

NEW STUDENT

Do you live in our district ?

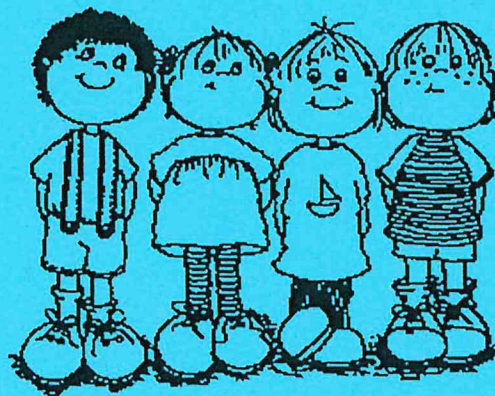
We will need the following information

A copy of birth certificate

Up to date immunization record

Proof of residence

Transfer papers



WAUKOMIS PUBLIC SCHOOL
NEW STUDENT School year 2022-23

Date _____

FULL LEGAL NAME _____
FIRST MIDDLE LAST

BIRTHDATE _____ GRADE _____

BIRTH CITY _____ AGE _____ GENDER _____

LIVES IN THE SCHOOL DISTRICT _____ DOES NOT LIVE IN THE SCHOOL DISTRICT(Transfer) _____
If you do not live in the district, please ask for transfer papers

TRANSPORTATION :

PLEASE CHOOSE FROM LIST BELOW # _____

0 – DOES NOT RIDE THE BUS

1 - A TRANSFER STUDENT

2 - TRANSFER STUDENT WHO RIDES THE BUS

3 – DISTRICT STUDENT WHO LIVES MORE THAN 1.5 MILES FROM SCHOOL

ETHNICITY: _____ HISPANIC OR LATINO _____ NOT HISPANIC OR LATINO

RACE: PLEASE CIRCLE ONE FROM THE LIST: WHITE AMERICAN INDIAN OR ALASKA NATIVE

ASIAN BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

(If you circled American Indian please provide the school with a copy of their card)

NAME OF LAST SCHOOL ATTENDED

TOWN

STATE

New Student

WAUKOMIS ELEMENTARY

School year 2022-23

STUDENT NAME _____ GRADE _____

PRIMARY CONTACT NUMBER #

| | | | | | | | | | | | |
|--|--|--|---|--|--|--|---|--|--|--|--|
| | | | - | | | | - | | | | |
|--|--|--|---|--|--|--|---|--|--|--|--|

Mailing address _____

Physical address _____

E-MAIL ADDRESS _____

****Has any information stated above changed from the previous school year? Contact # _____ Mailing _____ Physical _____ E-mail _____

Mother _____ cell # _____

Please circle if applies: Has custody Lives with Access to Records Pickup rights

Employer name _____ Work # _____

Father _____ cell # _____

Please circle if applies: Has custody Lives with Access to Records Pickup rights

Employer name _____ Work # _____

Step-Mother _____ cell # _____

Please circle if applies: Has custody Lives with Access to Records Pickup rights

Employer name _____ Work # _____

Step-father _____ cell # _____

Please circle if applies: Has custody Lives with Access to Records Pickup rights

Employer name _____ Work # _____

Guardian _____ cell # _____

Please circle if applies: Has custody Lives with Access to Records Pickup rights

Employer name _____ Work # _____

EMERGENCY NUMBER/ALLOWED TO PICK-UP STUDENT (OTHER THAN PARENT)

NAME _____

PHONE # _____ RELATIONSHIP _____

Website Permission

_____ I give my permission to publish pictures and work of my child on the school website.
This would include being audiotaped, photographed or videotaped for school activities, news programs and school performances during the school year. By granting this permission I relinquish all control over reproduction, exhibition, publication and distribution of the material.

_____ I **do not** give permission

Signature of parent or guardian _____

FILL OUT ONE PER FAMILY School Year 22-23

FIELD TRIP PERMISSION

MY CHILD HAS MY PERMISSION TO MAKE SCHOOL SPONSORED TRIPS DURING THE CURRENT SCHOOL YEAR. THE WAUKOMIS PUBLIC SCHOOL AND THE SPONSOR SHALL NOT BE HELD RESPONSIBLE FOR ANY ACCIDENT OCCURING ON SUCH TRIPS. THE SPONSOR HAS MY PERMISSION TO OBTAIN MEDICAL ATTENTION IN CASE OF AN EMERGENCY. IN CASE OF EMERGENCY WE WILL CONTACT PARENT/GUARDIAN.

