

**Bloomington Middle and High School**

629 E. Kalamazoo St.

P.O. Box 217

Bloomington, MI 49026

Phone: (269) 521-3918

Fax: (269) 521-3915

**Request for Student Records:**

Name of School Last Attend: \_\_\_\_\_

City & State: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PARENTAL PERMISSION IS NO LONGER REQUIRED WHEN RECORDS ARE REQUESTED BY AUTHORIZED SCHOOL PERSONNEL.** (Family Education Right and Privacy Act. Final Rule on Education Records, Federal Register, J17, 1976, Vol. 41 No. 118 Page 24673)

Email an official transcript, discipline history and Special Education records (if applicable) to [clevering@bdalecards.org](mailto:clevering@bdalecards.org)

**Please mail the records, files or data to:**

Attn: Counseling Office  
Bloomington Middle and High School  
629 E. Kalamazoo St.  
P.O. Box 217  
Bloomington, MI 49026

Date of Request: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

# BLOOMINGDALE MIDDLE AND HIGH SCHOOL

## Student Enrollment Form

**IMPORTANT: A birth certificate, health records and proof of residency are to be provided at time of enrollment.**

HAS THIS STUDENT EVER BEEN ENROLLED HERE: YES/NO, if yes, what year(s):

DOES YOUR CHILD HAVE AN I.E.P.:  NO  YES OR 504 PLAN:  NO  YES

DO YOU HAVE INTERNET SERVICE IN YOUR HOME WITHOUT THE USE OF A CELL PHONE:  NO  YES

DO YOU HAVE ACCESS TO DEVICES OTHER THAN A CELL PHONE, LIKE COMPUTERS, LAPTOPS, TABLETS, ECT:  NO  YES

PUPIL NAME: \_\_\_\_\_

NICK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (If different than above): \_\_\_\_\_

ETHNIC IDENTITY:  Hispanic or Latino  American Indian  Alaskan Native

Neither Hispanic or Latino  Black or African American  Native Hawaiian or Other Pacific Islander

GENDER (circle): M F GRADE: \_\_\_\_\_

With Whom Does the Pupil Live? Please check all that apply:  Mother & Father  Mother  Father  Step Mother  Step Father  Guardian

**PARENT/GUARDIAN INFORMATION:**

**FATHER:** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

\_\_\_\_\_ **Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**HOME PHONE:** ( ) \_\_\_\_\_ **WORK PHONE:** ( ) \_\_\_\_\_ **CELL PHONE:** ( ) \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **Highest Level of Education Completed:** \_\_\_\_\_

**MARITAL STATUS:**  Married  Single  Divorced  Deceased **LEGAL CUSTODY OF STUDENT?**  Yes  No

**MOTHER:** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

\_\_\_\_\_ **Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**HOME PHONE:** ( ) \_\_\_\_\_ **WORK PHONE:** ( ) \_\_\_\_\_ **CELL PHONE:** ( ) \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **Highest Level of Education Completed:** \_\_\_\_\_

**MARITAL STATUS:**  Married  Single  Divorced  Deceased **LEGAL CUSTODY OF STUDENT?**  Yes  No

**HEALTH INFORMATION**

**HEALTH CONDITIONS (check all that apply):**

- Heart  Asthma  Diabetes  Kidney  ADD  ADHD  Pregnant  Epilepsy (Type): \_\_\_\_\_
- Allergies: \_\_\_\_\_  Other: \_\_\_\_\_

**MEDICATIONS (even if not taken at school)** \_\_\_\_\_ **Frequency** \_\_\_\_\_

Medication #1 \_\_\_\_\_ **Name** \_\_\_\_\_ **Dosage** \_\_\_\_\_

Medication #2 \_\_\_\_\_

**Note:** *In order for students to take medication at school, a form must be filled out by the student's physician and submitted to the high school office. These forms can be obtained as the office.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

# Bloomington Middle & High School

## Emergency and Early Release from School Form

Student(s) Name \_\_\_\_\_

Since the school is responsible for the safety and well-being of your child, he/she will be released, prior to the end of the school day, only to a parent or a person authorized in writing by the parent to act on his/her behalf. The student will not be released to anyone whose name does not appear on the list below. As an added precaution, identification must be presented when picking up a student. Students must be signed out in the office by an authorized person. Students may not sign themselves out and must be picked up in the office. Students may not leave the school unescorted. This form will be kept on file in the office. The parent/guardian may make changes (adding or removing names) by completing a new form or by editing this form and putting their initials and date in the margin next to the change. This must be done in the school office. Please print the name of each person who is authorized to be contacted in case of an Emergency and can check out your child from school prior to the end of the school day.

