REGISTRATION PACKET

Welcome to Slate Valley Unified Union School District. In order to register your child for school in one of our district schools we will need some information from you. Please complete the attached packet and return it to the Slate Valley Unified Union School District at the above address, along with the following information:

1. Birth Certificate of student
2. Immunization record
3. Signed Residency form
4. Completed Registration Packet
5. Proof of Residency (upon request)
   a. Copy of lease
   b. Copy of utility bill
   c. Mail addressed to you at the new residence

Once this information has been received at the Slate Valley Central Office, we will contact the identified school to inform them of the new student registration. You will then be contacted by that school to complete some enrollment forms (such as, student handbook, emergency closing procedures, information for the school nurse etc.). They will also give you a start date for your child.

If you have questions please do not hesitate to contact Kristin Benway or Debbie Robbins at the phone number listed above.
SLATE VALLEY UNIFIED UNION SCHOOL DISTRICT
33 Mechanic Street, Fair Haven, VT 05743
Tel: 802.265.4905
Fax: 802.265.2498
slatevalleyunified.org

Registration Form - This information is confidential.

Date: ______________________

Student Name: ______________________
First Middle Last

____ BVS  ____ CES  ____ CVS  ____ FHGS  ____ FHUHS  ____ OVS

Start date: ______________________

Grade Level:  □UPK  □K  □1  □2  □3  □4  □5  □6  □7  □8  □9  □10  □11  □12

Date of Birth: ______________________  Gender: □M □F
Phone: (____) _______ - ________
Town of Residence: ______________________

Ethnicity (optional):  □White (Non-Hispanic)  □Black  □Hispanic  □Asian  □Multiracial
□American Indian/Alaskan Native  □Native Hawaiian/Pacific Islands

Student’s Primary Language: ______________________
Previous School (if applicable): ______________________
Previous School Address: ______________________
Previous School Fax (if known): (____) _______ - ________

State-Placed?:  □Yes  □No
Educational Surrogate: ______________________

Circle one
Parent/Guardian 1: ______________________  DOB: ______________________
Home Phone: (____) _______ - ________  Cell Phone: (____) _______ - ________
Email Address: ______________________
Residence Address: ______________________
Town: ______________________
Mailing Address: ______________________
Town: ______________________

Updated May 2019
Parent/Guardian 2: __________________________________________ DOB: ________________
Home Phone: (___) _______ Cell Phone: (___) _______
Email Address: ____________________________
Residence Address: ________________________________________________
Town: ____________________________
Mailing Address: ________________________________________________
Town: ____________________________

Does the student live with both natural parents? □ Yes
If not, please check below:
□ Mother □ Father □ Stepmother □ Stepparent □ Guardian □ Other: ________________
Step-parent’s Name & phone number: ________________________________

Other Children in Family
Name: __________________________________________ Date of Birth: ________________
Name: __________________________________________ Date of Birth: ________________
Name: __________________________________________ Date of Birth: ________________

Did your child attend Preschool? □ Yes □ No
If yes, where? ___________________________________________________________________

Does your child have any special needs?
□ IEP □ 504 □ 157 □ ESL □ Allergies
□ Other: ___________________________________________________________________

Names of anyone who is forbidden (legally) to have access to this child: (Documentation from
the court will need to be on file at the school):
_____________________________________________________________________________
Universal Pre-K
For Preschool Students Only
CHILD CARE GENERAL HEALTH EXAMINATION FORM

Note: This form will be used as required documentation of a child’s general health exam. Other physical forms used by the health provider’s office documenting the child’s age appropriate well care exam and information regarding any health conditions and medications that may impact the care of the child in preschool are also acceptable.

Child’s Name: __________________________________________

Date of Birth: _______________ Date of Last Exam: _______________

___ This child has no health conditions or medications that impact enrollment in child care.

___ This child has a condition or medication that should be known by the child care provider:

________________________________________________________________________

________________________________________________________________________

Health Care Provider Name: __________________________________________

Phone Number: __________________________

Health Care Provider Signature: __________________________ Date: ______________

I hereby give permission for Slate Valley Unified Union School District to communicate, send, or receive information, including but not limited to records, pertaining to this student with __________________________.

