



Important Forms to Read and Complete at the Start of the School Year

This summary is to help you, the parent or guardian of a student in the Falmouth Public Schools, to complete the forms that are required so the school district can best support you and your child. Thank you for taking the time to read and complete the forms needed for your child. (If any forms are missing that you require at the beginning of the school year or later on, please contact your school for a replacement form. On most forms, a signature of a parent or guardian is required. **In the handbook you will find detailed information to assist you with all of these forms and applications in the “Details Regarding Important Forms” section.**

This packet contains a copy of **Summary of the Student-related Sections of the Bullying Prevention and Intervention Plan**. Governor Patrick signed into law “An Act Relative to Bullying in Schools” on May 3, 2010. **It is important that you read it and discuss it with your child.**

These forms must be completed for each student and returned to the classroom teacher by the first Friday of the school year and they will be forwarded to the appropriate staff members.

1. Student Information/Medical Information Sheet – (2 sides)
2. General Permission Form and Acknowledgement of Handbook
3. Consent & Release Form
4. Daily Dismissal Plan – 2 cards
5. Fluoride Rinse Permission Form (*Grades 1-4 only*)

These forms need to be completed if you will be volunteering in various capacities with the school. The CORI form must be done by all volunteers. A CORI application needs to be filed at least 2 weeks before volunteering and only needs to be filed at one school, even if you plan to volunteer at other locations. The PTO, VIPS, and Driver Liability and Log Record forms will need to be completed at all of your volunteer locations if these are ways in which you will be volunteering. Return these forms to the office and bring a driver’s license for your CORI application.

6. Yearly Criminal Background Check (CORI) form for all on-site volunteers
7. Parent Teacher Organization (PTO) Registration form
8. Volunteer in Public Schools (VIPS) Registration form
9. Driver Liability and Log Form

These forms are for medical support for children who require assistance with medications while at school. Return these forms to the school nurse in person. If a student has a special medical condition you wish the school nurse to be informed about, please contact the nurse directly.

10. Parent/Guardian Medication Consent Form (*Available on our website and at the nurse’s office*)
11. Physician’s Medication Order Form (*Available on our website and at the nurse’s office*)

These forms need to be completed to apply for available services, such as extended day services, extra insurance, or perhaps financial assistance with school meals. Complete these forms and forward as described in the handbook.

12. Extended Day Registration (2 sides)
13. Free and Reduced Price School Meals Family Application
14. Optional insurance policies, including Mass Health (forms must be requested)

Bullying, Cyber-bullying, and Retaliation Are Prohibited

Falmouth Public Schools is committed to maintaining a school environment where students are free from bullying, including cyber-bullying, the effects of such conduct, and retaliation.

A. Definitions.

Bullying is conduct that is repeated by one or more students and targets another student, causing one or more of the following:

physical or emotional harm to the targeted student or damage to his/her property;
placement of the targeted student in reasonable fear of harm to him/herself or of damage to his/her property;
a hostile environment at school for the targeted student;
infringement on the rights of the targeted student at school; or
material and substantial disruption to the educational process or the orderly operation of the school.

Bullying generally involves "picking on" a student over time and may include conduct such as hitting and shoving; pressuring a student into taking an action he/she does not wish to take; words that involve threats, teasing, putdowns, or name-calling; threatening looks, gestures, or actions; cruel rumors; false accusations; and social isolation.

Cyber-bullying is bullying through use of cell phones, computers or other technology and may include conduct such as sending mean or threatening email messages, instant messages, or text messages; creating websites that make fun of, embarrass, or intimidate others; and posting or sending embarrassing pictures of others.

Hostile Environment is when the targeted student becomes so concerned about bullying that he/she is unable to participate in, and concentrate on, his schoolwork and other school activities.

Retaliation involves a student "getting back at" another student because of a belief that the student reported bullying or provided information about it to an adult or others who may help the targeted student.

B. Acts of Bullying (Including Cyber-bullying) And Retaliation Are Prohibited.

The Falmouth Public Schools prohibit bullying (including cyber-bullying) and retaliation as defined above both at school and under the following circumstances:

- on school grounds or any space next to school grounds;
- at the bus stop or on school buses or any other school vehicle;
- at any school-sponsored, or school-related activities, functions or programs;
- through use any school computers, internet connection or other school based technology;
- at a location or during activities that are not school related, or by using a private computer or cell phone, if the bullying creates a hostile environment at school for the targeted student, infringes on the rights of the targeted student at school, or otherwise disrupts the orderly operation of the school.

