



HILLCREST
SCHOOL FORMS
2023-2024

STUDENTS ARE THE FIRST
PRIORITY AT HARLOWTON
PUBLIC SCHOOLS

REGISTRATION
HILLCREST ELEMENTARY SCHOOL
MONTANA SCHOOL DISTRICT NO. 16
BOX 288, HARLOWTON, MT

Students Name _____ Date Entered _____ Gr. _____
Last First Middle

Street _____ P.O. Box _____ Town _____

Date of Birth _____ Place of Birth _____ Home Phone _____

Grade Last Attended _____

Father's Name _____ Home Phone _____

Father's Address _____ Work Phone _____

Father's Work Location _____ Cell # _____

Mother's Name _____ Home Phone _____

Mother's Address _____ Work Phone _____

Mother's Work Location _____ Cell # _____

Former Place of Residence _____

School Last Attended _____ Location _____

List siblings in family attending Harlowton Schools and their current grade:

HEALTH INFORMATION AND PROCEDURES

Name of Family Physician/Clinic _____ Phone _____

Health History: (please check as applicable)	YES	NO
Heart Condition?	_____	_____
Kidney Illness or Injury?	_____	_____
Diabetes?	_____	_____
Asthma?	_____	_____
Previous Speech Therapy?	_____	_____
Psychological Disorders?	_____	_____
Does this student wear glasses?	_____	_____
Does this student wear contacts?	_____	_____
Allergies to any Medications	_____	_____
Allergies to any Foods?	_____	_____
Please list all Allergies:	_____	_____

Please identify any other conditions that may limit this student's activities in any way, as well as any past major illnesses, injuries or operations. _____

**HARLOWTON PUBLIC SCHOOLS
ANNUAL REGISTRATION AND INFORMATION FORM**

Full Legal Name _____
Last First Middle Cell Phone

Gender _____ Birthdate _____ Grade going into _____ Preferred Name _____

City and State of Birth _____ Primary Language Spoken _____

Previous School Attended and Address _____

Child Resides w/ _____
Father/Stepfather (Name) Mother/Stepmother (Name) Guardian/Other

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ State/Zip _____

Father/Guardian Home Phone _____ Cell Phone _____ Work Phone _____

Mother/Guardian Home Phone _____ Cell Phone _____ Work Phone _____

*Parent/Guardian Email 1 _____ *Parent/Guardian Email 2 _____

What is your preferred method of contact? _____

List all family members living in the household, including ages of children _____

Please answer BOTH Questions

1. Is this student (or are you) Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.) Choose only one answer.
____ No, not Hispanic or Latino ____ Yes, Hispanic or Latino ____ Decline to Answer

2. What is the student's (or your) race(s)? Regardless of how you answered the first question, choose one or more and all that apply.

____ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

____ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

____ Black or African American (A person having origins in any of the black racial groups of Africa.)

____ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

____ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

____ Decline to Answer

THERE ARE TWO SIDES TO THIS FORM- PLEASE TURN OVER!

*Email is required

COMPUTER ACCEPTABLE USE AGREEMENT

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the Harlowton School District's policy regarding acceptable use of technology. (A copy of Policy #3612 – *District Provided Access to Electronic Information, Services, and Networks* and Policy #2070 – *Access to Electronic Networks* is available for review in the office and the school website. Should I commit any violation or in any way misuse my access to the District's computer network and/or the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.

Users Name (Print): _____
Home Phone: _____

User's Signature: _____ **Date:** _____
Address: _____

Status: Student ____ Staff ____ Patron ____ I am 18 or older ____ I am under 18 ____

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect, and I agree to abide by this policy.

Parent or Legal Guardian. (If applicant is under 18 years of age, a parent/legal guardian must also read and sign this agreement.) As the parent or legal guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of the District's policies regarding District-Provided Access to Electronic Information, Services, and Networks and Acceptable Use of Electronic Networks for the student's access to the District's computer network and/or the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's responsibility for abiding by the policy. I am, therefore, signing this Agreement and agree to indemnify and hold harmless the District, the Trustees, Administrators, teachers, and other staff against all claims, damages, losses, and costs, of whatever kind, that may result from my child's use of or access to such networks or his/her violation of the District's policy. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting. I hereby give my child permission to use the building-approved account to access the District's computer network and the Internet.