MEDICATIONS AT SCHOOL

PRESCRIPTION DRUGS: I understand that the medication must be kept in the original container which correctly states the name of the child, the name of the doctor / dentist and the directions for taking the medication. This consent will also include inhalers, which will be kept with the student in their classroom.

Over the counter drugs: Need to be kept in the original container, must be labeled with the child's name and directions for administering. A daily dose of over the counter drug requires a doctor's consent.

IF MEDICINE NEEDS TO BE TAKEN DAILY, PLEASE SEE SCHOOL SECRETARY.

I hereby relieve the Waukomis Public Schools of any responsibility in its administration.

CORPORAL PUNISHMENT

See student handbook for guidelines set by the Waukomis Board of Education. Parent would be notified before any action is taken.

ROBO CALLS

I consent to receive non-emergency robo-calls from Waukomis Public Schools at the primary contact number provided on the enrollment form.

MENINGOCOCCAL DISEASE

I have read the Public Health Fact Sheet provided on the back.

Place a check mark or an X in the spaces you are giving consent

| LIST EACH STUDENT BELOW | CORPORAL PUNISHMENT | FIELD TRIP | MEDICATIONS AT SCHOOL (NEED TO BE SUPPLIED BY PARENT) | I HAVE READ THE PUBLIC HEALTH STATEMENT ON BACK | HEARING SCREENING | VISION SCREENING | HEAD LICE | ALLOW ROBO CALLS |
|-------------------------|---------------------|------------|-------------------------------------------------------|-------------------------------------------------|-------------------|------------------|-----------|------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

My child is allergic to certain types of foods. Please list below.

NOTE: A medical statement from your physician will be required.

CHILD

ALLERGIC TO

SIGNATURE OF PARENT OR GUARDIAN

Waukomis District Notifications

Waukomis Public Schools offers patrons a community notification system via text messages and push notifications. This service will allow text message notifications regarding District News, Alerts, and updates like weather-related closings, delays, game cancellations and district updates. If you would like to subscribe to this service and agree to be contacted by text and push notifications from Waukomis Schools please provide the following information. Standard text message rates shall apply.

Name: _____ 10-digit Mobile Number _____

HELPFUL INFORMATION

School year 2022-23

STUDENT _____ GRADE _____

THE FOLLOWING INFORMATION WOULD BE HELPFUL TO US.
IF YOU DO NOT HAVE ANY OBJECTIONS TO SHARING THIS INFORMATION PLEASE ANSWER THE FOLLOWING:

1. MY CHILD NEEDS TO WEAR GLASSES AT SCHOOL YES NO
2. MY CHILD HAS BEHAVIORAL PROBLEMS YES NO
3. MY CHILD HAS A HEARING PROBLEM YES NO
4. MY CHILD WAS SEEING A SPEECH THERAPIST YES NO
5. MY CHILD WAS IN THE GIFTED/TALENTED PROGRAM YES NO
6. MY CHILD HAS HAD THE CHICKEN POX AND THEREFORE IS NOT REQUIRED TO RECEIVE THE VARICELLA VACCINE FOR SCHOOL ENTRY YES NO
7. MY CHILD IS / HAS BEEN ON AN IEP YES NO
8. HEALTH INFORMATION: _____ Diabetes _____ Asthma _____ Heart Disease _____ ADD/ADHD
_____ Seizures _____ Serious Illness Other _____
9. MY CHILD HAS BEEN RETAINED. GRADE _____ YES NO
10. IS THERE A COURT ORDER AFFECTING THIS CHILD? YES NO

IF YES, WE NEED A COPY OF THE DOCUMENT ON FILE IN THE OFFICE.

Is there anything else we might need to know? Please write an explanation below.

Waukomis Public Schools

Student _____ School Year _____

STUDENT HANDBOOK AND POLICIES

A copy of the Waukomis School's Student Handbook can be found on the school's website at www.waukomis.k12.ok.us. It is located in the "Documents" section. Please initial below to indicate you received the handbook information. _____

Technology Acceptable Use and Device Policy

As a parent/guardian of a Waukomis Public Schools student that is in the Pre-k to 12th grade, I have read and understand the District's Waukomis Device Usage Agreement policy. As the parent/guardian, you agree to oversee the device's care while at home as listed in the Waukomis Public Schools Device Usage Agreement Handbook; including but not limited to bringing the device to school charged and ready for the school day, keeping track of the power adapter and keeping the device in the protective case.