C. How to Report Bullying.

Students who believe they are targets of bullying, cyber-bullying or retaliation, or who know about bullying or cyber-bullying conduct, should report the conduct to the school principal. Students also may report the conduct to a teacher, guidance counselor, or other school staff member, who will in turn report the incident to the principal.

D. Addressing Concerns Regarding Bullying.

The Principal or his/her designee will be responsible for taking steps to investigate and otherwise address reports of bullying, cyber-bullying and retaliation. Students who engage in bullying, cyber-bullying, or retaliation will be subject to discipline by the Principal or Assistant Principal, subject to any procedural requirements. In making disciplinary decisions, the Principal/Assistant Principal will consider both the need for accountability and the importance of teaching appropriate behavior. The range of disciplinary action that may be taken includes, but is not limited to:

- - verbal warning;
- - written warning;
- - reprimand;
- - missing recess;
- - detention;
- - short-term or long-term suspension; or
- - expulsion from school

In addition to taking disciplinary action, the Principal/Designee will report conduct relating to bullying, cyber-bullying or retaliation to local law enforcement if s/he believes that criminal charges may be pursued.

Nothing in this handbook provision is intended to prevent school staff and/or school committee (if applicable) from addressing and taking disciplinary action against a student for conduct that does not meet the definition of bullying/cyber-bullying or retaliation, as defined above, but that is nevertheless inappropriate for the school environment.

E. Closing a Complaint Regarding Bullying.

In the event school staff determines that bullying, cyber-bullying or retaliation (as defined in this handbook provision) has taken place, the principal or designee will, in addition to taking disciplinary action:

- Notify the parent or guardian of the aggressor.
- Inform parents of the targeted student of the steps that have been taken to prevent further acts of bullying, cyber-bullying or retaliation to the extent consistent with applicable legal restrictions.
- Notify local law enforcement, if s/he believes that criminal charges against the aggressor may be pursued.

General Permission Form and Acknowledgement of Handbook Falmouth Public Schools, Falmouth, Massachusetts

This **General Permission Form** is for various activities which may take place in school during the school year. Summaries of related policies are included in the handbook for your reference. Complete copies of all the policies are available in the school office. Of course, we will always let you know in advance of any planned trips. You may at that time decide not to have your child participate. This form will facilitate the process and eliminate the need constantly to remind the children to return signed permission forms. The signature must be from a custodial parent or guardian.

I give permission for my child, _____, to:

1	Participate in field trips this year. <i>(If you choose "yes," please fill out and sign the "Consent & Release" form included in the Forms Packet)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have access to a Falmouth Public Schools Internet Connection under the conditions set forth in the Technology Acceptable Use Policy – Student, File IJNDBB.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Be videotaped or photographed during the school activities under the conditions set forth in the Policy Regarding videotaping of Children in the Schools, File IJOE.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Allow his or her name/ address/ telephone number to be released to the PTO, the room parent, or classmates in your child's class	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Name

Parent / Guardian Signature

Date

Acknowledgement of Handbook

This handbook was created as a way of introducing you and your child to your child's school. Please review the handbook and discuss it with your child.

My signature indicates that I have read the contents of the Falmouth Public School's Parent/Guardian / Student Handbook and that we have discussed it together.

Student Name

Student Signature

Date

Parent/Guardian Name

Parent / Guardian Signature

Date

Return this form to the classroom teacher in the envelope provided.

CONSENT AND RELEASE FORM

August 2010 - August 2011

I, the undersigned _____, parent/guardian of _____,

Name of Parent/Guardian

Name of Student/Child

a minor, do hereby consent to my child's participation in voluntary athletic, extracurricular, and/or other before and after-school activities, and programs sponsored by the Falmouth Public Schools. (If I wish to limit the scope of school activities, I will list specific approvals at the bottom of the page.)

I also agree to forever release the Town of Falmouth, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in such voluntary programs sponsored by the public schools ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in such sponsored voluntary athletic, extracurricular, and/or other before and after-school activities and programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in such sponsored voluntary athletic, extracurricular, and/or other before and after-school activities and programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this form, I affirm that I have decided to allow my child to participate in such voluntary programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary school athletic, extracurricular, and/or other before and after-school activities and programs sponsored by the Falmouth Public Schools.

Consent and Release limited to the following activities:

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian of Child

Date

STUDENT DISMISSAL PLAN – OFFICE COPY

Student: _____ Grade: _____ Date: _____
Last First MI

Teacher: _____ Parent Signature: _____

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
Transportation Mode					
Details					

Designated Adult(s): _____

Additional Information: _____

Include the names of any adults that should not have contact with your child.

Use back of card if required.

Return this form to the classroom teacher in the envelope provided.