Parent/Legal Guardian (Print): _____

Signature: _____
Home Phone: _____ Address: _____
Date: _____

This Agreement is valid for the 2023-2024 school year only.

Montana Authorization to Carry and Self-Administer Asthma Medication

For this student to carry and self-administer asthma medication on school grounds or for school-sponsored activities, this form must be fully completed by the prescribing physician/provider and an authorizing parent or legal guardian.

Student's Name: _____ School: _____
Sex: (Please circle) Female/Male City/Town: _____
Birthday: ____/____/____ School Year: _____ (Renew each year)

Physician's Authorization:

The above named student has my authorization to carry and self-administer the following medication:

Medication: (1) _____ Dosage: (1) _____
(2) _____ (2) _____

Reason for prescription(s): _____

Medication(s) to be used under the following conditions: _____

I confirm that this student has been instructed in the proper use of this medication and is able to self-administer this medication on his own without school personnel supervision. I have provided a written treatment plan for managing asthma or anaphylaxis episodes and for medication use by this student during school hours and school activities.

Signature of Physician _____ Physician's Phone Number _____ Date _____

Backup Medication - The law provides that if the child's health care provider prescribes "backup" medication to be kept at the school, it must be kept in a predetermined location, known to the child, parent and school staff.

The following backup medication has been provided for this student: _____

For Completion by Parent or Guardian

- As the parent/guardian of the above named student, I confirm that this student has been instructed by his/her health care provider on the proper use of this/these medication(s). He/she has demonstrated to me that he/she understands the proper use of this medication. He/she is physically, mentally and behaviorally capable to assume this responsibility. He/she has my permission to self-medicate as listed above if needed. If he/she has used an auto-injectible epinephrine, he/she understands the need to alert an adult that emergency medical personnel need to be called. If he/she has used his/her asthma inhaler as prescribed and does not have relief from an asthma attack, he/she understands to alert an adult.
- I also acknowledge that the school district or nonpublic school may not incur liability as a result of any injury arising from the self-administration of medication by the pupil and that I shall indemnify and hold harmless the school district or nonpublic school and its employees and agents against any claims, except a claim based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.
- I agree to also work with the school in establishing a plan for use and storage of backup medication if prescribed, as above, by my child's physician. This will include a predetermined location to keep back up medication to which my child has access in the event of an asthma or anaphylaxis emergency.
- Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.
- I understand in the event that the medication dosage is altered, a new "self-administration form" must be completed, or the physician may re-write the order on his prescription pad and I, the parent/guardian, will sign the new form and assure the new order is attached.
- I understand it is my responsibility to pick up any unused medication at the end of the school year, and that medication that is not picked up will be disposed of.

Parent/Guardian Signature: _____ Date: _____

(Original signed authorization to the school; a copy of the signed authorization to the parent/guardian and health care provider)

Applying for Free and Reduced Price School Meals

*Helping your budget **and** your community*

Who Should Apply?

Families that meet the income guidelines stated on the application (attached) should consider applying for Free and Reduced Priced Meals.

Benefits of School Meals:

- School meals could provide your child with up to **10** meals a week (breakfast and lunch).
- School Meals meet the Federal Nutrition Standards and provide a healthy and balanced meal.
- School Meals provide valuable employment for many food service workers across the state.

How to Apply:

Fill out the application enclosed in this packet and turn it into the school office.

If your family qualifies for SNAP benefits (Food Stamps) you do not have to fill out the School Meals application. Just bring in your benefit award letter that you received from the SNAP office to your child's school office. You may also write in your SNAP case number in the space provided on the application.

When to Apply:

You can apply for Free and Reduced Priced School Meals at any point throughout the year! You may also reapply at any time if your situation changes.

School Meals and The Summer Food Service Program

Applying for Free and Reduced Price School Meals can help your community beyond the school year. Participation in Free and Reduced Priced School Meals can help a school qualify for The Summer Food Service Program (SFSP).

SFSP provides free meals to children during the summer when school is not in session. A school must have a certain number of children eligible for Free and Reduced Priced Meals in order to have a Summer Food site. So signing up for School Meals can help provide more than just school time nutrition for many families in your community.

Remember: If you sign up for School Meals you do not have to use the benefits. You may choose to pay for your child's meals or pack their lunch if you prefer. But by signing up, you can help your school qualify for SFSP.

