

Lane Public School Enrollment Form


2020-21

Date enrolled _____
 Grade Entering _____
 Ages as of Sept 1st _____
 Birth Date: _____
 Birth Place: _____
 SSN: _____

Teacher _____ Grade _____ Bus # _____
 Transfer _____ Open/Emergency _____
 In-District Affidavit of Residency _____
 Birth Cert. _____ Shot Record _____ SS Card _____
 CDIB _____
 (Office use only)

Last Name _____ First _____ Middle _____ Preferred Name _____

Ethnic Origin: Caucasian African American Asian/Pacific Islander Hispanic American Indian Other
 CDIB: YES _____ TRIBE: _____ NO _____
 Physical Address: (No P.O. Boxes)

Mailing Address (If different from physical address)

Mother or Guardian: _____ Home # _____ Cell# _____ Mailing Address _____ Employer _____ _____ Work Phone _____ Email _____ Spouse/Other: _____ Home # _____ Cell# _____	Father or Guardian: _____ Home # _____ Cell# _____ Mailing Address _____ Employer _____ _____ Work Phone _____ E-mail _____ Spouse/Other: _____ Home # _____ Cell# _____
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Child Lives with: <input type="radio"/> Both Parent <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Guardian <input type="radio"/> Foster Parent	Names and Phone numbers for other people who may be contacted in case of an emergency or student may be released to: <table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 35%;">Name:</th> <th style="width: 35%;">Phone:</th> <th style="width: 30%;">Relation</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name:	Phone:	Relation									
Name:	Phone:	Relation											

Name of people who **CANNOT** pick up child:
 Name: _____ Name: _____ Name: _____

Has your child ever had an Individual Education Plan (IEP)? Yes ___ No ___
 Is Student in Gifted and Talented Program? Yes ___ No ___

Please Check All That Apply Bee Sting Allergy/Anaphylaxis EPI PEN Diabetes Asthma
 Epilepsy/Seizures Limits on Activity Heart Condition ADD/ADHD
 Medication Allergies: _____
 Food Allergies _____

In event of a medical or unexpected emergency the school officials have my permission to take any actions they deem necessary for the safety and well being of my child. Yes ___ No ___

Please explain above items checked and any other medical/health condition that is necessary for us to know:

Please list all medications and reasons for taking:

(Enrollment form continued on opposite side.)

Please Read and Initial the following questions.

Is this student suspended/expelled from any public/private school? Yes No

If yes, please explain: _____

Corporal Punishment

To guarantee a good educational climate, it is important that students understand that acceptable standards of behavior are expected at all times. Discipline will be administered when any individual's actions interfere with the right of teachers to teach and students to learn.

Students who have a medical condition that would prevent corporal punishment must be brought to the attention of the teacher and administrator. The parent/guardian must provide the school district with written documentation stating that corporal punishment would effect the child's medical condition from the child's medical provider.

I give My Student Permission to Go on Field Trips for the School Year 2020 - 2021

Signature: _____

Divorce

In cases involving divorce, when one parent requests the school district to prohibit contact of the other parent from the child or children. In order for the Lane School District to comply with the request we are required to Honor a JUDGES RULING OR COURT ORDER ONLY. Have you submitted a Judge Order?

Yes No

Enrolling Parent Signature _____ Superintendent Signature _____

I give permission for my child to be screened by the designated screening personnel for hearing, vision, height, weight, developmental screenings, and dental problems. Yes No

Residency

Residency is defined as your "domicile". Where one actually lives, pays rent, pays utility bills, voter registration, ad valorem tax receipt. Residency is NOT A MAILING ADDRESS OR having a relative or family member who lives in Lane School District.

To the best of my knowledge I am a RESIDENT of Lane School District. If a question of RESIDENCY comes about it is the burden of the parent to prove to the satisfaction of the Lane Board of Education that true residency exists.

Non-Resident

Non-Resident student must request a transfer from their home district of origin and receive approval from the Lane Board of Education in order to officially enroll in Lane School District.

