex
- Ziplock bags (your choice of size)

3rd GRADE

- 2 Spiral notebooks
- 1 pkg wide ruled notebook paper
- 4 boxes of #2 pencils
- Pencil pouch
- Crayon box
- Crayons
- Map pencils
- 4 pocket folders
- Clorox wipes
- Hand sanitizer
- 2 grading pens
- Dry erase markers
- 1 box of Kleenex
- Pencil top erasers
- 4 glue sticks
- 1 box of gallon Ziplock bags