Funding for the Fresh Fruit and Vegetable Program, equipment grants, and many other school grant opportunities are also dependent on the percent of children eligible for Free and Reduced Price School Meals.





How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the Harlowton School District**

The application must be filled out completely to determine the eligibility of your child(ren) 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 Harlowton High School at 406-632-4324.

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high 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 age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) Harlowton Schools

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "M" is short for middle initial. Print the first letter of each child's middle name in the box.

B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.

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 finishing Step 1, go to Step 4.
Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

Step 3: List ALL household members and income for each member

1) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

2) List earnings from work.

List 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. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in Step 1 has income, follow the instructions in Step 3, Part B.

3) List income from public assistance/child support/alimony.

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

4) List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List 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 and reduced price meals.

6) Provide the last four digits of your Social Security Number.

An adult household member must enter the last four digits of their 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 members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

3.B List income earned by children

List all income earned or received by children.

List 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.

Prototype Household Application for Free and Reduced Price School Meals

APPLY ONLINE: dca.opi.mt.gov/frapp/index
 RETURN TO (School/District Name): Harlowton Schools
 ADDRESS: PO Box 288, Harlowton MT 59036

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Check all that apply				If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.
				Foster/Child	Migrant	Runaway	Homeless	
				<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"/>

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

NO → Go to STEP 3. YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER): _____
Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance, Child Support, Alimony			Pensions, Retirement Social Security, SS, VA Benefits, All Other			How often received?		
	Weekly	Every 2 Weeks	Monthly	Annual	Weekly	Every 2 Weeks	Monthly	Annual	Weekly	Every 2 Weeks	Monthly	Annual
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (if Applicable)

Child Income \$

How often received? Weekly Every 2 Weeks Monthly Annual

Check if no Social Security Number

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here PO Box 288, Harlowton, MT 59036

"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 (confirm) 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."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Mailing Address (if available)

City

State

Zip

Phone (optional)

Email (optional)

Return completed form to your child's school.

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Harlowton School District offers healthy meals every school day. Breakfast costs \$2.50; lunch costs \$3.50. **Your children may qualify for free meals or for reduced price meals.** Reduced price is 0.30 for breakfast and \$0.40 for lunch. **Seconds/a la carte are \$0.75 and extra milk is \$0.50.** 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 Montana SNAP or Montana TANF, are eligible for free meals.
- Foster children that 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. 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 2023-2024			
Household size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	\$36,482	\$3,041	\$702
3	\$45,991	\$3,833	\$885
4	\$55,500	\$4,625	\$1,068
5	\$65,009	\$5,418	\$1,251
6	\$74,518	\$6,210	\$1,434
7	\$84,027	\$7,003	\$1,616
8	\$93,536	\$7,795	\$1,799
Each additional person:	\$9,509	\$793	\$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 haven't been told your children will get free meals, please call Harlowton High School at 406-632-4324.
- 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: **Harlowton High School, PO Box 288, Harlowton, MT**
- 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 Harlowton High School, PO Box 288, Harlowton, MT 59036 (406-632-4324) immediately.

It's everything Harlowton Public Schools, **in your pocket.**



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Staff



Events



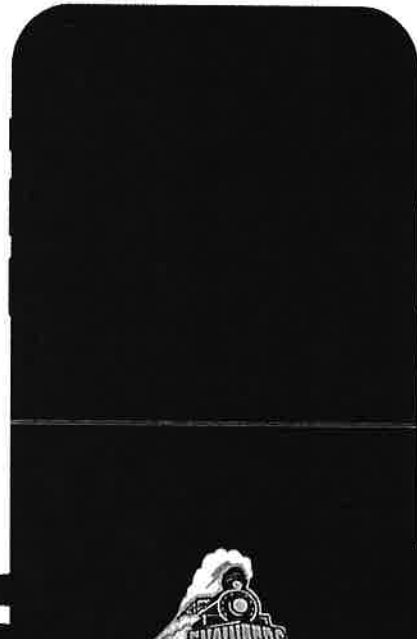
Alerts



Documents



Dining



WELCOME TO

**Harlowton Public
Schools**

Download the **Harlowton Public Schools** app from the iOS App Store or Android Play Store and enable Notifications.