All fees and device policies/care items can be found within the Waukomis Device Usage Agreement Handbook which is located on the district website in the "Documents" section.

<http://www.waukomis.k12.ok.us>

Please initial that you have read and understand the policy of which we have just described _____

NETWORK/INTERNET AGREEMENT

Parent or Guardian: (If applicant is under 18 years of age, a parent or guardian must read and sign this agreement.)

As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the school district's Acceptable Use and Internet Safety Policy for the student's access to the school district's computer network and the Internet. I understand the 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 or ward's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the school district for computer network and Internet access against all claims, damages, losses and costs of whatever kind that may result from my child or ward's use of his or her access to such networks or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child or ward's use of his or her access account if and when such access is not in the school setting.

I hereby give permission for my child or ward to use the building-approved account to access the school district's computer network and the Internet.

PARENT/GUARDIAN SIGNATURE _____

STUDENT INFORMATION

Name of Student: _____ Grade: _____
 Last Name First Name Middle Name

Date of Birth: _____ School: _____ Student ID # _____ Gender: Male _____ Female _____
 MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes _____ No _____

Select one or more of the following races:

_____ African American/Black _____ American Indian/Alaskan Native _____ Asian
 _____ Native Hawaiian/Pacific Islander _____ Caucasian/White

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
3. What language was **first** learned by the student? _____
4. Does the parent/guardian need **interpretation** services? Yes _____ No _____ If so, what language? _____
5. Does the parent/guardian need **translated** materials? Yes _____ No _____ If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
 MM/YYYY

Date (MM/DD/YYYY)

Parent / Guardian Signature

SCHOOL USE ONLY

Please have test score documentation available for the Regional Accreditation Officer to review.

- Other language than English indicated **TWO OR MORE** times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as bilingual on the accreditation report.
- Other language than English indicated **ONLY ONCE** on questions 1 – 3 above. The student is classified as "less often" and only qualifies as bilingual on the accreditation report **if he or she meets one of the following** (any selection below **REQUIRES** appropriate documentation):
 - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool (PKST).
 - 2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score on the most recently administered state approved norm-referenced test (NRT). Qualifying score must not pre-date the start of the spring semester of the previous school year.

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

| Date(s) of Kindergarten ACCESS, ACCESS for ELLs, or Alternate ACCESS Test | Score(s) on Kindergarten ACCESS, ACCESS for ELLs, or Alternate ACCESS | Date of WIDA Screener or K-WAPT/WAPT or WIDA MODEL | Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|
| | Composite / Overall Score | | Composite / Overall Score |
| | 1. | | 1. |
| | 1. | | |
| | 1. | | |

| Date(s) of ELA OSTP | Score(s) on ELA OSTP | | | |
|---------------------|----------------------|-------|------------|----------|
| | Below Basic | Basic | Proficient | Advanced |
| | Below Basic | Basic | Proficient | Advanced |
| | Below Basic | Basic | Proficient | Advanced |
| | Below Basic | Basic | Proficient | Advanced |

| Date of the Oklahoma Pre-K Language Screening Tool | Score on Pre-K Language Screening Tool |
|----------------------------------------------------|----------------------------------------|
| | % |

| Date(s) Norm Reference Test (NRT) | Name of the NRT | Composite / Percentile Score(s) |
|-----------------------------------|-----------------|---------------------------------|
| | | |
| | | |
| | | |

Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

WAUKOMIS PUBLIC SCHOOLS
ENROLLMENT School year 2022-23

VERIFICATION OF RESIDENCE

STUDENT'S NAME

_____ MY CHILD LIVES IN THE WAUKOMIS SCHOOL DISTRICT

_____ MY CHILD IS A TRANSFER STUDENT

PHYSICAL ADDRESS _____

**ONE OF THE DOCUMENTS LISTED BELOW WITH YOUR CURRENT ADDRESS
WILL BE REQUIRED THE DAY OF ENROLLMENT.**

CURRENT UTILITY BILL (GAS, ELECTRIC, OR TELEPHONE)

DRIVERS LICENSE

MORTGAGE AGREEMENT

HOME/APARTMENT LEASE AGREEMENT

CANCELLED CHECK/DEPOSIT SLIP

I HEREBY VERIFY THAT THE INFORMATION LISTED ABOVE IS TRUE.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

_____ At this time the student(s) listed above are living with relatives or friends.

**If so, this form must be signed by the person with whom you are residing.
Proof of residence is also required.**

I attest to the fact that the students listed above are residing in my residence.