Parent Initial _____ Resident _____ Non-Resident _____

Last School Attended: (School Name) _____

(School Address) _____ (School Phone Number) _____

Parent/Guardian Signature _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

NAME OF STUDENT _____ GRADE _____ HOME PHONE _____

ADDRESS _____ EMERGENCY PHONE _____

IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING _____

ANY KNOWN DRUG ALLERGIES _____

HISTORY, HEALTH CONDITIONS AND RECOMMENDATIONS

LAST DENTAL EXAM _____ LAST EYE EXAM _____ GLASSES OR CONTACT WORN _____

ALLERGIES		HANDICAPS		SPEECH
ARTHRITIS		HEADACHES		STOMACH DISORDERS
ASTHMA		HEART CONDITION		SURGERY
CANCER		KIDNEY		TONSILLITIS, chronic
CHICKENPOX		MEASLES		TUBERCULOSIS
CONVULSIONS		MUMPS		OTHER
DEFORMITIES		PERTUSSIS		MEDICATIONS TAKEN REGULARY
DIABETES		POLIO		NAME
EARACHES, chronic		PHEUMONIA		DOSAGE
EMOTIONAL PROBLEMS		RHEUMATIC FEVER		NAME
FRACTURE		RUBELLA		DOSAGE
SINUSITIS, chronic		SCARLET FEVER		NAME
SKIN DISEASE				DOSAGE
				NAME
				DOSAGE

Please list any medical problems your child may have and answer the questions listed below Medical Problems: _____

In accordance with State Statutes written authorization of the parent or guardian of a student is required for administering medication to a student at school. The following non-prescription medications are usually available in the office. Tylenol, Ibuprophen, Non-Aspirin, Anti-acids, Cough Drops and Topical Lotions or Ointments.

Please sign below if all medications listed are appropriate to administer to your child in time of need.

PARENT/GUARDIAN: _____ List any exceptions _____

In the event of an EMERGENCY the school officials have my permission to take any action they deem necessary for the safety and well being of my child.

FAMILY PHYSICIAN: _____ PARENT/GUARDIAN: _____

DATE: _____

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. This form will become part of your child's school record and will not need to be completed every year. This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

_____ Federally Recognized, State _____ Organized Indian Group
Including Alaska Native _____ Recognized _____ Terminated _____ Meeting #5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): _____ Child _____ Child's Parent _____ Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

LANE PUBLIC SCHOOL

BUS RIDER

INFORMATION AND REGISTRATION

PAM MATTHEWS, SUPERINTENDENT

SCHOOL PHONE (580) 889-2743

2020-2021 BUS DRIVERS

NATASHA ARNOLD – 239-9232

SHERRY VIEFHAUS – 889-0941

JAMES CAPPIS – 889-0795

DALE BARRETT – 239-2627

MARTY RECTOR – 239-2468

BUS RIDER REGISTRATION

This registration must be completed and signed by parent/guardian, Please return this registration form to school in order for your child to ride the bus.

Student Name: _____

School Year: _____ Grade _____

Address: _____ Bus #: _____

Home Phone: _____ Work Phone: _____

Emergency Phone: _____

Please check one of the following:

I live over 1 ½ miles from school _____

I live less than 1 ½ miles from school _____

I don't know _____

SAFETY & BEHAVIOR GUIDELINES FOR LANE BUS RIDERS

Permission for any pupil to ride on a bus is conditioned on good behavior and regulations. Any pupil who does not adhere to any of these will be reported to his/her school Superintendent and this student may be denied permission to ride a bus to and from school.

- Be on time at the bus stop. Avoid running to catch the bus. While waiting for the bus, stay clear of the roadway.
- Wait for the bus to come to a complete stop before trying to board. If you must cross the road, wait for your driver to signal you a safe cross with his/her hand. Always cross at least ten (10) feet in front of the bus.
- When necessary there will be three persons to a seat. No saved seating.
- After boarding the bus, you must remain seated until the bus reaches your designated stop.
- Please, don't ask your driver to let you off at such places as the store, job etc. Students are required to use the bus and the bus stop that is nearest to their home. Students must have a written permission note from their parents and teacher in order to ride on an alternate bus or load &/or unload at a different stop.
- Please use hand rails when getting on and off the bus. Be extra careful when weather is wet or icy, as steps can be very slippery.
- Any damage done to the bus seats, windows, ect., may be charged to the person(s) responsible.
- Keep aisles clear of items carried on the bus. If you must carry personal items on the bus, please hold them in your lap or store them under your seat.
- Basketballs, baseballs, footballs etc., must be kept in backpacks while riding the bus.
- Students should keep their head, hands, and other body parts inside the bus at all times. Please refrain from shouting out the windows.
- Don't be loud or boisterous on the bus. Excessive noise can distract the driver and could result in a serious accident.
- Absolute quiet is needed at every railroad crossing.
- Throwing paper or other objects out of the bus window is prohibited.
- Food & beverages may not be sold or consumed on the bus.
- A driver has the responsibility to correct any student on the bus for improper conduct.
- Give the bus driver the same respect you would a teacher.
- School bus transportation is a privilege extended by the school district. Students can be denied permission to ride a bus. For more information on discipline contact the Superintendent.
- All reinstatements of riding privilege will be handled through the local school, in cooperation with the Superintendent. The parents must assume responsibility for the behavior of the child while riding the bus. If permission is revoked, the parent must provide transportation to and from school for the child until such time as reinstatement may be made.