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STUDENT DISMISSAL PLAN – CLASSROOM COPY

Student: _____ Grade: _____ Date: _____
Last First MI

Teacher: _____ Parent Signature: _____

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
Transportation Mode					
Details					

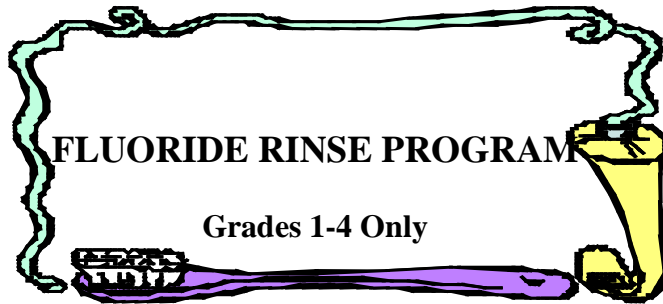
Designated Adult(s): _____

Additional Information: _____

Include the names of any adults that should not have contact with your child.

Use back of card if required.

Return this form to the classroom teacher in the envelope provided.



DEAR PARENT/GUARDIAN:

The School Health Services and the Barnstable County Health Department Dental Hygiene Division is offering a free fluoride mouth-rinsing program in your child's classroom.

Under school supervision, each child will rinse weekly with a 2% fluoride solution. This program has been proven to reduce tooth decay by 20-50% and has been demonstrated to be safe and effective.

PLEASE NOTE: This program should not replace any procedures by your family dentist. If your child is taking fluoride applications from your family dentist, the fluoride mouth rinse will increase the reduction of decay.

If you have questions regarding the program, please call the Barnstable County Health Department or the school nurse.

The following is an updated list of ingredients for the current flavors of fluoride powder packets:

Sodium Fluoride, Saccharin, Potassium Sorbate, Citric Acid, Flavor*, Dyes (listed below by flavor)

- Grape: red dye #33 and blue dye #1
- Bubble Gum: red dye #33
- Root Beer: red dye #40, yellow dye #5 and blue dye #1
- Apple*: yellow dye #6, yellow dye #5 and blue dye #1

*People who are allergic to apple juice should not use the apple flavored fluoride mouth rinse.

Please complete the form below and return to your child's school. This form must be returned by the first Friday of the school year in order to participate in this program.

Student's Name: _____

Teacher: _____

Grade: _____

I give my child permission to have the fluoride rinse.

Yes ___ No ___

My child is allergic to one of the ingredients listed above and should not have any rinse that contains _____.

Yes ___ No ___

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Return this form to the classroom teacher in the envelope provided.

FALMOUTH PUBLIC SCHOOLS



OFFICE
OF THE
SUPERINTENDENT

Summer 2010

Dear Parents/Guardians and Volunteers:

In November 2002, the state legislature passed Chapter 385 of the Acts of 2002, which was enacted in February 2003. The law mandates that school districts obtain criminal offender record information ("CORI") for all current and prospective employees, substitutes, volunteers, school transportation providers and others who may have "direct and unmonitored contact with children." For example, parents who volunteer as field trip chaperones, library or office assistants, or lead nature walks will now have to submit to the "CORI" process before any involvement in the schools. All CORI information is confidential and privacy will be maintained. Only CORI authorized staff will have access to CORI information, which will be stored in a locked, secure site.

Under the original CORI (Criminal Offender Record Information) statute, Falmouth CORI's all employees every three years but CORI's all volunteers, substitutes and tutors every year. In addition, there have been recent amendments, which mandate us to request more information and to confirm identification with a government issued picture I.D. Because of these changes, we have determined that the most effective process will be to do a new CORI for all volunteers, substitutes and tutors beginning September 1, 2007.

Please keep the following points in mind:

- We will request new CORI forms be completed in the summer/fall for the period September 1, 2010 to June 30, 2011.
- We will only request one form be completed for all schools in the Falmouth Public Schools.
- Each individual who wishes to volunteer must submit a separate form.
- CORI forms must be submitted for volunteers even if they completed CORI checks in their previous school district.

If you have questions, concerns, or simply would like more information, we offer the following options to you:

- Go to the Department of Education website to view the legal advisory which has been shared with us <http://www.doe.mass.edu/lawsregs/advisory/CORI.html>. We will post a link to this site from our website and have hard copies available at school offices.
- Call your building principal, the VIPS coordinator at 508-548-1621 or Human Resources at 508-548-0151 x125.

Sincerely,

Marc P. Dupuis
Superintendent of Schools

PTO Registration Form

Please return this form with your child to the office or to the classroom teacher or bring it to a PTO meeting.

The Parent Teacher Organization extends its welcome and invites all parents, guardians and teachers of our students to join.