In case of an emergency we will always try to contact you, the parent or guardian first, so please do not place your information here as we already have it. If we can not reach you, then we will contact the ones you place on this list. Please make sure you put someone that you trust and provide the information we ask.

Authorized Person (Please Print)	Daytime Phone Number (Best Number to reach them)	Relationship (Relative, Friend, Neighbor, etc.)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

**Bloomington Public Schools**  
**Affirmation of prior Discipline Record**

**DIRECTIONS:** Check the applicable paragraph, provide all appropriate information, and sign this document.

Paragraph 1:

The undersigned affirms that \_\_\_\_\_ has not been suspended or expelled from any public school/private school in Michigan or any other state for an offense involving weapons, alcohol, drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on public or school sponsored activity.

Paragraph 2:

The undersigned affirms that \_\_\_\_\_ has been suspended or expelled from a public/private school in Michigan or any other state for one or more offenses involving weapons, alcohol, drugs, or the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion and a description of the incident giving rise to the suspension or expulsion.

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Date \_\_\_\_\_ Signature of Student \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Date copy sent for verification \_\_\_\_\_ Initials of MNHS Staff Member \_\_\_\_\_

Name of Sending (former) School District: \_\_\_\_\_

Sending School-Please check one:

According to our records, we can verify that the information provided above by the parent/student is correct.

According to our records, the information provided by the parent/student is not correct.

*If the student has been involved in offenses involving weapons, alcohol, drugs, willful infliction of injury to persons, or an act of violence against persons and/or property committed on school premises or at a school sponsored activity, please forward appropriate disciplinary documentation.*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Sending District Administrator and Title)

*Please scan and email back to Bloomington Middle & High School at: [clevering@bdalecards.org](mailto:clevering@bdalecards.org)*

# State Board of Education Approved Home Language Survey

*The Bloomington Public School District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to sections 380.1152-380.1157 of the School Code of 1995 Michigan's Bilingual Education Law. Please help by providing the following information?*

Thank you very much for your cooperation.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

1. Is your child's native tongue a language other than English?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    What is that language? \_\_\_\_\_

2. Is the Primary language used in your child's home or environment a language other than English?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    What is that language? \_\_\_\_\_

3. Has your child gone to school outside of the United States? \_\_\_\_\_ Yes    \_\_\_\_\_ No

4. If your answer is Yes, what grades and how many years?

Grade(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*"Native tongue" means the language first used to communicate with their parents.

\*\*"Primary Language" means the dominant language used by a person for communication.

Bloomington Elementary School  
307 E. Willow St., Bloomington, MI 49026

To: All parents/guardians  
From: Bill Dygert, Homeless Student Liaison

Date: September 2020  
Re: Residency questionnaire

Bloomington Public Schools follows the rules and regulations of the McKinney-Vento Homeless Assistance Act ensuring educational rights and protections for children and youth experiencing homelessness or displacement. At Bloomington Public Schools, students who are displaced or homeless have access to the same programs as students who are housed.

The term "homeless children and youth" means individuals who lack a fixed, regular, and adequate nighttime residence; and includes

- Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals, or are awaiting foster care placement;
- Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...
- Children and youths who are living in cars, parks, public spaces abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

According to federal regulations, it's necessary that all public schools keep accurate information regarding a student's living arrangements. To update our files, please complete the form below and have it returned to school. The information collected below will be for school use only. No information will be sent to outside organizations. Thank you in advance for your assistance.

➤ **Name of student(s), including last name:**

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Where is the student currently living? Please check one:

- with parent(s)/guardian(s), not considered homeless/displaced
- with friends or family members (other than parent/guardian)
- with more than one family in a house or apartment
- in a motel, car, or campsite
- in a shelter
- none of the choices above apply

# BLOOMINGDALE PUBLIC SCHOOLS TRANSPORTATION REQUEST FORM

**STUDENT INFORMATION: MUST HAVE A SEPARATE FORM FOR EACH STUDENT. MUST FILL OUT ALL SECTIONS. IF THIS IS A NEW ADDRESS PLEASE LIST YOUR OLD ADDRESS OR ROUTE NUMBER.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Please circle one: **New student** **New address-LIST OLD ADDRESS OR ROUTE NUMBER BELOW**