_____________________________ __________________________
Parent/Guardian Signature Date

Benson Village
Amy Roy, Principal
32 School St.
Benson, VT 05743
802.537.2491

Castleton Elementary
Kim Prehoda, Principal
263 Elementary School Rd.
Bromosee, VT 05732
802.468.5654

Castleton Village
Kim Prehoda, Principal
47 Mechanic St.
Castleton, VT 05735
802.468.2203

Fair Haven Grade
Deborah Inluma, Principal
115 North Main St.
Fair Haven, VT 05743
802.265.3883

Fair Haven Union High
Jason Rasso, Principal
33 Mechanic St.
Fair Haven, VT 05743
802.265.4966

Orwell Village
Patrick Welles, Principal
491 Main St.
Orwell, VT 05760
802.948.2871
RECORDS REQUEST

Date: ____________________

<table>
<thead>
<tr>
<th>School Transferring From</th>
<th>Phone Number</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Fax Number</th>
</tr>
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</table>

The following student(s) will be entering our school system on ____________________

<table>
<thead>
<tr>
<th>Student(s) Name</th>
<th>DOB</th>
<th>Grade</th>
<th>Vermont Student ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(To be completed by sending school)</td>
</tr>
</tbody>
</table>

|                        |     |       |                         |
|                        |     |       |                         |
|                        |     |       |                         |

Please include:

Special Ed/School Records  □  Health Records  □  Free/Reduced Information

Thank you for your assistance and prompt attention to this matter. Parental permission is no longer required when authorized school personnel request records.

Authorized School Personnel Signature: __________________________________________

Please send records to the following school:

Benson Village
Amy Roy, Principal
32 School St.
Benson, VT 05743
802.537.2491

Castleton Elementary
Kim Prehoda, Principal
P.O. Box 68
263 Elementary School Rd.
Castleton, VT 05755
802.468.5624

Castleton Village
Kim Prehoda, Principal
47 Mechanic St.
Castleton, VT 05735
802.468.2203

Fair Haven Grade
Deborah Lurana, Principal
115 North Main St.
Fair Haven, VT 05743
802.265.3883

Fair Haven Union High
Jason Rosco, Principal
33 Mechanic St.
Fair Haven, VT 05743
802.265.4966

Orwell Village
Patrick Wallens, Principal
494 Main St.
Orwell, VT 05760
802.948.2871
Residency Certification

1. I, ________________________________, am the parent/guardian of ____________________________.

I hereby certify that I reside at ________________________________.

[ ] Own

[ ] Rent

Landlord Name: ________________________________ Phone: ________________________________

I am a legal resident of the town of ____________________________, VT, and my child will reside with me.

Parent / Guardian Signature ________________________________ Date ________________________________

Title 12, Section 3016, V.S.A False Claim

1. A person shall not, in any matter within the jurisdiction of supervisory union school district or of any commission, board, department or agency of the state or a county or municipality, with intent to defraud, falsify, conceal or cover up by trick, scheme or device material fact, or with intent to defraud make any false, fictitious or fraudulent claim or representation as to a material fact, or with intent to defraud make or use any writing or document knowing the same to contain any false, fictitious or fraudulent claim or entry as to a material fact.

2. A person who violates this section shall, if the prohibited act results in no loss to a governmental entity or benefit to the person of less than $500.00 in value, be imprisoned not more than two years or fined not more than $5,000.00 or both. A person who violates this section shall, if the prohibited act results in a loss of governmental entity or a benefit to the person of $500.00 or more in value, whether by a single act or by a common scheme or course of conduct involving one or more transactions, be imprisoned not more than five years or fined not more than $10,000.00, or both.
Slate Valley Unified Union School District

State-Placed Student Questionnaire

Student: __________________________ Date of Birth: _________

1. Is the student in DCF custody? Yes No (circle one)
   If no, you do not need to finish this form, please sign and date bottom of form.
   If yes, DCF District Office: __________________________
   Social Worker & Phone Number: __________________________