Signature

Date

Waukomis Public School

2022 - 2023 School Calendar (BOE approved 1/12/22)

| August '22 | | | | | | |
|------------|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

| September '22 | | | | | | |
|---------------|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

| October '22 | | | | | | |
|-------------|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | |

| November '22 | | | | | | |
|--------------|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | S |
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |

| December '22 | | | | | | |
|--------------|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

| January '23 | | | | | | |
|-------------|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

| February '23 | | | | | | |
|--------------|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | | | | |

| March '23 | | | | | | |
|-----------|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

| April '23 | | | | | | |
|-----------|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |

| May '23 | | | | | | |
|---------|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

| June '23 | | | | | | |
|----------|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

| July '23 | | | | | | |
|----------|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | |

 School Closed/ Holidays

 Fast Friday (Students release at 2:00 p.m.)

 Parent/Teacher Conf.

 First and Last Day of School

 Offices Closed

 Professional Day (no school for students)

What is meningitis?

Meningitis is a swelling of the covering of the brain and spinal cord. Bacteria, viruses, fungi or parasites may cause meningitis, but viral meningitis is the most common form of meningitis. The most serious type of meningitis is caused by *Neisseria meningitidis*. (See the OSDH "Meningococcal Disease" web page).

What are the symptoms of meningitis?

Symptoms of meningitis can include fever with a rash, headache, stiff neck, nausea, or vomiting. Infants may be very fussy, drowsy, or refuse to eat. Seek medical care if you or your child has these symptoms.

What causes meningitis and how is it spread?

About 90% of viral meningitis is caused by intestinal viruses, known as enteroviruses. These viruses are spread from the feces of people who are infected, usually on unclean hands or surfaces. Viruses can be spread to others from about three days after someone is infected until about 10 days after they become sick. Even if you are exposed, it is not likely that you will develop viral meningitis.

Bacterial meningitis is caused by bacteria such as *Haemophilus*, *Streptococcus* or *Neisseria meningitidis*. These germs are spread by direct contact with fluids from the nose and throat of an infected person.

How is meningitis diagnosed and treated?

Spinal fluid is tested to find the type of meningitis, but this test is not always needed. Most patients recover completely from viral meningitis with just bed rest and plenty of fluids. Your healthcare care provider may prescribe medicines for fever or headaches. Antibiotics are only needed to treat bacterial meningitis.

Should people who have been around a person with meningitis receive any treatment?

Only people with very close contact to someone with bacterial meningitis (and only *Neisseria meningitidis* or one form of *Haemophilus*) need to take preventive antibiotics. These are usually household members, very close contacts, certain health care workers, and day care center playmates. The health departments work to make sure that those close contacts receive antibiotics from their health care provider or through the health department. People with casual contact such as classmates or co-workers do not need to receive antibiotics.

- When a large cluster or outbreak of bacterial meningitis occurs, the health department may recommend antibiotics for additional groups, although this is rare.

How do you prevent the spread of meningitis?

Hand hygiene is the most important way to protect yourself and others. Wash your hands often, using soap and water when you can see that your hands are dirty. Wash your hands after using the toilet, after changing diapers, and before preparing or eating food. Use alcohol-based hand products when your hands already look clean.

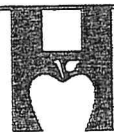
Clean surfaces and items such as toys every day, and when saliva or nose/throat fluids are on them. In settings such as child care centers, wash objects and surfaces with a diluted bleach solution:

- For hard surfaces such as diaper-changing areas and bathrooms, use a 1:10 dilution of bleach (mix one cup of bleach with one gallon of water).
- For other objects such as toys and eating utensils, use a weaker bleach solution (mix one tablespoon of bleach with one gallon of water).

What are the vaccines recommended to prevent meningitis?