BUS RIDER SAFETY CHECKLIST

- Please remain seated while bus is in motion.
- Food and Beverages should not be consumed on the bus.
- Feet and Legs should not be placed in the aisle.
- Riders should sit facing forward in their seats.
- Never throw objects on the bus.
- Watch your step as you get on and off the bus.
- Never go behind the bus when crossing the street.
- After getting off the bus, move a safe distance away.

It is the parent/guardians responsibility to discuss with the child the provisions of the SAFETY & BEHAVIOR GUIDELINES FOR LANE SCHOOL BUS RIDERS and to support the School Administration

Parent Signature: _____

LANE PUBLIC SCHOOL DISTRICT
2020-2021

Publications, Video, Internet Consent and Release Agreement

Students who attend school in the Lane Public School District are occasionally asked to be a part of school and/or District publicity, publications and/or public relations activities. In order to guarantee student privacy and ensure your agreement for your student to participate, the District asks that the parent/guardian and the student sign and return this form to the school for each of your students.

The form referenced below indicates approval for the student's name, picture, art, written work, voice, verbal statements or portraits (video or still) to appear on the school website. These pictures and articles may or may not personally identify the student. The district may use the pictures and/or videos in subsequent years.

AGREEMENT

Student and Parent/Guardian release to Lane School the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) and consent to their use by Lane School.

Lane Public School agrees that the student's name picture, art, written work, voice, verbal statements portraits (video or still) shall only be used for public relations, public information, school or district promotion, publicity, and instruction.

Student and Parent/Guardian understand and agree that:

- No monetary consideration shall be paid
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photo, video or student statements may be used in subsequent years.

If the Student and Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

I DO I Do NOT give permission for the district to publish pictures or videos of my child.

Effective Date of Agreement: _____

Student's Name: _____ Grade _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

CELL PHONES and SMART WATCHES

CONTRACT 2020-2021

Parent/Guardians and Student,

Cell Phones and Smart watches are generally not at school for the following reasons:

- Ringing in class
- Text messaging in class. (Cheating on a test).
- Harassing other students during school.
- Un-authorized phone calls...i.e. pranks, calling parents at work, calling boyfriends/girlfriends etc.
- Theft and vandalism.
- Using the device to post un-authorized photos on the internet.
- Causing distraction from Instruction and learning.
- Students accessing inappropriate material and showing others, i.e. pornographic material
- Cyber bullying...i.e. posting on Facebook, Twitter, inappropriate messages.

Rational:

It is a convenience for parents and students to have communications immediately after school or in transit back from school activities so that parents can pick up their child in a timely manner. In accommodating that convenience for students and parents accountability and proper use is mandatory. Also, when used improperly at school it creates a liability on the Lane School District as well as an unnecessary distraction from instruction and learning.

Cell phone/Smart Watches Rules and Regulations:

1. All devices will be turned in at upon arrival at school and will remain in the principal's office until the end of the day.
2. Not to be used at school between 7:30 and 3:30 during school instructional hours.
3. Parents must sign a contract for their child to have the device on school premises.
4. Students who abuse or misuse their device will have the privilege revoked.
5. Students may not use their device in the restroom, playground, or during class period.
6. Students and Parents assume all risk in theft, vandalism, loss, and damage.
7. If your child rides a bus to and from school, and/or does not participate in afterschool activities chances are they do not have a justifiable reason to have the device at school every day. However that would be the parent's choice.
8. Students may not use the device on the school bus route. Except in the

- exception of an emergency, wreck, etc....
9. If Parents need to contact their child during instructional hours they are expected to contact the office and we will notify your child to call you from the school phone.
 10. If students need to call home they are expected to use the school phone.
 11. Parent agrees to come personally and pick up the device if their child has had it taken away from them for improper use.
 12. This policy is subject to total removal at anytime by the Superintendent or Principal. Policies are approved on a school year to school year basis.