2. Is the student in the care of another child placing agency? Yes No (circle one)
   If yes, which agency? __________________________
   (Community Access Program, Mental Health, Casey Family Services, Other?)
   Agency contact name & phone number: __________________________

3. Name of foster parent, address & phone number:
   Name: __________________________ Phone #: __________________________
   Address: __________________________

4. Student’s parents town of residence:
   Mother: __________________________ Father: __________________________

5. Is the student on an IEP? Yes No (circle one)
   If yes, who is the educational surrogate parent?
   If unknown, contact the Vermont Educational Surrogate Parent Program at 802-828-5108.
   Name: __________________________ Phone #: __________________________

6. Where did the student last attend school/last educational placement:
   District: __________________________ Contact Person: __________________________
   Phone #: __________________________

_______________________________ Date __________________________
Signature of legal guardian
Primary/Home Language Survey for All Kindergarten and Incoming Students

Instruction for schools in completing the survey:
1. Interview the parents/guardians of ALL new Kindergarten and incoming students in grades K-12 and record all information requested.
2. Provide interpreting services whenever necessary.
3. Please check to see that all questions on the form are answered.
4. A copy of any survey with a language other than English should be referred to the ESL teacher for further screening to determine if the student is an English Language Learner (ELL).
5. Surveys for students identified as ELLs should be faxed (802-479-1829) or mailed to: Jim McCobb, ELL Program Coordinator, Vermont Agency of Education, 219 North Main Street, Suite 402, Barre, VT 05641.
6. Place the original survey form in the student’s permanent file.
7. For questions contact Jim McCobb at (802) 479-1273.

<table>
<thead>
<tr>
<th>Student Information (Parents/Guardians should complete this section.)</th>
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<tbody>
<tr>
<td><strong>First Name:</strong></td>
</tr>
<tr>
<td><strong>Country of Birth:</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Questions for Parents/Guardians</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the native language of each parent/guardian?</td>
<td></td>
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<tr>
<td>What language(s) are spoken in your home?</td>
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<tr>
<td>Which language did your child learn first?</td>
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<tr>
<td>Which language does your child use most frequently at home?</td>
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<tr>
<td>Which language do you most frequently speak to your child?</td>
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<tr>
<td>What other languages does your child know?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>School Information (School Staff should complete this last section based on information gathered from parent/guardian.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What school will the student attend?</strong></td>
</tr>
<tr>
<td><strong>Beginning date in this school</strong> (Month/Day/Year):</td>
</tr>
</tbody>
</table>
# Vermont Migrant Education Program
## Agricultural Employment Survey

Please complete this form and return it to the school office. Schools will mail all completed forms to the address listed above. All information provided is confidential.

<table>
<thead>
<tr>
<th>Parent Name</th>
<th>Date completed</th>
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<th>Address</th>
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<thead>
<tr>
<th>Home/Cell Phone</th>
<th>Message phone</th>
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</table>

**Have you, your spouse or companion moved in the last three years?**

- [ ] Yes  If yes from where? ______________ Please complete the rest of this form.
- [ ] No  You do not need to complete the rest of this form. Thank you!

**In the past three years, have you, your spouse, or companion**
- [ ] worked in agriculture or logging?
- [ ] looked for work in agriculture or logging?
- [ ] currently working in agriculture or logging?
- [ ] No

**Please check off all that apply:**
- [ ] on any type of farm such as dairy, beef, sheep, turkey, chicken, egg, fish, emu, fruit or vegetable farm
- [ ] commercial greenhouse or nursery
- [ ] haulage milk or other raw agricultural products
- [ ] cheese plant, cannery, milk bottling plant or other food processing plant
- [ ] trimming and harvesting Christmas trees/ wreath making
- [ ] logging activities such as cutting trees/firewood, brush cutting, chipping, debarking trees, forestry or timber work, tree planting/pruning
- [ ] in a slaughterhouse or smokehouse
- [ ] replanting or restoring land used for mining or clear cutting purposes
- [ ] harvesting crops such as apples, grapes, hay, corn, and berries
- [ ] commercial fishing or fish farming

Please list all children ages 0 to 22 in your household; (list additional names on bottom of form)

<table>
<thead>
<tr>
<th>Child</th>
<th>Grade</th>
<th>School</th>
</tr>
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<tbody>
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08/2013

If your family qualifies for the Migrant Education Program, your child may receive **FREE** educational support services which may include free books, tutoring, summer programs, and/or resource referrals for services in your area.