The routine childhood vaccines protect children from the most common causes of meningitis such as *Haemophilus influenzae* type b (Hib) and *Streptococcus pneumoniae*. Meningococcal vaccines are also recommended for children and some adults. For more information on these vaccines, call your health care provider or the local health department.

OSDH 02/2013



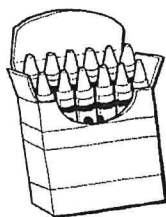
Acute Disease Service
Oklahoma State
Department of Health

For further information contact:
Acute Disease Service
Oklahoma State Department of Health
(405) 271-4060
<http://ads.health.ok.gov>

Waukomis Elementary School Supply List 2022-2023

PRE-KINDERGARTEN

- 2 boxes of Kleenex
- 2 boxes of 16 count Crayola crayons
- 1 box of Crayola classic washable markers
- 1 set of head phones (no ear buds, please)
- 1 four color pack of Play Doh
- 2 pkgs of baby wipes
- 1 rest/nap mat (folding) + Small blanket
- 2 containers of disinfectant wipes (Lysol or Clorox)
- 2 glue sticks
- 1 bottle of hand sanitizer
- 1 pair of 5 inch blunt Fiscar scissors
- 1 pkg copy paper



KINDERGARTEN

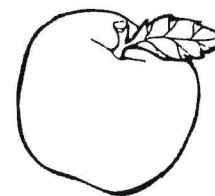
- 2 boxes of 24 count Crayola crayons
- 2 boxes of washable Crayola classic thick markers
- 4 small glue sticks
- 1 water color paint set
- 1 Play Doh (any color)
- 2 paper folders
- 1 box of Kleenex
- 1 pack of baby wipes
- 1 set of headphones (no ear buds, please)
- 1 pair of scissors
- 2 containers of Clorox wipes
- 1 water bottle with name
- 1 bottle of hand sanitizer
- 1 large pencil box
- provide snacks for two days-enough for 20 students
- 1 pkg copy paper

FIRST GRADE

- 2 box of Kleenex tissue
- 2 boxes of 24 count Crayola crayons
- 2 boxes of 8 washable classic thick Crayola markers
- 24 small glue sticks
- 24 # 2 wood pencils
- 2 folders with pockets (not plastic)
- 2 pink bevel erasers
- 1 pkg. baby wipes
- 2 containers of Clorox wipes
- 1 set of headphones (no ear buds, please)
- 1 bottle of hand sanitizer
- 2 spiral notebook
- 1 clip board
- 1 pkg copy paper

SECOND GRADE

- 1 large school box
- 1 boxes of Kleenex tissue
- 1 box of 24 Crayola crayons
- 1 box of 8 washable Crayola classic thick markers
- 1 box of 7 in. 12 count colored pencils/pre-sharpened
- 2 large glue sticks
- 12 # 2 wood pencils
- 1 pkg. of wet wipes
- 2 plastic folders with pockets and brads
- 1 set of headphones
- 3 notebooks
- 1 set of water colors
- 2 large pink erasers
- 1 bottle 4 oz. Elmer's school glue
- 1 clip board
- 1 pkg. note cards 3 x 4
- 1 bottle of hand sanitizer-boys
- 1 pkg lined paper
- 1 gallon Ziploc bags (girls)
- 1 pkg copy paper



THIRD GRADE

- 1 1 inch clear cover 3 ring binder
- 1 box Kleenex tissue
- 1 set of headphones
- 1 computer mouse(not wireless) optional
- 1 bottle of Elmer's glue
- 2 pkgs of pencils
- 1 pkg dry erase markers
- 1 pkg of Crayola markers (fine point)
- 1 container of Clorox wipes
- 4 pink bevel erasers
- 8 Elmer's glue sticks
- 1 box 12 count 7 in. colored pencils/pre-sharpened
- 1 box 24 count Crayola crayons
- 1 pkg loose wide ruled notebook paper
- 1 clipboard
- 2 plastic folders w/o brads 1-blue 1-yellow
- 1 100 count black marble composition book
- 1 spiral notebook
- 1 pair of scissors average size
- 1 pkg of poly pockets (5 in a pkg)
- 1 X-large pencil box 11.5 x 7 5/8
- 1 pkg copy paper