The mission of the PTO is to enrich the educational experiences of the students, to foster parental involvement, and to collaborate with the school administration to provide safe and secure facilities for the students. The PTO strives to encourage communication and cooperation between students' families, teaching staff and school administration.

Part of our mission to provide enriching educational experiences is accomplished by fundraising. The PTO fundraising provides money to help with the expenses for certain activities that are not covered in the regular school budget.

- Classroom field trips
- Additional library books
- Falmouth Public Schools Art Council
- School supplies and equipment

To assist with any of these activities or fundraising events and to have a say in how the funds are spent, please volunteer for the PTO. Meetings take place monthly at the elementary and Morse Pond schools.

All Volunteers who plan to be on-site during the school day or working with any activities involving children directly need to successfully complete a CORI Request Form discussed in the Forms Section of the Student Handbook.

PTO Registration Form

First Name: _____ Last Name: _____

Home Phone #: _____ Other Phone #: _____

Please add my name and phone number to your PTO directory which may be distributed to members. Please circle your preference. **Yes** **No**

If you wish to be contacted about ongoing and upcoming PTO efforts we can send notification to you through a working e-mail address (blind cc).

E-Mail address: _____

Children attending this school:

First Name	Grade	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



DRIVER LIABILITY AND LOG RECORD

Before completing this form be sure you have completed the VIPS Registration card and a CORI form. ALL DRIVERS need to be officially registered as VIPS volunteers to be covered by town insurance.

Volunteer's Name _____ Phone _____

Mailing Address _____

LIABILITY STATEMENT

Please read carefully and sign below acknowledging your understanding of these statements.

1. I need to be an officially registered volunteer to be covered by town insurance.
2. I understand that my **personal insurance coverage applies first** to any situation and that the Falmouth School District suggests that my coverage include:
 - a. \$100,000-\$300,00 bodily injury liability
 - b. \$100,000 property damage
 - c. \$5,000 medical coverage
3. I understand that the town's policy, under the volunteer clause, covers me second.
4. I understand that town coverage applies only to officially sanctioned school activities or programs that have been approved in advance by the Superintendent of Schools or the School Principal. (field trips, ongoing internship or student volunteer activities)

Date

Signature

DRIVER LOG RECORD

Please complete the information below EACH time you drive.

Date	Destination	Teacher	Hours	Office Use

This form is not to be altered without permission of the VIPS director.

Extended Day Program – “Kids’ Club”

Recognizing that many families need help with childcare before and/or after school, the Falmouth Public Schools offer an extended day program, “Kids’ Club.” This program is available at all the elementary schools and Morse Pond before and after normal school hours. The children have time to do homework, play games, socialize, and if the weather is agreeable, play outside. The fees are set to cover the operating costs of this program. The table below reflects the times and fees for the program.

	Elementary	Morse Pond	Food	Fees
Mornings	7:00 – 9:00	7:00 – 8:15	Breakfast available	\$5.50
Afternoons	3:30 – 5:30	2:50 – 5:30	Snack provided	\$6.50
Early Release Days	12:30 – 5:30	12:00 – 5:30	Snack provided	\$15.00
Late Pick-up	After 5:30	After 5:30		\$5.00

Extended Day services are not available during weather related school closings.

Payments are due at the end of each week your child attends. You may pay by check or money order (no cash please). Please make checks payable to *Falmouth Public Schools Kids' Club*. There will be a charge of \$25.00 on all returned checks.

Children need to be registered prior to attending Kids' Club. Inappropriate behavior, failure to pick up your child by 5:30pm, or failure to keep payments current may result in dismissal from the extended day program.

If you need to contact the administrators of this program, they may be reached at:

	East Falmouth	Mullen-Hall	North Falmouth	Teaticket	Morse Pond
Main Office	508-548-1052	508-548-0220	508-563-2334	508-548-1550	508-548-7300
Kid’s Club	774-836-0205	774-836-7827	774-836-0671	774-836-0199	774-836-0839

Registration Form

 Name of Child Teacher Date of Birth Bus #

Expected Attendance at Kids’ Club: Occasional _____ Early Release Days _____ Regular Schedule _____
 Please indicate the days your child will be attending:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

Are there any custody issues the school should be made aware of regarding your child? Yes ___ No ___

 Name of Parent/Guardian Address

 Home Phone Cell Phone Work Phone Hours at Work

 Name of Parent/Guardian Address

 Home Phone Cell Phone Work Phone Hours at Work

Emergency Contacts: (Please provide two LOCAL names in the event you cannot be reached.)