**Please return this form to school!**

_Cultivating Healthy Communities_

*University of Vermont Extension and U.S. Department of Agriculture cooperating; offer education and employment to everyone without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status.*
Program Narrative

WHO:

The Vermont Migrant Education Program serves children and youth (ages 3 – 21) whose families move from one school district to another to obtain temporary or seasonal work in agriculture or logging. There are no income guidelines used to determine eligibility.

WHAT:

The Program works with parents and teachers to provide free educational support to help students transition into their new schools. Support to schools and families may include:

- Instructional support
- Free books
- School and home coordination
- On-going school contact
- Preschool support
- Agency referral and coordination
- Summer support services
- Home visits
- Literacy based activities for families in their homes

HOW:

Recruitment Specialists contact schools, farms, agencies, and businesses to locate families whose children may be eligible for program services. Visits are then arranged to discuss the program and determine eligibility. To refer students please contact us at the above address.
Fall 2019

Dear Parent/Guardian:

Children need healthy meals to learn. Slate Valley Unified Union School District offers healthy meals every school day. Breakfast costs $1.60 for Elementary Students and $1.85 for High School Students. Lunch costs $2.90. **Your children may qualify for free meals or for reduced price meals.** Reduced price meals are served at no charge to families. 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?**
   a. All children in households receiving benefits from 3SquaresVT or Reach-Up are eligible for free meals.
   b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
   c. Children participating in their school’s Head Start program are eligible for free meals.
   d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   e. 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.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Twice Per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23,107</td>
<td>1,926</td>
<td>963</td>
<td>889</td>
<td>445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>1,304</td>
<td>1,204</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>1,645</td>
<td>1,518</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>1,985</td>
<td>1,833</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>2,326</td>
<td>2,147</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>2,667</td>
<td>2,462</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>3,008</td>
<td>2,776</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>3,348</td>
<td>3,091</td>
<td>1,546</td>
</tr>
</tbody>
</table>

For each additional household member add

|               | 8,177 | 682    | 341            | 315            | 158   |

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 or e-mail Kris Benway, Director of Special Services, 265-4905 x 2551 or kbenway@arsu.org.

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: Sheri Nichols, 33 Mechanic St. Fair Haven, VT 05743.

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 Sheri Nichols, 33 Mechanic St. Fair Haven, VT 05743 (802)-265-2562 immediately.

5. 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. 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.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals; a meal application is needed. Please send in an application.

7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to write down proof of the household income you report.

8. IF I DON’T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

9. WHAT IF I DISAGREE WITH THE SCHOOL’S DECISION ABOUT MY APPLICATION? You should talk to school officials. Also you may ask for a hearing by writing: Brooke Olsen-Farrell, Superintendent, SVUUSD, 33 Mechanic Street, Fair Haven, VT 05743 or bfarrell@arsu.org

10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A 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.

11. 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 $500, 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.

12. 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.

13. 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, or receive Family Subsistence Supplemental Allowance payments, 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.

14. WHAT IF THERE ISN’T 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 Sheri Nichols, 33 Mechanic St. Fair Haven, VT 05743 (802)-265-2562 to receive a second application.

15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for 3SquaresVT or other assistance benefits, contact your local assistance office or call 1-800-479-6151. If you have other questions or need help, call (802) 265-4905.

Sincerely,

Sheri Nichols

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiocassette, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA agency or office near you. You can also file a complaint with the equal employment opportunityTitle VI coordinator, at the address, phone number, or email provided on the specific complaint form used for your situation.