Fourth/Fifth/Sixth grade on the back

Waukomis Elementary School Supply List 2022-2023

FOURTH GRADE

- 1 box Kleenex tissue
- 1 set of headphones
- 1 computer mouse optional
- 2 pkgs of pencils
- 2 pkg dry erase markers
- 1 pkg of Crayola markers
- 1 container of Clorox wipes
- 2 pink bevel erasers
- 4 Elmer's glue sticks
- 1 box 12 count 7 in. colored pencils/pre-sharpened
- 1 box 24 count Crayola crayons
- 1 pkg loose wide ruled notebook paper
- 1 pkg of highlighters
- 1 clipboard
- 2 plastic folders w/brads
- 3 100 count black marble composition book
- 1 spiral notebook
- 1 pair of scissors
- 1 pencil box
- 1 water color paints
- 1 pkg copy paper

FIFTH AND SIXTH GRADE

- 3 pkgs of loose leaf paper
- 3 spiral notebooks
- 1 12 ct Crayola markers
- 1 12 ct colored pencils
- 6 glue sticks
- 1 pkg of pencils
- 1 pair of scissors
- 1 pkg pens black or blue
- 2 boxes of Kleenex BOYS
- 3 1 1/2 inch 3 ring binder/w dividers
- 1 3 ring zipper pouch
- 5 composition books
- 1 container of Clorox wipes GIRLS
- 1 headphone / earbuds
- 1 pkg Expo markers multi-color
- 1 pkg 24 count crayons
- 1 pkg red pens
- 2 erasers
- 1 3 ring binder 1 inch
- 1 3 x 5 flash cards w/pre-punched holes/ring
- 1 pkg of highlighters different colors
- 1 pkg of note cards
- 4 plastic folders w/pockets and brads
- 1 pkg ultra fine markers
- 1 pkg copy paper



- 1 wired mouse
- 1 10 pack of clear sheet protectors

Waukomis Public School 2022 -2023

Economically Disadvantaged Form (Information is Confidential)

Student Name

Grade

List additional students on the back of this page

Please select the income range that represents the total annual gross income:

- | | | |
|-----------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| <input type="radio"/> Less than \$25,142 | <input type="radio"/> Between \$51,338 and \$60,070 | <input type="radio"/> Between \$86,266 and \$94,998 |
| <input type="radio"/> Between \$25,142 and \$33,874 | <input type="radio"/> Between \$60,070 and \$68,802 | <input type="radio"/> Between \$94,998 and \$103,730 |
| <input type="radio"/> Between \$33,874 and \$42,606 | <input type="radio"/> Between \$68,802 and \$77,534 | <input type="radio"/> Between \$103,730 and \$112,462 |
| <input type="radio"/> Between \$42,606 and \$51,338 | <input type="radio"/> Between \$77,534 and \$86,266 | <input type="radio"/> Between \$112,462 and \$121,194 |

Please select the total number of people in your household:

- | | | |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> One (1) | <input type="radio"/> Five (5) | <input type="radio"/> Nine (9) |
| <input type="radio"/> Two (2) | <input type="radio"/> Six (6) | <input type="radio"/> Ten (10) |
| <input type="radio"/> Three (3) | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4) | <input type="radio"/> Eight (8) | <input type="radio"/> Twelve (12) |

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: _____ Date: _____

Print Name: _____

For Office use only:

- Qualified Not Qualified

WAUKOMIS Public Schools

Student Enrollment Questionnaire

| | | | |
|----------------|----------------|-----------------------|--|
| Student Name: | | Today's Date: _____ : | |
| Date of Birth: | Grade: _____ : | School: _____ | |

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

Where are you and your family currently living? Please check one 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 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 "name" Public Schools.

| FIRST & 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 Student: _____ Signature: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. | **Waukomis Public Schools** | offers healthy meals every school day. Breakfast costs \$ 2.05 ; lunch costs \$ 4.09 . **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is \$ tbd | for breakfast and \$ tbd | 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. 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 | | | | | |
|---------------------------------------------------------------|--------|---------|-----------------|-----------------|--------|
| Household Size | Yearly | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1 | 25,142 | 2,096 | 1,048 | 967 | 484 |
| 2 | 33,874 | 2,823 | 1,412 | 1,303 | 652 |
| 3 | 42,606 | 3,551 | 1,776 | 1,639 | 820 |
| 4 | 51,338 | 4,279 | 2,140 | 1,975 | 988 |
| 5 | 60,070 | 5,006 | 2,503 | 2,311 | 1,156 |
| 6 | 68,802 | 5,734 | 2,867 | 2,647 | 1,324 |
| 7 | 77,534 | 6,462 | 3,231 | 2,983 | 1,492 |
| 8 | 86,266 | 7,189 | 3,595 | 3,318 | 1,659 |
| Each additional person: | 8,732 | 728 | 364 | 336 | 168 |