Our mission is focused on children receiving an education. If and when a student uses cell phone devices during school hours the teacher will take it to the office and a parent/guardian may pick it up at the principal's office. No cell phone/smart watches are needed because we have office staff on duty during the school day who will contact you or the student in case of an emergency. The Lane School District requires a signed parent request and Principal approval for their child to have a cell phone/smart watch at school. The primary objective in our policy is for a child who is in an afterschool activity or away from school activity to be able to communicate with their parents if necessary while away from school. These devices will not be allowed at recess or lunch break. We ask that you do not text your student during school hours. If the student is found to be using the device during the hours of 7:30 to 3:30 the phone will be taken and turned into the office. If the device is used on the bus it will be taken by the bus driver and turned into the office. If the student's device is taken away more than once, that student could find him/herself in ISS. The Lane School District will not be responsible for any device or other electronic devices brought to school by the student.

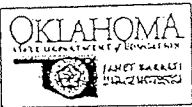
Please sign and return to the office.

I, (parent/guardian and student have read and understand the Lane School Policy on the use of cell phone/smart watches by the students.

Parent/Guardian Signature

Student Signature

Date



Janet Barresi
 State Superintendent of Public Instruction
 Oklahoma State Department of Education

20 -20 HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

Name of Student: _____
Last Name First Name Middle Name

Student ID #: _____ Gender: Male Female

School Site: _____ Grade: _____

Date of Birth: _____ Place of Birth (City/State/Country): _____

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 or Other Pacific Islander White

Parent's/Guardian's Name: _____

Parent's/Guardian's Address: _____
Street City Zip Code

Parent's/Guardian's Telephone Number: (____) _____ Cell Phone: _____

1. Is a language other than English used in your home? Yes No

If NO, go to numbers 6 and 7. If YES, what is that language? _____

2. Is that language spoken in the home MORE OFTEN than English? LESS OFTEN than English?

3. What language is spoken by adults in the home? _____

4. What was the first (1st) language your child learned to speak? _____

5. What was the date (month and year) your child first enrolled in a school in the United States? _____

6. Parent/Guardian Signature: _____

7. Date: _____

FOR SCHOOL USE ONLY

THIS FORM MUST BE COMPLETED EVERY YEAR WITH CURRENT TEST DATA FOR STATE ACCREDITATION.

If a language other than English is spoken MORE OFTEN (see question #2), the student automatically qualifies as bilingual on application for accreditation.

OR

If a language is spoken LESS OFTEN, student qualifies as bilingual on application for accreditation if he or she meets ONE OF THE FOLLOWING:

- 1. Scores 35% or below on norm-referenced test (NRT) on the composite reading score.
- 2. Scores limited knowledge or unsatisfactory on Reading Oklahoma Core Curriculum Tests (OCCTs).
- 3. Designated Limited English Proficient on an Oklahoma English language proficiency assessment: WIDA ACCESS for English language learners (ELLs) Test, WIDA Placement Test (including K W-APT, W-APT, and Kindergarten MODEL), or the Oklahoma Pre-K Language Screening Tool.

Documentation of a test result for students who marked LESS OFTEN:

1. NRT Test Date: _____ Name of the NRT: _____ Reading Total Composite Score: _____

2. Reading OCCT Date: _____ Score on Reading OCCT: Limited Knowledge Unsatisfactory Satisfactory Advanced

3. ACCESS for ELLs Test Date: _____ Score on ACCESS for ELLs: 1 _____ 2 _____

WIDA Placement Test (K W-APT, W-APT, or Kindergarten MODEL) Date: _____ Score on K W-APT, W-APT, or MODEL: 1 _____ 2 _____

Oklahoma Pre-K Language Screening Tool Date: _____ Score on Pre-K Language Screening Tool: _____

Note: Have test score documentation available for regional accreditation officer review.

1 Composite Score 2 _____

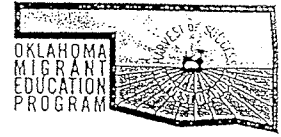
Oklahoma Migrant Education Program

Identification & Recruitment

Family Survey



OKLAHOMA STATE DEPARTMENT OF
EDUCATION
CHAMPION EXCELLENCE



Versión en español en el otro lado de esta hoja.

Dear Parents,

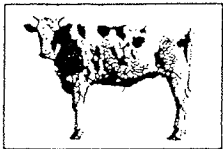
In order to better serve your children, the _____ school district would like to identify students who may qualify to receive additional educational services. The information provided below will be kept confidential. Please answer the following questions and return this survey form to your child's school.

If you prefer more information, call: _____

Has your family moved in the last 3 years? Yes No

Was your move due to economic necessity? Yes No

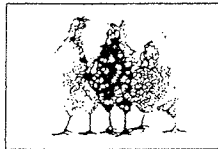
Has anyone in your family worked in anything related to the jobs listed below? Yes No



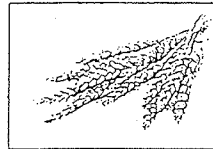
Livestock: Cattle, pigs, sheep, dairy, etc.