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
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 Slate Valley Unified Union 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 Sheri Nichols, 33 Mechanic St. Fair Haven, VT 05743 (802)-265-2562

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 SVUUSD regardless of age.

A) **List each child's name.** For each child, print their first name, middle initial and last 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) **List the school name and grade.** Is the child a student? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend school.

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. Foster children who live with you may count as members of your household and should be listed on your application. If you are only applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

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: 3SquaresVT OR Reach-Up**

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals: • 3SquaresVT [food stamps] • Reach-Up

A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave STEP 2 blank.

B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- Circle 'YES' and provide a case number for 3SquaresVT or Reach-Up. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact: the Benefits Service Center at (800) 479-6151. You must provide a case number on your application if you circled "YES".
- Skip to STEP 4.

**Step 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

A) **Report all income earned by children.** Refer to the chart titled "Sources of Income for Children" in these instructions and report the combined gross income for **ALL** children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.
How to Apply for Free and Reduced Price School Meals (cont’d)

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. Use the chart below to determine if your household has child income to report. *Infrquent earnings received on an irregular basis, such as payment for occasional babysitting or mowing lawns are not included.*

<table>
<thead>
<tr>
<th>Sources of Income for Children</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from work</td>
<td>A child has a job where they earn a salary or wages.</td>
</tr>
<tr>
<td>Social Security</td>
<td>A child is blind or disabled and receives Social Security benefits.</td>
</tr>
<tr>
<td>Disability Payments</td>
<td>A parent is disabled, retired, or deceased, and their child receives Social Security benefits.</td>
</tr>
<tr>
<td>Survivor’s Benefits</td>
<td>A friend or extended family member regularly gives a child spending money.</td>
</tr>
<tr>
<td>Income from persons outside the household</td>
<td>A child receives income from a private pension fund, annuity, or trust.</td>
</tr>
<tr>
<td>Income from any other source</td>
<td></td>
</tr>
</tbody>
</table>

For each adult household member:

Who should I list here?
When filling out this section, please include all 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.
- 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.
- 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.

B) List Adult Household member’s name. 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.

What if I am self-employed?
If you are 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.

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 but 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 determines your income cutoff for free and 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 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."

<table>
<thead>
<tr>
<th>Sources of Income for Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Earnings from Work</strong></td>
</tr>
<tr>
<td>- Salary, wages, cash bonuses</td>
</tr>
<tr>
<td>- Net income from self-employment (farm or business)</td>
</tr>
<tr>
<td>- Strike benefits</td>
</tr>
<tr>
<td>If you are in the U.S. Military:</td>
</tr>
<tr>
<td>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</td>
</tr>
<tr>
<td>- Allowances for off-base housing, food, and clothing</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**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.

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.

B) Sign and print your name. Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."

C) Write Today's Date. In the space provided, write today's date in the box.
School and LEA-Wide Benefits  
of High Free and Reduced Rates

Higher free and reduced percentages benefit schools and communities.

Schools with at least 50%, or more, free and reduced-price meal enrolled students have the opportunity to participate in a variety of Child Nutrition programs:

- Fresh Fruit and Vegetable Program
- Summer Food Service Program
- After School Snack Service area eligibility
- Child and Adult Care Food Program (CACFP) At-Risk Afterschool Meals
- Receive a higher score on equipment grant application

Benefits extend beyond the Child Nutrition world and into the greater learning community:

- Distribution of Title I funds
- Teacher Cancellation Low Income (TCLI) Loan forgiveness for teachers in certain low-income schools
- E-Rate Program: federal reimbursement for telecommunications, including internet, Wi-Fi, even upgrades to Wi-Fi! Local libraries can also take advantage of this opportunity.
- Vermont Lottery Makerspace Grant eligibility
- Equity determinations for state and federal accountability systems
- Increased eligibility for state and federal grants for the school
- May also increase federal and state funding for the town

Aside from the fact that all free and reduced-price students in Vermont can eat breakfast and lunch at no cost, other household-specific benefits include:

- Reduced or waived SAT fees and reduced college application fees
- Qualify for Comcast Internet Essentials low-cost, high-speed internet access. All students in Provision 2 and CEP schools automatically qualify for this service.