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 | **Kandle Brewer 580-260-0183 kandlebrewer@waukomis.k12.ok.us** |
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: **Jacquetta Perry , 209 W Locust , Waukomis Ok 73773, 580-260-0211-**.
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 | **Jacquetta Perry 580-260-0211 jacquettaperry@waukomis.k12.ok.us** | 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 www.sde.ok.gov to begin or to learn more about the online application process. Contact **Jacquetta Perry 580-260-0211** 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 schools year, through **09/09/22**. 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 call or writing to:
David Brewer 580758-3247 davidbrewer@waukomis.k12.ok.us
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 made only \$900, put down that you made \$1000 per month. If you normally get overtime, include it; do not include it if you work overtime only 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 **(Jacquetta Perry 580-260-0211 jacquettaperry@waukomis.k12.ok.us)** 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 1-866-411-1877.

If you have other questions or need help, call **580-260-0211**.

Sincerely,



Jacquetta Perry

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 email 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 age 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. 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 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]. If you marked '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.

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.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

A) If no one in your household participates in any of the above listed programs:

- Leave STEP 2 blank and go to STEP 3.

B) If anyone in your household participates in any of the above listed 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.

3.A. REPORT INCOME EARNED BY CHILDREN

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.

3.B REPORT INCOME EARNED BY ADULTS

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 they are 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, Children and students already listed in STEP 1.

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. 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.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

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 and reduced price meals.

E) Report income from

pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

D) Report income from public assistance/child support/alimony. Report 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.

G) 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 SSN."

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 back of the application.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p> | <p>B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p> | <p>C) Mail Completed Form to: Insert School/District address here</p> | <p>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.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2022-2023 Household Application for Free and Reduced Price School Meals

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

Apply online:

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.

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

| Child's First Name | MI | Child's Last Name | DOB | School Name | Grade | Student? Yes No | Foster Child | Homeless Migrant, Runaway |
|--------------------|----|-------------------|-----|-------------|-------|--------------------|--------------|---------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Check all that apply

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 Household Members listed in STEP 1 here.

Child income \$

How often?
 Weekly Bi-Weekly 2x/Month Monthly

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 they do not receive income, report total 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.

| Name of Adult Household Members (First and Last) | Earnings from Work | | | Public Assistance/Child Support/Alimony | | | Pensions/Retirement/All Other Income | | |
|--------------------------------------------------|----------------------|----------------------|----------------------|-----------------------------------------|----------------------|----------------------|--------------------------------------|----------------------|--|
| | Weekly | Bi-Weekly | 2x/Month | Monthly | Weekly | Bi-Weekly | 2x/Month | Monthly | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

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:

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

Daytime Phone and Email (optional)

Teacher Date

INSTRUCTIONS Sources of 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 they earn 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 their child receives Social Security benefits - A friend or extended family member regularly gives a child spending money |
| - Income from person outside the household | - A child receives regular income from a private pension fund, annuity, or trust |
| - Income from any other source | |

OPTIONAL Children's Racial and Ethnic Identities

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.

Do not fill out For Schools 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?
 Weekly Bi-Weekly 2x-Month Monthly

Determining Official's Signature

Date

Confirming Official's Signature

Date

Eligibility:
 Free Reduced Denied

Categorical Eligibility

Verifying Official's Signature

Date

Sources of Income for Adults

| Earnings from Work | Public Assistance / Alimony / Child Support | Pensions / Retirement / All Other Income |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| - Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing | - 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 | - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned income - Rental income - Regular cash payments from outside household |

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, audiotape, 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-0508-0002-508-1-1-28-17Fax2Mail.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.

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 SoonerCare. 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 SoonerCare that your children are eligible for free and reduced-price school meals unless you tell us not to.* Medicaid and SoonerCare 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 Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SoonerCare, 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 SoonerCare.

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.