**OLD ADDRESS OR ROUTE NUMBER:**

Parent/Guardian(s) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mom cell: \_\_\_\_\_ Dad cell: \_\_\_\_\_ Alternate#: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Directions from Bloomingtondale to above address: \_\_\_\_\_

Circle: Pick Up Drop Off Circle: Mon Tue Wed Thu Fri

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**If student will not be transported from the Home address above, please complete below:**

Pick Up Address: \_\_\_\_\_ Circle: Mon Tue Wed Thu Fri

Adult(s) Responsible: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Drop Off Address: \_\_\_\_\_ Circle: Mon Tue Wed Thu Fri

Adult(s) Responsible: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Siblings that attend Bloomingtondale Public Schools, please include the grade of each student:

**Medical Conditions** Please Circle: Asthma ADD ADHD AIDS Apnea UP Shunt  
Chokes Diabetes Heart Hepatitis Respiratory problems  
Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

**PLEASE ALLOW 3 WORKING DAYS TO INITIATE**

**Office Use Only:**

Date of Request: \_\_\_\_\_ First Day to Ride: \_\_\_\_\_

Route: \_\_\_\_\_ Driver: \_\_\_\_\_

Pick Up Time: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_

School: PE MS BE HS  
Called parent \_\_\_\_\_  
Sent to Driver \_\_\_\_\_  
Put in Power School \_\_\_\_\_



**REPLACEMENT FORM - TECHNOLOGY UPDATE**

**STUDENT TECHNOLOGY ACCEPTABLE USE  
AND SAFETY AGREEMENT**

To access and use District Technology Resources (see definition in Bylaw 0100), including a school-assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

**Use of District Technology Resources is a privilege, not a right. The Board of Education's Technology Resources, including its computer network, Internet connection and online educational services/apps, are provided for educational purposes only. Unauthorized and inappropriate use will result in loss of this privilege and/or other disciplinary action.**

The Board has implemented technology protection measures that protect against (e.g., block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students using District Technology Resources are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of the Resources.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using District Technology Resources. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of District Technology Resources.

**Please complete the following information:**

Student User's Full Name (please print): \_\_\_\_\_

School: Bloomington Middle / High School Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

**Parent/Guardian**

As the parent/guardian of this student, I have read the Student Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

Back Side →

- To the extent that proprietary rights in the design of a web page, site, service or app hosted on Board-owned or District-affiliated servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

- I give permission for the Board to issue an e-mail account to my child.
- I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.
- I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.
- I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student**

I have read and agree to abide by the Student Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of District Technology Resources, I agree to communicate over the Internet and through the Technology Resources in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Technology Resources to individuals who violate the Board's Student Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

## UNDERSTANDING CONCUSSION

### Some Common Symptoms

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

### WHAT IS A CONCUSSION?

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

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

### IF YOU SUSPECT A CONCUSSION:

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

### SIGNS OBSERVED BY PARENTS:

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

### CONCUSSION DANGER SIGNS:

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

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

### HOW TO RESPOND TO A REPORT OF A CONCUSSION:

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

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

To learn more, go to [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

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

## CONCUSSION AWARENESS

### EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Bloomington Public School

Sponsoring Organization

\_\_\_\_\_  
Student Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Student Name Signature

\_\_\_\_\_  
Parent or Guardian Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the sponsoring organization that must keep on file till graduation or age 18.

*Bloomingtondale Public Schools*

Dear Parent or Guardian:

We are pleased to inform you that *Bloomingtondale Public Schools* will be participating in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for the School Year 2020 - 2021.

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

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

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

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

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

If we can be of any further assistance, please contact us at 269-521-3903.

Sincerely,

**Deborah Paquette**  
**Bloomingtondale Public Schools**  
**Superintendent**

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# INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

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

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

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

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

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

Part D: Skip this part

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

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

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

Part B: Skip this part.

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

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

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

School District Name  
 ONLY  
 Address  
 for:  
 Address  
 Phone  
 Email

# Household Information Report

SCHOOL USE

Approved   
 1  2

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

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

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

**PART B. CURRENT BENEFITS** - Complete below if applicable

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

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_  
 (Signature) (Printed Name) (Date)

\_\_\_\_\_  
 (Address) (City) (Zip)

\_\_\_\_\_  
 (Home Phone) (Work Phone) (Email Address)