Eggs



Chickens



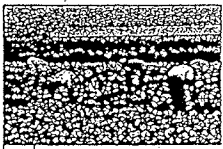
Crops: Wheat, corn, soybeans, etc.



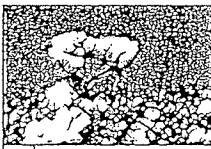
Vegetables



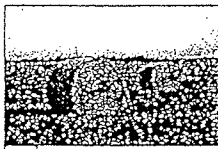
Processing: Meat, fruit, vegetables, trees, etc.



Harvest: Fruit, vegetables, etc.



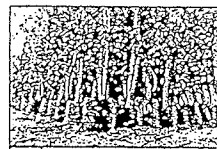
Cotton



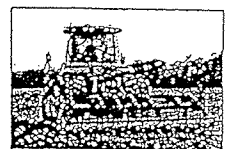
Hay



Nursery: Sod, greenhouse, etc.



Trees: Timber, plants, flowers, etc.



Soil Preparation

Parents' Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Best time to call? _____

Please list all children (including yourself if under 22) in the household less than 22 years old who did not graduate from High School or have not obtained a GED or equivalent:

Name	Date of Birth	Grade	School

SDE Use Only

County Name	County Number	District Name	District Number

LANE PUBLIC SCHOOL
Internet Safety Policy

The following is a contract between the student parent or guardian, and the school system. Please read carefully before signing.

With access to such vast storehouses of information and instant communication with millions of people from all over the world, material will be available that may not be considered to be of educational value by the District or which is inappropriate for distribution to children. The District has taken available precautions, including but not limited to enforcing the use of filters that block access to obscenity, child pornography and other materials harmful to minors. However, on a global network, it is impossible to control all material and an industrious user may obtain access to inappropriate information or material. The District firmly believes that the value of the information and interaction available on the Internet far outweighs the possibility that students and employees may procure material which is not consistent with our educational goals.

It is all staff members' responsibility to educate students about appropriate online behavior, including interactions with other individuals on social networking sites/chat rooms, and cyber bullying awareness and response. This may be done in a variety of ways, such as once a year short training sessions, one-on-one education with individual students, and/or via educational handouts. It is also the responsibility of all staff members to monitor students' online activity for appropriate behavior.

As a student I agree to the following terms and conditions:

- I will not use the Internet for transmission of any materials in violation any federal or state regulations. Transmission of copyrighted material threatening or obscene materials, materials protected by trade secrets, product advertisement or political lobbying is also prohibited.
- I will refrain from using profanity and vulgarities on the Internet. I will not use the Internet for illegal activities.
- I will not give my home address, location of my school, phone number or any personal information about myself or any other student or school personnel to anyone via the Internet.
- I understand that use of e-mail or any other communications over the Internet are not private; any messages related to or in support of illegal activities may be reported to authorities.
- I understand that I am prohibited from conducting any actions that may endanger my safety, or the safety of other students/staff members while using any component of the school's internet access and/or network (email, chat rooms, etc.).
- I will not use the Internet in a way that would disrupt the use of the network by others.
- I will respect the trademark and copyrights of materials on the Internet and assume anything accessed via the network is private property.
- The school system and service provider are not responsible for any damages or losses resulting from using Internet services or information obtained from the Internet.
- If you discover any way to access unauthorized information or defeat any security measures you must inform the lab teacher immediately. You must not share any unauthorized information with any other user.
- Vandalism of any kind is prohibited.

- These terms and conditions shall be governed and interpreted in accordance with the laws of the state and the United States of America.
- I understand access to the Internet through Lane Public School is a privilege. School authorities can deny any student access to the Internet at any time, and their decisions are final.

My instructor/school sponsor has explained the terms and conditions for using the Internet to me and I agree to abide by them

Student's Signature: _____ Date _____

I have read the above forms and conditions and understand that violation of these can result in the denial of Internet privileges. I also agree not to hold the school, state and local boards of education or the Internet provider responsible for the consequences resulting from the violation of these terms and conditions by the student

Parent/Guardian's Signature: _____ Date _____

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

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

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

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

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

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

Child Income \$ _____

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

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

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

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) _____ City _____ State _____ Zip Code _____

Daytime Phone and E-Mail (Optional) _____

Printed Name of Adult Signing the Form _____ Signature of Adult _____

Today's Date _____