12b

Name: _____ Relationship: _____

Home Tel.: _____ Work Tel.: _____ Cell: _____

Name: _____ Relationship: _____

Home Tel.: _____ Work Tel.: _____ Cell: _____

Child's Physician: _____ Physician's Telephone Number: _____

Child's Dentist: _____ Dentist's Telephone Number: _____

Date of Child's last Tetanus shot: _____

Allergies to medications, food, or other allergies _____

Does your child take medications for allergic reactions? YES __ NO __

Please explain. (i.e. Epi-pen) _____

Does your child take any other medications? YES __ NO __

Please explain: _____

Does your child have any dietary restrictions? YES __ NO __

Please explain: _____

Daycare staff is not allowed to administer medications. Please make alternate arrangements.

Other important medical concerns: _____

General description of your child:

Eye Color: _____ Weight: _____

Hair Color: _____ Height: _____

Identifying Marks: _____

In the event of a serious medical emergency, I give my permission for school personnel to contact Emergency Medical Technicians for medical treatment.

Parent/Guardian Name (print)

Signature

Date

Falmouth Public Schools

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Dear Parent/Guardian:

Children need healthy meals to learn. **Falmouth Public Schools** offers healthy meals every school day. Breakfast costs **\$1.50** Lunch costs **\$2.50**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. *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: **Your Childs School**
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **[State SNAP], [the Food Distribution Program on Indian Reservations]** or **[State TANF]**, and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.
3. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? If you haven't been told your children will get free meals, please call or e-mail **Beverly Shea, Homeless Liaison 508-548-0151 x 143** or e-mail at bshea@falmouth.k12.ma.us to see if they qualify.
4. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
5. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the school at **FHS-508-540-2200, Lawrence School 508-548-0606, Morse Pond-508-548-7300, Mullen Hall-508-548-0466, Teaticket-508-548-5878, East Falmouth 508-548-1052 or North Falmouth 508-563-2334** if you have questions.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER 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.
7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? **Yes** and we may also ask you to **send written proof**.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Elizabeth McGonagle, Assistant Superintendent, 508-548-0151 x 130** or e-mail at lmcgonagle@falmouth.k12.ma.us
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
12. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.
13. 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 \$900, 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.

14. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
15. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-866-950-3663**.

If you have other questions or need help, call **Daniel Murphy, Food Service Director 508-548-0151 x 134**
Si necesita ayuda, por favor llame al teléfono: **Daniel Murphy, Food Service Director 508-548-0151 x 134**
Si vous voudriez d'aide, contactez nous au numero: **Daniel Murphy, Food Service Director 508-548-0151 x 134**

Sincerely,
Daniel Murphy, Food Service Director

INSTRUCTIONS FOR APPLYING

A household member is any child or adult living with you.

If your household receives benefits from [STATE TANf], or [STATE TANF] [or the Food distribution program on indian reservations (FDPIR)], follow these instructions:

Part 1: List all household members, the school name for each child, and the case number for any household member (including adults) hose receiving [State SNAP] or [State TANF] or [FDPIR] benefits or.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS [State SNAP] OR [State TANF] BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name for each child.

Part 2: Check the appropriate box.

Part 3: Skip this part.

Part 4: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 5: Sign the form. A Social Security Number is not necessary if you didn't need to fill in Part 4.

Part 6: Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

Part 1: Use a separate application for each foster child. List the child's name, school, and, if the child has no income, check the box "no income."

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name for each child. For any person, including children, with no income, you must check the "No Income Box."

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and *All Other Income* sources. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer if you choose.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)				
Names of household members (First, Middle Initial, Last)	School Name for Each Child	[State SNAP], [FDPIR] or [State TANF] case number for any member of the household. If you list a case number, skip to Part 5	CHECK IF NO INCOME	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [YOUR SCHOOL, HOMELESS LIAISON, MIGRANT COORDINATOR AT PHONE #] HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/>				
PART 3. FOSTER CHILD If this application is for a child who is the legal responsibility of a welfare agency or court, check this box <input type="checkbox"/> and then list the amount of the child's personal use monthly income: \$ _____. <input type="checkbox"/> Check if no income. Skip to Part 5.				
PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often				
1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)				
An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)				
<i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>				
Sign here: _____ Print				
name: _____				
Date: _____				
Address: _____ Phone				
Number: _____				
City: _____ State: _____ Zip				
Code: _____				
Social Security Number: _____ - _____ - _____ <input type="checkbox"/> I do not have a Social Security Number				
PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)				
Choose one ethnicity:	Choose one or more (regardless of ethnicity):			
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander		

DON'T FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year _____			
Household size	Yearly	Monthly	Weekly
1			
2			
3			
4			
5			
6			
7			
8			
Each additional person:			

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."