This institution is an equal opportunity provider.
2019 - 2020 Application for Free and Reduced Price School Meals - VT Agency of Education

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

**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).

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>MI</th>
<th>Child's Last Name</th>
<th>School Name</th>
<th>Grade</th>
</tr>
</thead>
</table>

**STEP 2**

Do any Household Members (including you) currently participate in one or more of the following assistance programs: 3SquaresVT or Reach-Up?

**STEP 3** Report Income for ALL Household Members. (Skip this step if you answered 'Yes' to STEP 2 and provided a Case Number)

A. Child Income

Name Adult Household Members (First & Last)

<table>
<thead>
<tr>
<th>Name Adult Household Members (First &amp; Last)</th>
<th>Earnings from Work</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>Bi-Monthly</th>
<th>Monthly</th>
</tr>
</thead>
</table>

Total Household Members (Children and Adults)

<table>
<thead>
<tr>
<th>Total Household Members (Children and Adults)</th>
<th>Last Four Digits of Social Security Number (SSN) of Primary Wager Earn or Other Adult Household Member</th>
</tr>
</thead>
</table>

**STEP 4** Contact information and adult signature

"I certify that the 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 this school official may verify (check) the information. I am aware that if I purposely give false information, my children may lose food benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form

<table>
<thead>
<tr>
<th>Signature of adult completing the form</th>
<th>Printed name of adult completing the form</th>
<th>Today's date</th>
<th>Cell Phone Number</th>
</tr>
</thead>
</table>

Street Address (if available)

Apt #: City: State: Zip

Email (optional)

Other Benefits: For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or [www.GreenMountainCare.org](http://www.GreenMountainCare.org). For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit [www.vermontfoodhelp.com](http://www.vermontfoodhelp.com).

**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

<table>
<thead>
<tr>
<th>Total Income</th>
<th>Frequency</th>
<th>Household Size</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Determining Official's Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Confirming Official's Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Verifying Official's Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Eligibility: Free, Reduced, Not Eligible

<table>
<thead>
<tr>
<th>Categorical Eligibility</th>
<th>Date</th>
</tr>
</thead>
</table>
**INSTRUCTIONS**

**Sources of Income for Children**

- **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

- **Income from person outside the household**
  - A friend or extended family member regularly gives a child spending money

- **Income from any other source**
  - A child receives regular income from a private pension fund, annuity, or trust

**Sources of Income for Adults**

- **Earnings from Work**
  - Salary, wages, cash bonuses
  - Net income from self-employment (farm or business)

- **Public Assistance / Alimony / Child Support**
  - 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

- **Pensions / Retirement / All Other Income**
  - 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 Identity**

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 child’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

**INCOME ELIGIBILITY GUIDELINES**

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Twice Per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23,107</td>
<td>1,926</td>
<td>963</td>
<td>889</td>
<td>445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>1,304</td>
<td>1,204</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>1,645</td>
<td>1,518</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>1,958</td>
<td>1,833</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>2,326</td>
<td>2,147</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>2,667</td>
<td>2,462</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>3,008</td>
<td>2,776</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,969</td>
<td>3,484</td>
<td>3,091</td>
<td>1,546</td>
</tr>
<tr>
<td>For each additional household member add 4,420</td>
<td>8,177</td>
<td>682</td>
<td>341</td>
<td>315</td>
<td>158</td>
</tr>
</tbody>
</table>

The chart to the left shows the reduced price guidelines. Your children may qualify for free OR for reduced price school meals if your household income falls within the limits on this chart.

The Richard R. 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 are not required when you apply on behalf of a foster child or you file a Supplemental Nutrition Assistance Program (SNAP) form.

Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FPDP) case number or other FDP identification for foster 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, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, age, or disability. Persons with disabilities who require alternative means of communication in order to effectively review and/or purchase details of the program should contact USDA’s TARGETS Technical Assistance Center at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_and_discrimination_ pre_election.html, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (800) 638-9263. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture—Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 627-9142; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.